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EXAMINING ASSOCIATIONS BETWEEN TRAUMA, THE PARENT-CHILD
RELATIONSHIP, AND CHILDREN'S FUNCTIONING DURING MIDDLE CHILDHOOD
by

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Abstract

Children's adaptive and maladaptive functioning may be influenced by several individual and relational factors, including aspects of the parent-child relationship. Specifically, a parent-child relationship that is characterized by closeness and affection may strengthen adaptive skills, while a parent-child relationship that is high in conflict may contribute to children's externalizing and internalizing problems. The current study assessed associations between parent and child trauma exposure, aspects of the parent-child relationship, and children's adaptive and maladaptive functioning. Participants included 53 caregivers ($M_{age} = 35.48$; $SD = 9.95$) of children aged 6 to 11 years who were recruited organizations in the Midsouth, United States. Results from multivariate regression modeling indicated that lower parent-child conflict and higher parent-child closeness were associated with higher adaptive skills in children. Additionally, higher parent trauma exposure and higher parent-child conflict were associated with more externalizing problems in children. These findings highlight the influence of parental factors on youth functioning.

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Examining associations between Trauma, the Parent-Child Relationship, and Children's Functioning during Middle Childhood

Trauma, or the psychological response to distressing or disturbing events, impacts approximately 650,000 children in the United States each year (U.S. Department of Health & Human Services, 2021). Potentially traumatic experiences (PTEs) can occur at any point in an individual's life and include experiences such as neglect, physical abuse, sexual abuse, violence, medical trauma, natural disasters, and traumatic losses (American Psychological Association, 2020). In the United States, 61% of adults have experienced at least one traumatic event during their lifetime (Center for Disease Control & Prevention, 2019). Both child and parent trauma experiences may place children at risk for problematic outcomes, including externalizing and internalizing difficulties (Osofsky & Thompson, 2014). Further, challenges in the parent-child relationship, including high conflict, high dependence, and low closeness, may increase the likelihood for poor adaptive skills, externalizing problems, and internalizing problems in children (Osofsky & Thompson, 2014; Scaini & Caputi, 2018). A considerable body of research has separately examined the parent-child relationship, trauma experiences, and children's functioning; however, important questions regarding how trauma and the parent-child relationship may simultaneously influence children's functioning remain unanswered. The current study aims to address this gap by investigating associations among the parent-child relationship, child and parent trauma experiences, and children's functioning during the developmental stage of middle childhood (i.e., children aged 6 to 12 years).

Trauma Exposure & Childhood Mental Health

Trauma exposure has far-reaching negative effects for psychological functioning and physical health (Khanijahani & Sualp, 2021). Seminal research indicates that traumatic events

experienced during childhood (i.e., before 18 years of age) have long-term consequences on mental and physical health that persist into adulthood (Felitti et al., 1998). Specifically, research shows that childhood exposure to trauma places youth at risk for externalizing (i.e., aggression, conduct problems) and internalizing (i.e., anxiety, depression) problems (Greeson et al., 2014; Sharma & Sacco, 2015). Such problematic outcomes are intensified when children endure polyvictimization, which is experiencing multiple types of adversity at the same time (Finkelhor et al., 2011). Childhood polyvictimization increases the risk of experiencing more lifetime PTEs and has been linked to greater externalizing and internalizing problems (Finkelhor et al., 2011). Further, chronic exposure to trauma can exacerbate the development of excessive anger reactions, anxiety, and depression (Felitti, et al., 1998). Despite the negative ramifications of trauma exposure, many children can maneuver through these events and exhibit adaptive functioning, or the capacity to respond to and navigate through challenges (Arias et al., 2013; Kapikiran & Acun-Kapikiran, 2016). Yet, few studies have simultaneously examined positive and negative outcomes in children who experience trauma.

Internalizing Problems

Internalizing behaviors are defined as problematic internal processes, such as anxiety, depression, and somatization (American Psychological Association, 2020). Internalizing behaviors can cause significant distress during childhood as they negatively influence relationships with parents, siblings, and peers (Liu et al., 2011). Childhood trauma exposure has been consistently linked to internalizing disorders (Center for Disease Control & Prevention, 2019), with children exposed to maltreatment reporting higher levels of anxiety and depression compared to non-victimized children (Masten & Cicchetti, 2010; Avanci et al., 2012). Further, previous research suggests that middle childhood is a salient developmental stage during which

children are particularly vulnerable to developing internalizing problems following exposure to trauma (Muniz et al., 2019). Ample research has examined internalizing issues throughout the lifespan, yet many unanswered questions remain about internalizing problems during childhood and their link with the parent-child relationship and trauma experiences.

Externalizing Problems

Externalizing behaviors are noticeable to others and encompass a diverse range of problematic behaviors (e.g., misconduct, hyperactivity, and aggression), which can provoke discomfort and conflict in social interactions (American Psychological Association, 2020; Kauten & Barry, 2020). The onset of externalizing problems may impact the development of healthy social skills in middle childhood as behavioral problems are associated with academic difficulties, peer rejection, and decreased prosocial behavior (Card et al., 2008; Fleckman et al., 2016; Wang et al., 2017). Additionally, children exposed to trauma endorse higher levels of externalizing problems compared to those who have not experienced trauma (Jakupcak & Tull, 2005). Empirical evidence suggests that children exposed to trauma in the home (e.g., abuse, intimate partner violence) are particularly vulnerable, often reporting externalizing symptoms such as anger and aggression (Abbassi & Aslinia, 2018; Muniz et al., 2019). Externalizing problems during child development have been widely studied; however, externalizing problems related to the parent-child relationship and trauma have not been thoroughly investigated.

Adaptive Skills

Adaptive behavior includes conceptual, social, and functional skills that are used in everyday life and are often exhibited during times of adversity (American Psychological Association, 2011; Tasse et al., 2012). Although there is a large body of literature on problematic functioning, research is scarce concerning children's adaptive functioning in middle childhood in

the aftermath of trauma. Adaptive skills are characterized by an individual's capacity to adjust to new situations and discover new ideas (American Psychiatric Association, 2020). Specifically, adaptive skills consist of effective functional communication, skills for engaging in daily living, leadership skills, and social skills, all of which interact to increase a child's capacity to regulate daily life changes and the environment (Reynold et al., 2015). Children who endure trauma have been shown to score significantly lower on adaptive skills compared to children who have not experienced adversity (Viezel et al., 2014).

Previous research demonstrates that chronic trauma exposure during childhood significantly hinders the development of adaptive functioning skills (Becker-Weldman, 2009). Additionally, exposure to parental trauma in childhood has been indirectly associated with difficulties in children's adaptive skill development (Scaini & Caputi, 2018). Remarkably few studies have examined associations between the parent-child relationship, trauma, and adaptive skills during middle childhood; thus, additional research is needed to understand and enhance positive functioning following trauma exposure.

The Parent-Child Relationship

Healthy parent-child relationships are critical in facilitating adaptive behaviors and may be linked to improved functioning for children who experience trauma (Scaini & Caputi, 2018). On the contrary, deficient parent-child relationships are related to more externalizing and internalizing problems in middle childhood (Bronstein et al., 2012; Driscoll & Pianta, 2011). The quality of the parent-child relationship can be assessed across three domains: conflict, closeness, and dependence (Driscoll & Pianta, 2011). Parent-child conflict includes negative, angry, or conflicted interactions between parent and child (Pianta, 1992). Parent-child closeness represents feelings of affection and warmth that facilitate open communication between parent and child

(Pianta, 1992). Finally, parent-child dependence represents a child's overreliance on the parent, accompanied by troubled feelings (e.g., reacts strongly to separation; Pianta, 1992).

Individuals who report high levels of dependence, low levels of closeness, and high levels of conflict often endorse greater internalizing problems during childhood (Rose et al., 2016). Conflict in the parent-child relationship during middle childhood has been linked to externalizing problems across the lifespan (Pagani et al., 2006). A number of studies suggest that parent-child closeness is positively linked with children's improved functioning and greater adaptive skill utilization, which promotes positive outcomes throughout the lifespan; however, relationships with increased conflict have been linked with more impaired functioning (Driscoll & Pianta, 2011). The association between the parent-child relationship and children's functioning (i.e., adaptive behavior, externalizing problems, internalizing problems) can be examined using Belsky's theoretical model of the determinants of parenting, which illustrates that a parent's developmental foundation and individual resources can have a bidirectional influence on the trajectories of their children's development (Holden, 2019).

Parenting and Family Systems Theories

Belsky's (1984) Determinants of Parenting theory suggests that a parent's family history and functioning, as well as their access to psychological and environmental resources, can have a strong influence on their child's development (Belsky, 1984; Holden, 2019). Most theoretical work has focused on the etiology of parents' own developmental foundation by assessing the parenting they received and their own childhood trauma (Belsky, 1993; Cicchetti & Cohen, 2006; McAnally et al., 2021). Specifically, understanding a parent's family history often encompasses examining levels of closeness, conflict, and dependence shared with their parent, which has been shown to impact relationships with their own children (Driscoll & Pianta, 2011;

McAnally et al., 2021). These three domains of the parent-child relationship are unique to each family and can be shaped by the history and structure of the family (Goldenberg & Goldenberg, 2017). Thus, additional consideration of Family Systems Theory (Bowen, 1978) is warranted. This theory revolves around the principal concept that the relations of family are comprised of stratified power structures among family members (e.g., parents, children) and the exterior limits that hold the various positions of the members and their interactions. For example, conflict within the higher stratified family structure (e.g., mother and father) has been found to directly influence and increase conflict in the lower structure of the parent-child relationship (Katz & Woodin, 2002). Importantly, these interactions can be bidirectional and dependent on one another (e.g., mother shows less closeness to son and displays less affection toward spouse) as they are embedded in a system that may provide support in one aspect and undermine in another (Bowen, 1978).

Considerable research has focused on the psychological (i.e., psychopathology) and environmental (i.e., employment and relationships) resources that impact parenting (McAnally et al., 2021; Wamser-Nanney & Campbell, 2020). In the Family Systems Theory power structure, the behaviors and actions of a stratified member (i.e., parent) can influence a member of a lower position (i.e., child), such as the anxiety of a parent extending to the child, which could decrease closeness in the dyadic relationship (Bowen, 1978). Research suggests that parents with higher psychological resources report stronger bonds and increased closeness with their children (Hernandez & Lam, 2012). Lack of environmental resources, such as unemployment, can contribute to increased parental stress and conflict in the parent-child relationship, which can negatively impact children's functioning (Mahomes, 2012; Wamser-Nanney & Campbell, 2020). Further, past work indicates that enduring chronic poverty places children at heightened risk for

externalizing and internalizing problems, which may increase conflict and dependence in the parent-child relationship (Conger & Conger, 2002; Mahomes, 2012). Due to systemic and structural barriers that reduce family access to resources, exposure to trauma often occurs across generations, with increased reports of neglect and abuse occurring in families whose parents were also exposed to trauma (Barboza, 2018; McAnally et al., 2021). Despite decades of research, minimal work has explored the differential associations between parent-child conflict, closeness, and dependence on children's functioning while accounting for both parent and child trauma.

Developmental Period of Middle Childhood

Middle childhood (i.e., 6 to 12 years) is a transitional period between early childhood and adolescence during which children begin formal schooling and integrate higher levels of social norms (Collins et al., 2002). Changes and growth in behavioral, physical, emotional, and social domains are evident across this developmental period (Collins et al., 2002). Abstract thinking emerges as well as self-awareness, self-regulation, and sociability—skills that are frequently utilized within peer interactions (Huston & Ripke, 2006). However, this period is also a time during which externalizing problems, maladaptive coping strategies, and other problematic reactions to distress can emerge and persist later in life (Collins et al., 2002). Further, as children enter middle childhood, parenting changes occur, including alterations in parental monitoring, expectations, and parenting practices. A healthy parent-child relationship may be particularly essential in middle childhood as children begin to participate in formal education and develop relationships outside of the home (Collins et al., 2002). Accordingly, the regulation of externalizing and internalizing behaviors during this stage has been associated with parents' interactions and practices with their children (Collins et al., 2002). Conflict in the parent-child

relationship during middle childhood has been linked to problematic behavior across the lifespan (Pagani et al., 2006). Parenting practices can also influence adaptive functioning and help to bolster overall functioning during middle childhood (Bornstein et al., 2012; Collins et al., 2002).

Current Study

Domains of the parent-child relationship and traumatic experiences among children and their parents have historically been examined separately in relation to children's functioning. Research is limited on how these variables are simultaneously related to children's positive and negative functioning, including externalizing problems, internalizing problems, and adaptive skills in the context of parent and child trauma exposure. To address this gap in the literature, the current study evaluates associations between child functioning (i.e., adaptive functioning, externalizing problems, and internalizing problems) and caregiver trauma exposure, child trauma exposure, and the three domains of the parent-child relationship (i.e., closeness, conflict, and dependence). It is hypothesized that (1) higher levels of parent and child trauma, parent-child conflict, parent-child dependence, and lower levels of parent-child closeness will be associated with lower levels of adaptive functioning, (2) higher levels of parent and child trauma, parent-child conflict, parent-child dependence and lower levels of parent-child closeness will be associated with more externalizing problems, (3) higher levels of parent and child trauma, parent-child conflict, parent-child dependence and lower levels of parent-child closeness will be associated with more internalizing problems.

Method

Participants

Participants included 53 service-seeking caregivers from the Midsouth, United States. Caregivers ranged in age from 21 to 67 years ($M_{age} = 35.48$; $SD = 9.95$), and the majority self-

identified as female (97%). The sample was predominantly African American or Black (92.5%). Most caregivers were the child's biological or birth mother (83.3%). The participants' children ranged in age from 6 to 11 years ($M_{age}=8.28$; $SD=1.83$), and slightly more than half were male (53.7%). Children were predominantly African American or Black (96.3%). Participants reported on their annual household income over the past year, with 73.6% reporting an income below the Federal Poverty Guidelines for a family of four (\$26,500; U.S. Department of Health & Human Services, 2021). Demographic information on caregivers and children is provided in Table 1.

Procedure

After receiving Institutional Review Board (IRB) approval, participants were recruited from local community organizations that provide various family-based services in the Mid-South, United States. Community organization staff invited families to participate in the study, which is part of a larger evaluation of services for families and children exposed to adversity. Interested caregivers were screened by study staff and eligible if they were 18 years of age or older, had a child between the ages of 6 and 11 years, and were fluent in English. Prior to beginning the one-hour baseline survey, caregivers completed informed consent with project staff. During the informed consent process, participants were told that they could skip any questions or discontinue participation at any time without affecting their ability to receive services from the community organization. A random digit identifier was used to de-identify study materials to protect participant's privacy. Interviews were conducted by trained study staff, who read aloud all questions and recorded participants' responses into an online electronic data platform. Upon completion of the survey, participants received a \$30 gift card, along with a list of local mental health resources.

Measures

Demographics Questionnaire. A demographics questionnaire was used to ascertain general background information, such as caregiver age, gender, race, and household income. Caregivers were also asked demographic questions about their child, including child's age, gender, race and the caregiver's relationship to the child.

Behavioral Assessment System for Children Parent Rating Scale (BASC-3-PRS-C). The Behavioral Assessment System for Children Parent Rating Scale-Child (BASC-3-PRS-C; Reynolds & Kamphaus, 2015) was used to assess children's adaptive behaviors, emotional problems, and problem behaviors that may occur in the home and community settings. The BASC-3-PRS-C is intended for the parents of children aged 6-11 years and includes age-appropriate items to gather information about various child behaviors (Altmann et al., 2018). For the current study, the adaptive skills, externalizing problems, and internalizing problems composite scores were utilized. The adaptive skills composite score includes the following subscales: adaptability, activities of daily living, functional communication, social skills, and leadership. The externalizing problems composite score includes hyperactivity, aggression, and conduct problems. The internalizing problems composite score includes depression, anxiety, and somatization. The measure uses a four-answer choice rating system (Never, Sometimes, Often, and Almost Always). A sample item for adaptive skills is, "Acts in a safe manner." For externalizing problems, "Interrupts parents when they are talking on the phone." Finally, an item from the internalizing problem composite score is, "My child says, 'nobody likes me.'" The BASC-3-PRS-C was scored on Q-global, a web-based scoring and reporting platform, which provides the T-scores, confidence intervals, and percentile ranks of the composite scores (Altmann et al., 2018). For all three composite scores, the average T-score range is 41-59, and it

is estimated that two-thirds of the general child population will score in that range. The BASC-3-PRS-C accounts for gender norms based on subgroups of samples within the general population. The BASC-3-PRS-C scales and indexes have high internal consistency and test-retest reliability, with an alpha that exceeds .80 (Reynolds & Kamphaus, 2015). In the current study, the adaptive skills composite score had an alpha of .91, the externalizing problems composite score had an alpha of .85, and the internalizing problems composite score had an alpha of .86.

Child-Parent Relationship Scale (CPRS). The Child-Parent Relationship Scale (CPRS) (Pianta, 1992) consists of 30 items that assess caregivers' perception of their relationship with their child. The CPRS includes three subscales: conflict, closeness, and dependence. Responses are assessed on a five-point Likert scale (Definitely does not apply, Not really, Neutral/Not sure, Applies somewhat, and Definitely applies), with items concentrating on interactions within the parent-child relationship. An item from the conflict subscale is, "Sneaky and manipulates me." A sample item that captures parent-child closeness is, "If upset, my child will seek comfort from me." For the dependence subscale, one item is "Reacts strongly to separation from me." The CPRS does not have an overall score; instead, items in each subscale are summed to create separate scores for closeness, dependence, and conflict. The CPRS has good reliability and validity, with alpha levels above 0.70 for all subscales (Driscoll & Pianta, 2011). In the current study, the conflict subscale had an alpha of .83, the closeness subscale had an alpha of .56, and the dependence subscale had an alpha of .17. Due to the dependence subscale reliability being below acceptable thresholds, the dependence subscale was not included in study analyses.

Life Events Checklist for DSM-5 (LEC-5). The Life Events Checklist for DSM-5 (LEC-5; Blake et al., 1995) utilizes 17 yes/no items to evaluate the number of PTEs across the lifespan of the caregiver and their child. The first sixteen items evaluate recognized events that are likely

to induce trauma reactions or distress, and the seventeenth item assesses any additional stressful event not identified in the previous items. Types of traumatic events include natural disasters, transportation accidents, physical assault, sexual assault/harassment, life-threatening event, and serious injury. Each item is scored as “happened to me,” “happened to my child,” or “does not apply.” All events that happened to the caregiver were summed to create a caregiver total trauma score that ranged from 0-17. Similarly, all events that the caregiver reported happening to the child were summed to create a child's total trauma score ranging from 0-17. The LEC-5 has shown good validity to examine direct PTEs; kappa coefficients for individual items may vary but have shown to be consistent with strong retesting stability (Gray et al., 2004; Kubany et al., 2000). In the current sample, internal consistency was not calculated for the LEC-5, as an individual may experience one type of trauma without necessarily experiencing others.

Data Analytic Plan

Prior to completing the primary study analyses, data was screened for missingness, outliers, multicollinearity, and non-normality (Tabachnick & Fidell, 2017). Less than 1% of data was missing, and participants with missing data were excluded. No univariate or multivariate outliers were identified; data was determined to be within normal limits (skewness and kurtosis $< |2|$); and no evidence of multicollinearity was found ($VIF < 3$; Tabachnick & Fidell, 2017). The direct associations among family's total household income, parent trauma, child trauma, internalizing problems, externalizing problems, and adaptive skills were assessed with correlations. Intercorrelations among the continuous study variables are presented in Table 2.

Primary study hypotheses were evaluated via multivariate regression modeling conducted in SPSS version 26 to assess linear relationships between trauma exposure (i.e., parental trauma exposure, child trauma exposure), parent-child domains (i.e., closeness and conflict in the parent-

child relationship) and children's functioning (i.e., internalizing problems, externalizing problems, and adaptive skills). The dependent variables in the model are adaptive skills, externalizing problems and internalizing problems, while the fixed factors are parental trauma exposure, child trauma exposure, parent-child conflict, and parent-child closeness.

Results

Preliminary Analyses. Pearson correlations, which are presented in Table 2, were conducted to assess direct relationships between the study variables: parent trauma exposure, child trauma exposure, parent-child conflict, parent-child closeness, adaptive skills, externalizing problems, and internalizing problems. The association between household income and study variables was also examined. Although total household income was not significantly related to child functioning, it was positively correlated with child trauma exposure; $r(51) = .34, p = 0.05$. There was also a positive, significant relationship between parental trauma exposure and child trauma exposure; $r(51) = .45, p = 0.01$ as well as parental trauma exposure and children's externalizing problems; $r(51) = .43, p = 0.01$. Parent-child conflict was inversely related to children's adaptive skills; $r(51) = .34, p = 0.05$. Internalizing and externalizing problems were also positively correlated; $r(51) = .41, p = 0.01$.

Regarding trauma exposure, the most frequently endorsed PTE experienced by caregivers was a transportation accident (67.9%), followed by physical assault (39.6%) and sexual assault/harassment (35.8%). On average, caregivers experienced 3.35 ($SD=2.47$) PTEs. Caregivers reported that their children experienced an average of 1.15 PTEs ($SD = 1.30$). The most frequently reported child PTE was a transportation accident (28.3%), followed by a natural disaster (18.8%) and sudden traumatic death of a loved one (11.3%).

Multivariate Regression. Results of the multivariate regression are presented in table 3. The first hypothesis examined relations between adaptive skills, trauma exposure, and the parent-child relationship. Results indicated that lower levels of parent-child conflict ($F(1, 52) = 9.10, p = .004, \text{partial } \eta^2 = .162$) and higher levels of parent-child closeness ($F(1, 52) = 9.89, p = .003, \text{partial } \eta^2 = .174$) were significantly related to higher levels of adaptive skills. Findings partially support hypothesis one in that adaptive skills were significantly related to the parent-child relationship, but not to parent or child trauma exposure.

The second hypothesis evaluated associations between externalizing problems, trauma exposure, and the parent-child relationship. Findings revealed that higher levels of parental trauma exposure ($F(1, 52) = 11.57, p = .001, \text{partial } \eta^2 = .198$) and higher parent-child conflict ($F(1, 52) = 9.32, p = .004, \text{partial } \eta^2 = .165$) were significantly related to higher levels of externalizing problems. These results partially support hypothesis two given that one component of the parent-child relationship and one type of trauma exposure were related to externalizing problems.

The third hypothesis evaluated the associations between internalizing problems, trauma exposure, and the parent-child relationship. None of the independent variables were significantly related to internalizing problems in the multivariate regression model. This is inconsistent with hypothesis three given that we expected both trauma exposure and the parent-child relationship to be linked to internalizing difficulties.

Discussion

The present study examined associations among parent and child trauma experiences, positive and negative aspects of the parent-child relationship, and children's adaptive functioning, externalizing behaviors, and internalizing behaviors during middle childhood.

Simultaneous exploration of positive and negative aspects of the parent-child relationship and children's functioning following trauma exposure expands on previous literature that has primarily evaluated individual negative factors associated with functioning in the aftermath of trauma. Further, accounting for both parent- and child-endured trauma provides unique information on the impact of intergenerational adversities.

The first hypothesis was partially supported given that lower levels of parent-child conflict and higher levels of parent-child closeness were linked to higher levels of adaptive skills. Conflict in the parent-child relationship consists of negative interactions (i.e., anger and tension); relationships high in these negative interactions have been associated with impaired adaptive skills (Driscoll & Pianta, 2011). However, closeness (i.e., affection and warmth) in the parent-child relationship has been found to improve adaptive functioning (Driscoll & Pianta, 2011). Thus, current study findings align with previous research. These findings also align with theoretical work. Specifically, according to Belsky's Determinants of Parenting Theory, parent's history and functioning can influence their child as well as the parent-child relationship (Belsky, 1993). Parents' access to psychological and environmental resources can indirectly or directly influence parent-child relationship domains (i.e., conflict and closeness), which may enhance or impair children's adaptive skills (Belsky, 1984; Holden, 2009). Parents who have more access to psychological resources (e.g., positive mental health functioning) could report higher levels of closeness with their children, which may positively impact children's adaptive skills (Hernandez & Liam, 2012; Mahomes, 2012). Contrary to prior literature, parent and child trauma exposure were not significantly associated with adaptive skills. This finding could be due to the intergenerational PTEs that occur within families, which may influence individual's self-reporting (McAnally et al., 2017). Since parents self-reported on their own PTEs as well as their

child's PTEs, it is possible that parents underreported PTEs for themselves and their children. These findings yield valuable insight into the working structure of the parent-child relationship and how it is associated with children's adaptive functioning.

The second hypothesis was partially supported in that higher levels of parental trauma exposure and higher levels of parent-child conflict were associated with higher levels of externalizing problems in children. These findings align with Family System theoretical work (Bowen, 1978) in that conflict between higher stratified family members (e.g., mother and father) can cascade to lesser family members (e.g., children) directly increasing conflict of the parent-child relationship (Katz & Woodin, 2002). Notably, nearly 75% of participants reported their annual household income as below the Federal Poverty Guidelines for a family of four, which may contribute to a lack of environmental resources resulting in higher levels of conflict in the parent-child relationship and indirectly impact externalizing problems (Wamser-Nanney & Campbell, 2020). Regarding the relation between parental trauma and externalizing problems, previous research shows that children who have been exposed to family violence may experience increased levels of externalizing problems (Abbassi & Aslinia, 2018; Finkelhor, et al., 2011). Seminal literature has also established many long-term problematic outcomes in adulthood based on exposure to parental trauma in childhood, such as unhealthy and unstable relationships with others (Fang et al, 2012; Felitti, et al, 1998). From a family systems perspective, this consequence may be explained as a trickle-down effect from the stratified order between parent and child influencing behavior problems (Bowen, 1978; Pagani et al., 2006). Although higher levels of child trauma were not significantly associated with more externalizing problems; parents reporting on children's PTEs could have underestimated the exposure and levels of trauma in their children (Stover et al., 2010). It is possible that parents may not have accounted

for violence witnessed in the home (i.e., abuse, intimate partner violence), such as violence being overheard but not seen, which can place children at heightened risk for externalizing problems (Muniz et al., 2019). Additionally, parent-child closeness was not significantly related to more externalizing problems. These nonsignificant findings may be explained via Belsky's parenting framework (Belsky, 1993, McAnally et al., 2021). Specifically, parents who were raised in an environment with low parent-child closeness may not endorse lower levels of closeness in their relationship with their own children.

The third study hypothesis was not supported given that there were no significant findings with regard to internalizing problems. Internalizing problems are internal behaviors that are not outwardly visible and can often go undetected by parents (van de Looij-Janen et al., 2011). For example, research indicates that parents may underreport certain aspects of internalizing problems, such as anxiety and worry (van de Looij-Janen et al., 2011). Perhaps significant findings would have emerged had children been reporting on their own functioning. The stratified framework of Family Systems Theory can also be taken into account in that difficulties among higher members of the family system can influence parents underestimating of children's internalizing problems due to existing difficulties already present in the family system (Bowen, 1978).

Strengths and Limitations

This study has several strengths, including assessing the quality of the parent-child relationship across multiple domains, focusing on the developmental period of middle childhood, and including examination of positive and negative aspects of children's functioning. Even with these strengths, the current study has limitations that should be considered when reviewing the findings. First, the study applied a cross-sectional design that impedes temporal or directional

claims regarding the associations among study variables. Second, all data was collected via caregiver self-report measures; thus, source variance should be strongly considered, as report from other sources (e.g., child, other family members) would likely reveal different results. Next, the sample's generalizability is limited given the small sample size, that caregivers primarily identified as female and Black or African American, and that participants were recruited from the Midsouth, United States. Trauma exposure was assessed via dichotomized responses into "yes it happened/no it has not happened". Thus, information regarding trauma severity, frequency, and timing was not gathered. Finally, the dependence subscale of the CPRS had very low reliability and therefore could not be used in study analyses. Thus, we were not able to assess the role of parent-child dependence in relation to child functioning.

Future Research Directions

Future researchers should consider utilizing a longitudinal design to assess changes over time in trauma exposure, aspects of the parent-child relationship, and children's functioning. Future studies should also include other informants, in particular the child, so that information could be gathered from more than one source. Additional assessments of the parent-child relationship are also pertinent in future research, including parenting attitudes and parenting styles. Future researchers should consider using more psychometrically sound measures of the parent-child relationship given the low reliability on subscales of the CPRS. While the current study provides unique insight into the associations between parent and child trauma, domains of the parent-child relationship, and children's adaptive and maladaptive functioning, these recommendations would certainly strengthen future studies.

Clinical Implications

Findings support the need for early screening and detection of childhood trauma, as early intervention may reduce the negative effects of trauma exposure on youth functioning (Masten & Cicchetti, 2010; Muniz et al, 2019). Further, to fully support children's functioning, parents should also be screened for trauma exposure and provided psychological and environmental resources to alleviate the burden of trauma exposure on the family. Child and family interventions should consider incorporating techniques to reduce conflict in the parent-child relationship as well as strategies to build skills that enhance closeness.

Conclusion

The current study examined associations among parent trauma exposure, child trauma exposure, parent-child conflict, parent-child closeness, and three aspects of child functioning (i.e., adaptive skills, externalizing problems, internalizing problems). Results shed light on the importance of evaluating multiple types of trauma exposure across the family system given that parent and child trauma were differentially related to child functioning. Additionally, findings underscore the value of assessing positive and negative aspects of the parent-child relationship. Information provided by this study offers unique insight into factors across the family system that impact youth functioning.

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Appendix A

Table 1
Caregiver and Child Demographic Characteristics

Demographic Characteristics	Caregiver (<i>N</i> = 53)		Child (<i>N</i> = 53)	
	<i>n</i>	%	<i>n</i>	%
Sex				
Male	2	3.0	29	53.7
Female	51	97.0	24	46.3
Race				
African American or Black	49	92.5	50	96.3
White	2	3.8	2	3.7
American Indian	1	1.9	0	0.0
Biracial	1	1.9	1	1.9
Caregiver Status				
Biological or Birth Mother	44	83.3		
Stepmother/Foster Mother	2	3.7		
Aunt	3	5.6		
Grandmother	4	7.4		
Yearly Household Income				
<\$5,000	16	29.6		
\$5,000-\$10,000	15	25.9		
\$10,001-\$15,000	6	12.9		
\$15,001-\$20,000	3	5.6		
\$20,001-\$30,000	5	9.3		
>\$30,001	8	16.7		
Perceived Socioeconomic Status				
We live comfortably	22	40.7		
We live from paycheck to paycheck	20	38.9		
We don't have a steady income	4	7.4		
We have no current income	7	13.0		

Appendix B

Table 2

Means, Standard Deviations, and Correlations among Study Variables

	1	2	3	4	5	6	7	8
1. Household Income	-	.16	.34*	.07	-.13	-.15	-.04	.07
2. Parent Trauma		-	.45**	.04	.16	-.16	.43**	.20
3. Child Trauma			-	-.07	-.08	-.06	.04	.00
4. Parent-Child Conflict				-	-.25	-.47**	.41**	.19
5. Parent-Child Closeness					-	.44**	.00	.11
6. Adaptive Skills						-	-.45**	-.06
7. Externalizing Problems							-	.41**
8. Internalizing Problems								-
<i>M</i>	3.04	3.35	1.15	25.57	44.25	48.17	56.43	53.30
<i>SD</i>	2.18	2.47	1.30	8.40	9.60	9.50	13.20	9.01

Note. * $p < .05$, ** $p < .01$.

Appendix C

Table 3
Multivariate Regression Model Examining Trauma, Parent-Child Relationship and Children's Functioning

	β	<i>SE</i>	t	<i>p</i>	95% <i>CI</i>
Adaptive Skills					
Parent Trauma	-.843	.515	-1.64	.109	[-1.88 – 0.19]
Child Trauma	.321	.963	.334	.740	[-1.88 – 2.26]
Parent-Child Conflict	-.411	.136	-3.02	.004	[-.69 - -.14]
Parent-Child Closeness	.956	.304	3.15	.003	 [.36 – 1.57]
Externalizing Problems					
Parent Trauma	2.46	.723	3.40	.001	[1.01 – 3.92]
Child Trauma	-1.58	1.35	-1.17	.249	[-4.30 – 1.14]
Parent-Child Conflict	.585	.192	3.05	.004	[.20 - .97]
Parent-Child Closeness	.022	.427	.052	.959	[-.84 - .88]
Internalizing Problems					
Parent Trauma	.652	.586	1.11	.272	[-.53 – 1.83]
Child Trauma	-.486	1.90	-.444	.659	[-2.69 – 1.72]
Parent-Child Conflict	.215	.155	1.39	.172	[-.10 - .53]
Parent-Child Closeness	.286	.346	.828	.142	[-.41 - .98]

