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Predictors of parenting dimensions in families of children with disabilities

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Introduction. Raising a child with disability presents distinctive challenges, with parental behaviors influenced by various factors. Understanding these factors is crucial, as parental behaviors significantly influence a child's development and adjustment. *Aim*. This study aims to investigate the predictors of parental behavior among parents of children with disabilities and parents of typically developing children, focusing on sociodemographic variables of both parents and children, and specific characteristics related to children with disabilities. *Methods*. The study involved 315 parents of children with disabilities and 552 parents of typically developing children in Croatia, with data collected via online questionnaires on sociodemographic variables, parenting behavior, child disability type, independence, and challenging behaviors. Mann-Whitney U tests and hierarchical regression analyses were used. *Results*. Results indicate no significant differences in parental support, restrictive control, or permissiveness between the groups. However, parents of children with disabilities adjust parenting to their child's disability, challenging behaviors, and self-care needs. *Conclusion*. Parents of children with disabilities adapt their parenting based on the nature of their child's disability, as well as the level of support a child needs. Recognizing these dynamics can guide the development of support strategies for families, highlighting the importance of personalized interventions to address specific challenges faced by parents raising children with disabilities.

Keywords: parenting behaviors, children with disabilities, self-care, challenging behaviors, support strategies

Introduction

Parenting a child with a disability often requires increased support and adaptability from parents due to the unique challenges associated with the child's condition. As the primary caregivers, parents are typically responsible for addressing the child's various needs, while also managing other responsibilities,

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such as raising other children and overseeing family daily life. Unsurprisingly, this often results in elevated stress levels (Peer & Hillman, 2014). Although some parents emphasize the positive aspects of caring for a child with disability, four major risk (and protective) factors have been associated with parental stress in these families: parental gender, diagnosis-related coping problems, socioeconomic background, and parental social isolation (Cheng & Lai, 2023). They may also struggle to understand their child's behavior, and unlike parents of typically developing children, their caregiving responsibilities often extend into their child's adulthood. This heightened stress not only impacts parents' well-being but also plays a significant role in shaping the dynamics of the parent-child relationship, as highlighted by Bronfenbrenner's (1994) ecological systems theory. The increased reliance of children with disabilities on their parents alters the dynamics of the parent-child relationship, shaping how parents approach raising and supporting their child (Gagnon et al., 2019). In turn, parenting behavior also has a strong influence on the child's adjustment and development (Doepke & Zilibotti, 2024).

Given these demands, access to comprehensive support systems is essential to help these parents navigate their roles effectively (Jang et al., 2023). Thus, researching parenting behaviors is important, both in families of children with disabilities and typically developing (TD) children, since shedding light on these bidirectional relationships guides us in implementing interventions and support strategies for families. Although some research exists in this area, previous studies have yielded inconsistent results for various reasons.

First, there are differences in the ways researchers measure parenting. A body of research aimed to examine parenting style as an emotional climate in which parents shape their attitudes and is related to child developmental outcomes (Baumrind, 1991). This typology identifies three primary parenting styles based on levels of responsiveness (warmth) and demandingness (control): authoritative, authoritarian, and permissive parenting. According to Baumrind (1991), children of authoritative parents have the best outcomes. Maccoby and Martin (1983) added the fourth parenting style – neglectful (or uninvolved) parenting, which is characterized by both low warmth and low control.

Since some parents cannot be categorized into a single style, some researchers opt to measure parenting dimensions instead of parenting styles. There is consensus among researchers about two broad dimensions of parenting (parental support or warmth and parental control or demandingness) (Cummings et al., 2000), upon which parenting styles can be described. While parental support refers to warmth, acceptance, emotional availability, and responsiveness, behavioral control refers to the regulation and management of the child's behavior (e.g., setting rules and disciplining), and psychological control involves the manipulation of the child's thoughts and feelings, leading to unfavorable outcomes (e.g., depression and anxiety) (Del Barco et al., 2019).

However, recent research efforts bring an increase in the number of parenting dimensions that can be described and measured, e.g., warmth, structure, chaos, involvement, autonomy support, coercion, etc. (Skinner et al., 2005). Factor analysis supports these findings, showing that parenting style can be measured with parenting dimensions or behaviors (Olivari et al., 2013).

Parenting behaviors, however, are specific actions parents take in their family's everyday life (e.g., setting rules, disciplining, explaining expectations they have of their children, supervision, showing affection, yelling, etc.). Parenting behaviors are numerous, but they can be classified in previously mentioned broader parenting dimensions: support and control (Calders et al., 2020). Measuring parenting behaviors instead of styles provides a more detailed insight into parenting, while also reducing theoretical ambiguity and inconsistent findings (Phillips et al., 2017).

Methodological issues in describing the construct of parenting are accompanied by various study designs. Some studies examine predictors of parenting styles and/or dimensions, while others look at associations with parenting stress and/or parental well-being, as well as parent-child relationship quality. It could be that researchers sometimes detect differences in specific parenting behaviors but not in parenting styles. Sometimes researchers opt for child-related questionnaires (e.g., van Steijn et al., 2012), while others focus on parent-rated questionnaires (e.g., Ventola et al., 2017) or direct observation (e.g., Fenning et al., 2007). Differences in both instruments and respondents reduce the direct comparability between multiple findings and results.

Furthermore, parenting is heavily embedded within the broader cultural context, which may place differential emphasis on parenting styles and behaviors. Parents of children with disabilities may face additional stress from cultural influences and societal values (Blacher et al., 2013). Consequently, it is not surprising that different studies stipulate different, sometimes contradicting, results. There are different methodological approaches in this area, as some studies compare parents of children with disabilities with parents of TD children (e.g., Hutchison et al., 2016), while others look at differences in parenting in families who raise children with different types of disabilities (e.g., Marston et al., 2022). Few studies look at families of children with disabilities only, aiming to decipher possible differences based on the child's characteristics beyond the type of disability, e.g., child age and behavior problems (e.g., Schuiringa et al., 2015). Many studies are conducted with only mothers (e.g., Su et al., 2017), or mothers make up the majority of the sample (Hutchison et al., 2016). A child's age is also known to influence parenting behaviors since children's needs change as they grow and develop (Shamah, 2011). Therefore, studies aimed at investigating parenting in different child ages can yield different results. Finally, children with disabilities are a diverse population due to comorbid disabilities, health issues, behavior problems, different levels of functioning, etc.

Parenting styles in families of children with disabilities

Woolfson and Grant (2006) examined the authoritative parenting style in parents of preschoolers with developmental disabilities and older children and concluded that parents in this group have higher stress levels and use authoritative parenting more frequently than parents of TD children. However, this was true only in the younger chronological group (3-5 years) since levels of authoritative parenting were lower in the older group (9-11 years). Authors explain these results with the assumption that parents of children with disabilities have difficulties in applying authoritative parenting because they are constantly busy repeating rules, while having limited success in parenting. Similar results were reported in a study by Philips et al. (2017) that focused on mothers of children with Down syndrome (DS). They practiced more permissive and less authoritative parenting and were more likely to ignore misbehavior rather than use inductive reasoning.

There are mixed results regarding parenting of children with attention-deficit/hyperactivity disorder (ADHD). While literature reviews of studies from 2000 to 2007 show that these parents are at a higher risk for parenting stress and that they use more maladaptive parenting (Modesto-Lowe et al., 2008), recent studies show that the majority of parents of children with ADHD use an authoritative style (Setyanisa et al., 2022). A study by Muñoz-Silva et al. (2017) examined predictors of parenting style and found that the child's ADHD only indirectly relates to parenting style, while the child's behavior problems have a direct relationship.

One study that examined the predictors of coercive parenting involved 1392 parents of children with disabilities aged 2-12 years (Day et al., 2021). Parents use more coercion when they have a dysfunctional relationship with their child, when the child exhibits more challenging behaviors, and when the parents have low self-esteem and more stress, anxiety, and depression.

Parenting dimensions and behaviors in families of children with disabilities

Bhide et al. (2017) conducted a longitudinal study on parenting behaviors in families of children with ADHD, showing that parenting warmth and anger decrease over time while parenting consistency increases. Parenting warmth predicted prosocial behaviors in children with ADHD, while anger predicted peer problems and lower self-control. Mothers and fathers sometimes differ in their parenting, with fathers being more overprotective (El-Deen et al., 2021).

However, few studies examined parenting by mothers of children with intellectual disability (ID) and concluded that mothers show more negative affect and less positive affect toward their children compared to mothers of TD children (e.g., Fenning et al., 2007).

A study by Ventola et al. (2017) looked at children with autism spectrum disorder (ASD) and found that their parents exerted more psychological control, but only when their child exhibited externalizing behavior problems. Furthermore, mothers of preschoolers with ASD report more stress and show less positive parenting, but only when their children have additional attention problems and/or lower verbal skills (Kangas-Dick et al., 2023). In contrast, a meta-analysis by Ku et al. (2019) found no significant differences in supportive parenting and neutral behavior between parents of ASD and parents of TD children. However, they found more controlling and negative behaviors in the first group of parents, with the child's abilities being a moderator. These findings are consistent with a study by Kardum et al. (2022), which indicates that parents of children with ASD show more restrictive control and punishment when their child exhibits challenging behaviors. However, parents show greater parental knowledge, give the child more autonomy and use inductive reasoning when the child does not exhibit challenging behaviors.

Another study by Marston et al. (2022) examined both parenting styles and dimensions in 496 parents of children with ASD, DS, or spina bifida. They concluded that parents in higher-income families scored lower on authoritative style, and no differences were found between the children's diagnostic groups. Parents of children with ASD were predominantly of authoritarian style. Higher family income was predictive of greater use of regulation behaviors within the authoritative style.

Aim

Building on previous research and in line with Phillips et al. (2017), who emphasize the exploration of parenting dimensions and behaviors rather than parenting styles, our aim was to explore differences in parenting dimensions (parental support, restrictive control, and permissiveness) between parents of children with various disabilities and parents of TD children. We also wanted to determine predictors of these dimensions in a group of parents of children with disabilities, mainly sociodemographic variables, type of child's disability, frequency of challenging behaviors, and child's independence in self-care, social interactions, and academic tasks.

Parental support (PS) in our study was defined as the provision of warmth, autonomy, inductive reasoning, monitoring and knowledge of the child's activities. Restrictive control (RC) is a dimension consisting of punishment and intrusiveness, while permissiveness (P) means giving in to the child's wishes and demands.

Regarding children's age, we decided to include parents with a child of primary school age, which in Croatia is 7 to 14 years. Since parents are our target group, having in mind that children with disabilities are a diverse group, we decided to ask parents for an assessment of the child's predominant disability.

We defined it as the one disability for which parents perceive the child needs the most support in everyday life.
Our research questions were:
1. How do parents of children with disabilities differ from parents of typically developing (TD) children in parenting behaviors (warmth, autonomy, knowledge, inductive reasoning, punishment, and intrusiveness) and dimensions (parental support, restrictive control, and permissiveness)?
2. Which factors related to the type of child's disability and level of support a child needs are the most significant in predicting parenting dimensions (parental support, restrictive control, and permissiveness)?

Method

Participants

Table 1

Sociodemographic characteristics of parents and their children (N=867)

	Parents and their children with disabilities (n=315)			Parents and their TD children (n=552)			
Age	M, SD	min, max	S-W	M, SD	min, max	S-W	χ^2
Parents' age	41.94, 6.24	23, 60	.98*	42, 5.33	26, 60	.99*	
Child's age	10.91, 2.10	7, 14	.93**	10.71, 2.15	7, 14	.94**	
Parents' sex	n	%		N	%		
Male	28	8.9		52	9.4		.29
Female	287	91.1		500	90.6		
Child's sex	n	%		N	%		
Male	218	69.2		299	54.2		18.46**
Female	97	30.8		251	45.8		
Parent's education	n	%		N	%	.88**	
Primary	9	2.86		7	1.3		
Secondary	178	56.5	.90**	209	37.8	S-W	48.56**
(Under)graduate	121	38.42		297	53.8		
Postgraduate	7	2.22		39	7.1		
Family income	n	%	S-W	N	%	.67**	
Below average	39	12.4		29	5.3		
Average	238	75.6	.67**	400	72.5		29.27**
Above average	38	12.1		123	22.3		

S-W – Shapiro-Wilk test; χ^2 – Pearson Chi-Square; *p<.05, **p<.01

The study examined 315 parents of children with disabilities and 552 parents of TD children, all of whom had children attending primary school. More detailed information can be found in Table 1.

More than half of the parents who participated in our study have a child with multiple disabilities (i.e., a child has two or more of the disabilities listed in Table 2). For each type of disability that parents perceive as predominant, a number and percentage are reported. These include ADHD, ID, ASD, learning disabilities (LD), hearing impairments (HI), visual impairments (VI), and motor disorders (MD).

Table 2

Descriptive statistics for types of disabilities and child's characteristics (n=315)

Type of disability	N	%		
Intellectual disability	32	10.2		
Autism spectrum disorder	69	21.9		
Motor disorder	25	7.9		
Visual impairment	14	4.4		
Hearing impairment	25	7.9		
ADHD	45	14.3		
Learning disability	105	33.3		
Multiple disability	174	55.2		
Child's independence	C	Q_1	Q_3	S-W
Self-care	15	12	15	.66**
Social interactions	13	10	15	.83**
Academic tasks	3	1	4	.88**
Challenging behaviors	6	4	9	.85**

S-W – Shapiro-Wilk test; *p<.05, **p<.01

Characteristics of children with disabilities

Regarding all three areas of the child's independence, parents of children with disabilities mostly perceive them as independent or rather less in need of support in daily personal hygiene, feeding and dressing (self-care), communicating with peers (social interactions), and doing homework (academic tasks). Furthermore, most parents rated their child as never or rarely displaying some form of challenging behavior (see Table 2).

Procedure

The study was conducted as part of a larger project, "Platform 50+", organized by the Croatian Union of Association of Persons with Disabilities in cooperation with the university. The data was collected from October 2021 to April 2022 using online questionnaires distributed by primary school staff throughout the country. Parents of

children with disabilities were also recruited through social media groups that gathered parents from this population.

The study was approved by both the European Social Fund and the university's study council, verifying that the research was conducted in accordance with the university's Code of Ethics. Before enrolling in the study, all participants gave their informed consent to the research team for collecting data, analyzing it at the group level, and publishing the results. Throughout the research, participants were assured of anonymity and confidentiality of their data.

Measures

Participants were asked to provide sociodemographic information about themselves and their children, including their and their child's age, education level, and family income (i.e., joint household income).

The Parental Behavior Questionnaire (PBQ29; Keresteš et al., 2012) was used to assess parenting behaviors: autonomy, warmth, inductive reasoning, knowledge, punishment, intrusiveness, and permissiveness. These seven aspects are summarized into three subscales: parental support (e.g., I show the child that I love him/her.), restrictive control (e.g., I shout when the child misbehaves.), and permissiveness (e.g., I give in when the child opposes my request.). The questionnaire was developed and validated in Croatia. It is adapted to the Croatian cultural context and has good psychometric properties, which makes it a good choice for investigating parenting behavior in our study. It has been validated in a sample of parents of primary school-age children (Keresteš et al., 2012) and has also been used in Croatia in a study with parents of children with autism spectrum disorder (Kardum et al., 2022). In the questionnaire, participants give answers on a scale from 0 (does not apply to me at all) to 3 (fully applies to me). In the sample of parents of children with disabilities, the internal consistency for parental support, restrictive control, and permissiveness measured by Cronbach's alpha coefficient was .85, .79, and .71, respectively. Following the guidelines of Dunn et al. (2013), Flora (2020), and Hayes and Coutts (2020), the McDonald's omega coefficient was also calculated for each subscale and was .85, .80, and .73, respectively. These values for internal consistency are satisfactory. In the sample of parents of TD children, Cronbach's alpha coefficient for each subscale was .84, .77, and .75, while McDonald's omega was .84, .77, and .77, respectively.

Since there are no measurements developed in Croatia to account for either independence (or the need for support) in everyday life for children with disabilities, researchers in this study generated several items describing typical activities of children (e.g., feeding, dressing, play, academic tasks, etc.) and the most common challenging behaviors in the population of children with disabilities, primarily children with ASD and ID.

The child independence questionnaire consisted of 7 items grouped into three areas: self-care (feeding, dressing, personal hygiene), social interactions (communication, leisure activities, play), and academic tasks. Using numbers from 1

to 5, parents indicated how much support their child with developmental disabilities needs in everyday activities. For each subscale (self-care and social interactions), a sum of scores is calculated, while for academic tasks, a score is indicated as a response from 1 to 5 on each item. A higher score indicates greater independence of the child in performing activities. A good reliability of the scale was established in this research (Cronbach's alpha = .89; McDonald's omega = .88).

The questionnaire on the frequency of challenging behaviors examined the frequency of aggression, auto-aggression, and stereotypical and destructive behaviors. For each of the four challenging behaviors, the parents indicated on a scale from 1 to 5 what applies to their child. The scale is composed so that 1 indicates the lowest frequency ("never"), and 5 the highest frequency ("very often"). The total score on the scale was calculated as the sum of responses on all items. The questionnaire showed satisfactory reliability using Cronbach's alpha coefficient (.74) and McDonald's omega (.75).

Data analysis

The data were analyzed using SPSS 28. In addition to descriptive statistics, the Shapiro-Wilk test was used to determine if the distribution of results deviates significantly from the normal one. The chi-square test was used to compare two groups of parents and children in relation to sociodemographic variables. As the distributions deviated significantly from the normal distribution, the Mann-Whitney test was used to analyze differences between the groups in relation to parenting behaviors. A hierarchical regression analysis was conducted to determine the predictors of PS, RC, and P in parents of children with disabilities.

Results

Descriptive statistics

Parents of children with disabilities and parents of TD children differ significantly in terms of educational level and family income, i.e., parents of TD children have, on average, a higher educational level and estimate their family income to be higher. Children with disabilities and TD children do not differ on sociodemographic variables.

Table 3

Descriptive statistics on parenting dimensions

	Parents of children with disabilities (n=315)				Parents of TD children (n=552)			
	C	Q_1	Q_3	S-W	C	Q_1	Q_3	S-W
Parental support	47	44	49	.84**	47	45	49	.86**
Restrictive control	10	6	14	.98**	10	7	13	.98**
Permissiveness	5	3	6	.97**	5	3	6	.97**

S-W – Shapiro-Wilk test; *p<.05, **p<.01

For both groups of parents, the median and interquartile range are given for the three dimensions of parenting behaviors (PS, RC, P), as the distribution of results deviated significantly from a normal distribution (see Table 3). On average, parents of children with disabilities perceive themselves as very supportive in child rearing (C=47, Q_1=44, Q_3=49), but also at the upper end of restrictive control (C=10, Q_1=6, Q_3=14) and permissiveness (C=5, Q_1=3, Q_3=6). Parents of TD children also perceive their behavior towards their children as strongly supportive (C=47, Q_1=45, Q_3=49), strongly restrictive (C=10, Q_1=7, Q_3=13), and moderately permissive (C=5, Q_1=3, Q_3=6).

Differences between parents

The findings indicate that both groups of parents exhibit comparable levels of support (warmth, autonomy, knowledge, inductive reasoning), control (punishment, intrusiveness), and permissiveness towards their children during primary school years (see Table 4).

Table 4

Differences between two groups of parents in parenting behaviors and dimensions

	Parents of children with disabilities (n=315)		Parents of TD children (n=552)		
	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mann-Whitney U (p value)
Warmth	441.13	138957	429.93	237231	84693 (.48)
Autonomy	418.27	31755.50	442.98	244522.50	81985.50 (.09)
Knowledge	420.54	132470.50	441.68	243807.50	82700.50 (.22)
Inductive reasoning	440.40	138727.50	430.35	237550.50	84922.50 (.56)
Punishment	439.66	138492	430.77	237786	85158 (.61)
Intrusiveness	450.58	41933	424.54	234345	81717 (.14)
	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Mann-Whitney U (p value)
Parental support	425.02	133882	439.12	242396	84112 (.42)
Restrictive control	446.14	140533	427.07	235745	83117 (.28)
Permissiveness	442.32	139329	429.25	236948	84320 (.46)

Predictors of parenting dimensions in parents of children with disabilities

For parents of children with disabilities, we conducted a hierarchical regression analysis to examine which set of predictors explained the variance in all three parenting dimensions (see Table 5). In the first step, we entered sociodemographic variables. These variables did not account for variance in PS, but did for RC ($F(4,310)=3.782$, $p<.01$) and P ($F(4,310)=3.501$, $p<.01$), as shown in Table 6. These predictors explained only 5% of the variance in both RC and P. However, only parental age was a significant negative predictor of RC and P. These parenting dimensions are also less pronounced among older parents of children with disabilities. Permissiveness among parents was more pronounced among younger parents.

When we included the second set of predictors, we explained even more variance in PS (7%) and RC (13%). Child disability type was a significant predictor of PS ($F(10,304)=2.378$, $p<.05$), with only ID and ASD being negative predictors of PS on their own and the other disability types not being significant predictors. It appears that only parents of children with ID and parents of children with ASD show less PS for their children, while other types of disabilities, e.g., visual or hearing impairments, do not influence PS. For RC ($F(10,304)=4.376$, $p<.01$), only ASD, HI, and ADHD predicted this aspect of parenting behavior. While ASD negatively predicted RC, HI and ADHD positively predicted it. While parents of children with ASD are less controlling, parents of children with HI and ADHD are more controlling. In the second step, the predictors did not explain P. SLD as a variable did not contribute significantly to the model, so it was excluded from the analyses.

The third set of predictors included only one variable – challenging behaviors – which negatively predicted PS but positively predicted parental RC in our study. When children with disabilities exhibit more challenging behaviors, their parents tend to be more controlling and less supportive. Again, challenging behaviors did not predict parental P. Furthermore, after the introduction of challenging behavior as a predictor, ASD was no longer a significant predictor of PS, and ADHD was no longer a significant predictor of RC.

The fourth and final set of predictors included three variables describing the child's independence. Only independence in self-care did negatively predict PS. Furthermore, after the introduction of child independence, ID was no longer a significant predictor of PS, and ADHD was no longer a predictor of RC, while challenging behaviors still negatively predicted PS and positively predicted RC.

Table 5

Results of hierarchical regression analyses for PS, RC, and P in group of parents of children with disabilities (n=315)

	Model 1			Model 2			Model 3			Model 4		
	PS	RC	P	PS	RC	P	PS	RC	P	PS	RC	P
Sociodemographic variables												
Parents' age	-.07	-.22**	-.12*	-.06	-.24**	-.12	-.06	-.24**	-.13	-.07	-.24**	-.12
Child's age	-.04	.05	.06	-.08	.07	.06	-.09	.09	.06	-.11	.08	.08
Parents' education	.01	.00	-.06	.02	.01	-.06	.04	-.00	-.06	.04	-.01	-.06
Family income	.04	.02	-.12	.06	.02	-.14	.05	.03	-.13	.04	.03	-.13
R^2	.01	.05*	0.5*									
Type of disability												
ID				-.15*	.06	.02	-.13*	.04	.01	-.01	.06	-.02
ASD				-.22*	-.12*	-.04	-.13	-.18*	-.06	-.10	-.16*	-.10
Motor disorder				.03	-.10	-.07	.04	-.11	-.07	.10	-.06	-.12
Visual impairment				.00	.08	-.02	-.01	.08	-.02	.01	.10	-.03
Hearing impairment				-.01	.13*	.04	-.02	.14*	.04	-.03	.14*	.04
ADHD				.02	.14*	-.04	.07	.11	-.06	.06	.11	-0.5
LD[a]												
R^2				.07	.13**	.06						
Challenging behaviors												
Challenging behaviors							-.22**	.12*	.07	-.14*	.15*	.01
R^2							.11	-.14*	.06			
Child's independence												
Self-care										-.16*	-.14	.13
Social interactions										-.01	.03	.03
Academic tasks										-.06	.06	.01
R^2										.13*	.15	.07

PS – Parental support, RC – Restrictive control, P – Permissiveness; *p<.05, **p<.01
[a]The variable was excluded from the analysis.

Discussion

How do parents of children with disabilities differ from parents of TD children in parenting behaviors and dimensions?

Regarding our first research questions about differences between parents of children with disabilities and parents of TD children in parenting dimensions and behaviors, our results show that there are no differences between these two groups of parents. Our results reflect an older study by Woolfson and Grant (2005) in which no differences were found in parenting practices between parents of children with disabilities and parents of TD children. Similarly, Ventola et al. (2017) found only small differences in parenting behavior between parents of children with ASD and parents of TD children. However, parents of children with ASD in that study used psychological control more when faced with their child's externalizing behaviors. In our study, challenging behaviors of children were predictive of RC. Su et al. (2017) found similar levels of parental warmth in mothers of children with ID and mothers of TD children. This is partially reflected in our research since we did not find differences between these two groups of parents in PS. Hutchison et al. (2016) found no differences in authoritarian and authoritative parenting but concluded that parents of children with disabilities are more permissive, so our study results partially align with their findings. Nevertheless, our results do not align with the results of Gau et al. (2010), van Steijn et al. (2013), and Phillips et al. (2017) since they all found significant differences in parenting styles and/or behaviors. However, it is important to note that these previous studies compared parents of children with specific disabilities (e.g., ASD, ADHD, or Down syndrome) with parents of TD children, while we had parents of children with different types of disabilities in one sample.

Which factors related to the type of child's disability and level of support a child needs are the most significant in predicting parental support?

It appears that among parents of children with disabilities, parenting behavior is less influenced by age, education, or parents' income and more related to the nature of the child's disability and/or the child's characteristics. Parents of children with HI or ADHD provided their children with more PS, while parents of children with ASD and ID used less PS. While parents in the first two groups gave more reasons for their actions, argued their decisions more strongly, and showed more overall acceptance and closeness to their children, parents of children with ASD did so less often, perhaps due to the belief that their child would not benefit from arguments and justifications. However, having a child with ADHD or a child with HI did not predict PS. Su et al. (2017) also affirmed less frequent use of inductive reasoning and autonomy support in

mothers of children with ID. Rodas et al. (2016) concluded that preschool-aged children with ID have an increased risk of unsupportive parenting behavior compared to typical peers. It could be that parents of children with ASD and ID feel overwhelmed by the constant repetition of rules and instructions (Schuiringa et al., 2015) while at the same time, they believe that a child does not benefit from the reasoning and, therefore, opt for simpler instructions and less warmth. This could also mean that parents feel less effective in their parenting role, as has been shown in the study, so they opt for more directive parenting strategies. In our study, having a child with SLD was neither predictive of parenting behavior nor did it correlate with either aspect of parenting behavior. Although according to some studies, parents of children with SLD have higher levels of parenting stress than parents of TD children (Bonifacci et al., 2016) due to the considerable burden of academic support for their child (Rapus-Pavel et al., 2018), in our study, having a child with SLD as a dominant disability did not predict a change in parenting behaviors.

An important part of parenting a child with disabilities is dealing with challenging behaviors that the child exhibits. As expected, challenging behaviors negatively predicted PS and reduced the influence of ASD diagnosis so that having a child with ASD was no longer predictive of lower PS, meaning that these two variables share some of the variance. However, having a child with ID was still predictive of lower PS. This is consistent with the findings of Ventola et al. (2017) that parents of children with ASD exert more control over maladaptive behavior and allow the child less autonomy in response to dysregulation in the child's behavior. Our results suggest that parents of children with ASD provide less PS, but only when their child exhibits challenging behaviors, whereas parents of children with ID provide less PS regardless of challenging behaviors, perhaps due to differences in the child's capacity to understand parental instructions and explanations.

Finally, child independence in self-care was a negative predictor of PS and reduced the impact of ID diagnosis, while challenging behaviors were still predictive of lower use of PS. This could mean that parents of children with ID struggle most with teaching their child to be independent in feeding, dressing, and grooming. Since the ID diagnosis as a variable and the child's independence in self-care share some of the variance, this could mean that parents only provide less PS if they perceive their child with ID as needing more guidance in self-care, while parents who perceive their child with ID as more competent also provide the child with more autonomy, reasoning, and warmth.

Which factors related to the type of child's disability and level of support a child needs are the most significant in predicting restrictive control?

As children grow up, they need less supervision and control from their parents as they develop more skills and become more independent (Keijsers & Poulin, 2013). The same is true for parents of children with disabilities – in our study, their age was a predictor of less RC in parenting. This could also mean that older parents feel more competent and efficient in their parenting role and, therefore, do not feel the need to exert more control. However, parents apply less RC if they have children with ID and ASD. While only ASD was a negative predictor of RC, HI and ADHD were positive predictors of RC. Parents of children with ASD may use less RC because they believe that some or most of the disruptive behaviors these children exhibit may be related to their disability – e.g., they do not understand rules, their social and emotional skills are not developed enough to understand all the consequences, etc. In other words, these parents may opt for other forms of disciplining their child that do not involve shouting, corporal punishment, or being intrusive.

Conversely, having a child with HI or ADHD was a positive predictor of RC. Parents of children with a HI have been shown to be more controlling and intrusive (Ferreira et al., 2023), but some research shows that mothers of children who are deaf or hard of hearing are most likely to be authoritative (Antonopoulou et al., 2012). However, it is important to note that communication difficulties in families of children with hearing loss have been found to play an important role in their upbringing (Calderon & Greenberg, 2012). Language delays and behavior problems in children with HI are associated with increased parenting stress (Quittner et al., 2010), and mothers of children with profound HI have been found to select physical discipline more often in response to the child's misbehavior (Knutson et al., 2004).

When it comes to parenting a child with ADHD, it can be beneficial for the child to have a structured and organized environment (van Steijn et al., 2013), and parents who raise children with ADHD are often more authoritarian (Lange et al., 2005). When challenging behaviors were included in the hierarchical regression analysis, ADHD was no longer predictive of RC, while ASD and HI still predicted it. This means that for parents of children with ADHD, parenting behavior is shaped more by how they deal with their child's challenging behavior, leading them to be less supportive and more restrictive. It is important to note that greater parental psychological control correlates with externalizing behavior problems in adolescents (Galambos et al., 2003), as well as more depressive symptoms (King et al., 2016).

Parents' perception of the child's independence was not predictive of RC. It could be that parents who engage in more RC also have children who are more independent in these tasks, as they are more demanding and intrusive and have expectations for their children to be more independent and take care of themselves.

Which factors related to the type of child's disability and level of support a child needs are the most significant in predicting permissiveness?

Only parental age negatively predicted permissiveness. It was no longer predictive when other variables were included (i.e., the child's type of disability, challenging behaviors, and the child's independence). It is possible that older parents are less permissive because their children develop social and emotional skills as they grow up, meaning that parents can be more demanding and less lenient. This could also mean that older parents feel more secure in their parental role and are, therefore, less likely to give in when the child opposes their request.

Conclusion

Parents of children with disabilities did not differ significantly in their parenting behaviors or parenting dimensions from parents of TD children. Furthermore, our set of predictors better explained variance in PS and RC than in P. Our study found that having a child with either ASD or ID predicted lower levels of PS, while having a child with ASD also predicted lower levels of RC. Having a child with HI or ADHD predicted greater RC. The frequency of challenging behaviors explained the contribution of ASD to less PS and the contribution of ADHD to more RC in child-rearing. In addition, the child's independence in self-care explained the contribution of ID to less PS. Having a child with MD, VI, or SLD did not contribute to either parenting dimension. Having a child with HI was predictive of greater RC regardless of challenging behaviors or the child's independence.

Limitations and Future Recommendations

Our research is limited by certain factors. First, all data were reported by parents only, and self-assessments are usually a source of bias. In addition, data were reported by mothers for some children and by fathers for others, as we did not collect data from both parents. As is often the case when recruiting parents in a study, we recruited more mothers than fathers, so the generalization of our results to both parents is somewhat limited. Also, it could be that parents who struggle more in raising their child with a disability did not take part in the study. Secondly, this was a cross-sectional study as we only collected data at one point in time. A more detailed look at the dynamics in families with TD and children with disabilities would be possible with a longitudinal study or a cross-sectional study with multiple measurement points and responses from both parents. Future research would benefit from the use of other forms of assessment, such as observation of parent-child interactions, teachers' ratings of the child's challenging behaviors and level of independence, and the child's assessment of the parents' behavior. Finally, the parents of children with disabilities were

a heterogeneous group, as the children had different disabilities and attended both regular and special schools, and the children with each disability were not evenly represented in the sample. Only some sociodemographic variables were included as predictors, while a handful of other variables were not considered (e.g., the number of children in the family or their birth order) as well as other variables related to the characteristics of the parents (parental attitudes and/or knowledge about child rearing, personality traits, competence in the parental role, well-being, mental health status, etc.) and the child (communication abilities, temperament, personality traits, etc.). Factors related to support for parents and their children (e.g., relatives and other family members, formal support from the school, therapy, counselling, etc.) were also not considered, although they could explain some variance in parenting behavior and/or dimensions. Lastly, answers obtained through close-ended questions only go so far – and with parenting being such a broad construct, some aspects of it, especially in families of children with disabilities, could be studied with more nuance with qualitative research.

Practical Implications

Parenting behaviors in families of children with disabilities vary based on the child's disability, challenging behaviors, and support needs, highlighting the importance of tailored support services. Policymakers and program providers can use these insights to design parenting education programs that address unique challenges, offering practical strategies for managing behaviors and fostering positive parent-child relationships. Emphasizing the impact of challenging behaviors and self-care independence, policies should ensure families have access to local resources, such as financial aid, home visits, and parent support groups. Schools and experts can promote strategies to build self-care and self-management skills through individualized curricula and support services, benefiting both the child and their family.

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Prediktori roditeljskih dimenzija u porodicama dece sa smetnjama u razvoju

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Uvod: Odgajanje deteta sa smetnjama u razvoju predstavlja posebne izazove, pri čemu na ponašanje roditelja utiču različiti faktori. Razumevanje ovih faktora je ključno, jer ponašanje roditelja značajno utiče na razvoj i prilagođavanje deteta. *Cilj*: Ova studija ima za cilj da istraži prediktore ponašanja roditelja među roditeljima dece sa smetnjama u razvoju i roditeljima dece tipičnog razvoja, fokusirajući se na sociodemografske varijable i roditelja i dece, te specifične karakteristike koje se odnose na decu sa smetnjama u razvoju. *Metode*: U istraživanju je učestvovalo 315 roditelja dece sa smetnjama u razvoju i 552 roditelja dece tipičnog razvoja u Hrvatskoj, a podaci su prikupljeni putem internetskih upitnika o sociodemografskim varijablama, roditeljskom ponašanju, tipu

invaliditeta deteta, nezavisnosti i izazovnom ponašanju. Korišćeni su Mann-Whitney U test i hijerarhijska regresiona analiza. *Rezultati*: Rezultati pokazuju da nema značajnih razlika u roditeljskoj podršci, restriktivnoj kontroli ili permisivnosti između grupa. Međutim, roditelji dece sa smetnjama u razvoju prilagođavaju roditeljstvo invaliditetu svog deteta, izazovnom ponašanju i potrebama za brigom o sebi. *Zaključak*: Roditelji dece sa smetnjama u razvoju prilagođavaju svoje roditeljstvo na osnovu prirode invaliditeta svog deteta, kao i nivoa podrške koja je detetu potrebna. Prepoznavanje ove dinamike može usmeravati razvoj strategija podrške za porodice, naglašavajući važnost personalizovanih intervencija za rešavanje specifičnih izazova sa kojima se suočavaju roditelji koji odgajaju decu sa smetnjama u razvoju.

Ključne reči: roditeljsko ponašanje, deca sa smetnjama u razvoju, briga o sebi, izazovno ponašanje, strategije podrške

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