



The Correlation Between Child and Adolescent PTSS and Parental Interference

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Abstract. This paper aims in summarizing existing partial studies relevant to the correlation between child and/or adolescent PTSS and parenting interference through multiple parental aspects as a literature review conducted by analyzing 5 published research using the PubMed database associated with the topic (year = 2012–2022). The results recommend a correlation between parental mental health status, family relationships, parenting methods and appraisals, and child PTSS development and healing process. However, due to the variety of results, experiments need to be conducted to provide a comprehensive view with extraneous variables controlled. Therefore, only correlations were being demonstrated in previous investigations.

Keywords: PTSS · Parental Interference · Mental Health

1 Introduction

Psychology Today suggests that the research being conducted relevant to child exposure to trauma reveals 60% of the participants in the study were exposed to at least one trauma before the age of 16, whereas over 30% of them reported multiple traumatic events [1]. PTSS, the acronym for Post-traumatic Stress Symptom, was considered a symptom of post-traumatic stress disorder (PTSD) based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), including symptoms of flashbacks, intrusive thoughts, nightmares and insomnia, self-destructive behaviors, etc. [2]. Child PTSSs are mainly associated with the experience of trauma or witnessed tragic events throughout childhood that are fearful enough to have much of a negative impact leading to PTSS. Post-Traumatic Stress Disorder (PTSD), being considered as a very common psychological mental disorder, indicates the need to address feasible and efficient coping methods for children and adolescents to overcome such obstacles, while parents are normally considered the primary support source for children, greatly impact a child's mental development, especially after traumatic events. According to a study of Hoghughli, parenting consists of three essential components of care, control, and optimizing a child's potential [3]. It even concludes that parenting is the largest social health issue by referencing the importance of parents as the buffer of internal and external stress and abuse and the obvious correlation between maternal depression and child mental health. Thus, the author conducted a literature review using the PubMed Database (publication years

= 2012–2022) and identified 5 published studies relevant to the topic of child PTSS and its correlation with parenting interference, which aims in determining the extent to which parenting affects child and adolescents' PTSS through multiple referencing aspects. However, it excludes research that focuses on case studies, studies in which participants are or were experiencing primary mental disorders or brain damage, papers written in languages that are not English, and papers that required their own expense.

2 Methods

The author conducted a literature review using the PubMed Database research browser, with search terms relevant to the topic such as “child PTSD”, “PTSS”, “parenting styles”, “parenting”, “violence”, and “Post-traumatic Stress Disorder”. After identifying the relevant abstracts and the usability of the papers, 5 papers published during the time range of 2012–2022 were eventually included in the review. To match up with our potential targets of children and adolescents (5–18 years old), the child /adolescent participants in the research are within this age range. Parent participants were also included in the research in order to directly examine the parental factors and provide a comprehensive view from both parental and child perspectives.

2.1 General Parenting-Style

General parenting styles include four components: authoritative, authoritarian, permissive, and uninvolved, while the first three were included in the study. A cross-sectional study used a questionnaire in urban Liaoning Province, China, representing a snapshot of three different economic levels of Chinese society, to survey local students and their parents [4]. The results showed a significant negative association between authoritative parenting styles (representing responsive and supportive parenting styles in which parents set strict but reasonable limits for their children) and children's PTSS. This implies that children with authoritative parenting styles are less likely to develop PTSS, or that they are more likely to recover after trauma. In addition, children under authoritative parenting styles were significantly more likely to develop resilience to assist the children in overcoming trauma compared to other parenting styles. In contrast, authoritarian parenting styles, in which parents are extremely strict and have high expectations but lack responsiveness, are positively associated with the development of PTSS in children. This has also been predicted to increase the incidence of PTSS as children are most likely to experience parental abuse. However, permissive parenting as warm and nurturing, but without a set of rules and limits, has not found strong enough evidence to support its correlation with the development of PTSS in children. Thus, providing a healthy authoritative parenting style has the potential to help children build mental strength to prevent or help defeat future mental disorders.

2.2 Positive and Negative Appraisals

Negative and positive evaluations represent different parental attitudes toward the traumatic event: negative evaluations refer to the stage where the parent fears or avoids

the traumatic experience, while positive evaluations refer to the stage where the parent desires or pursues the experience. Parental evaluations have an impact on the child, primarily because of the limitations of the decisions the child is able to make. For example, parents are deciding on the road to drive on, so if a road is associated with trauma, children can only experience or not experience it based on their parents' decisions. The impact of parental evaluations was demonstrated based on a longitudinal study of 132 pairs of parents and children from one month to six months after the child's trauma, primarily through the child's and parent's self-reports and observations of their interactions [5]. This investigation illustrated a significant association between negative appraisals (excluding cognitive avoidance) and child PTSS, but did not show an association with positive appraisals. However, the review also indicated that no negative effects of positive appraisals were observed and therefore recommended that parents use this approach to cope with their children's PTSS, although no effective positive coping method was shown in this study. In addition, no associations were found between overprotection, cognitive avoidance (which, supposedly, is an aspect of negative appraisal), and PTSS.

2.3 Positive and Negative Parenting Styles

The relationship between positive and negative parenting styles and the progression of PTSS in children was also found through Meta-analysis [6]. It showed that after identifying and analyzing 14 studies between 1980–2014 using Rstudio, the variance in children's PTSD was indicated by positive and negative parenting behaviors, concluding that positive parenting styles (most consistent with authoritative parenting) had a statistically significant effect on variance (mean ES = 0.14, 2.0% of variance), while negative parenting behaviors (over- or under-involvement) had little effect with PTSD variance (mean ES = 0.23, 5.3% of variance). In general, parenting behaviors accounted for approximately 3.8% of the variance in children's PTSD, and the association between parenting and children's PTSS was 0.20, which generally met the criteria for a small effect.

2.4 Parental Disorders

Parental health and its impact on children is often overlooked, although research has demonstrated its relevance. A longitudinal study assessed the mental health status of 90 pairs of parents and preschool children with a 6-month follow-up [7]. It concluded that there was a significant difference in PTSD symptoms among individuals depending on the maternal depression index, suggesting a significant positive association between maternal depression and child PTSS. The pressure imposed from the side of parents and instability within relationships shall further raise PTS probabilities on children. Therefore, emphasis should be placed on promoting maternal psychological care in order to improve the health and quality of life of both mothers and children. The child PTSS state can thus be prevented or improved through timely interfere of parents, based on Cognitive Behavioral Therapy (CBT), Prolonged Exposure Therapy (PE), etc. Another theory mentions that a child will have a higher potential for PTSS development if his/her parents are observed to have PTSS, due to previous research evidence and findings that lower paternal PTSS is associated with better parenting practices that create a healthy

environment for the child to thrive [8–10]. It's not yet being clarified the specific extent of influence, as much research developed a positive correlation, some contradict by stating the lack of association between parental and child PTSS. A potential explanation may be the parents being pessimistic when reporting the mental states of their children, while another mentions the time issue for evaluation, in which there would be a strong correlation of long-term PTSS between parents and children, but no correlation under acute PTSS. Examination suggests that mothers' PTSS have a larger effect size than fathers' PTSS, which may be influenced by social and gender roles, and that children tend to connect more readily with their mothers than fathers because mothers provide primary care and support biologically and emotionally. Even so, the importance of the father factor should not be underestimated as it provides a sense of belonging and contributes to the formation of a harmonious family, as will be further illustrated below.

2.5 Family Relationships

Sixty-five published reviews related to parental factors and child PTS injuries were identified based on a literature review, which documented that if parents have secure attachments and stable romantic partners, this will facilitate children's trauma recovery [8] as children are able to experience love and safety within the family. The included studies explained this phenomenon by acknowledging that negative parental coping styles under insecure attachment, such as denial or avoidance, may be identified and learned by children, who may use such negative evaluations in their coping methods during trauma recovery. In addition, children living under unstable environments will be more likely to experience trauma and additional distress, which may directly lead to child abuse or further consequences.

3 Conclusion

The purpose of this review was to assess the extent of the impact of parenting style on PTSS in children and adolescents, including examination of multiple aspects of general parenting style, evaluation, and family relationships. However, the extent of impact remains inconclusive, as these papers provide a variety of results and may even be found to be contradictory, so only a general hypothetical conclusion can be made based on the current research.

3.1 Advantages and Limitations

Current research is primarily theoretical or questionnaire-based rather than experimental; therefore, extraneous variables are uncertain, leaving this area of research lacking strong evidence to provide definitive conclusions. Extraneous variables, such as the honesty and maturity of the parents and child participants, limited understanding of PTSD, and other factors were not included in the study. In addition, the sample was limited because of individuals who were reluctant to share their experiences and participants who were not included. Therefore, further studies and experiments are needed to obtain clear and comprehensive answers. Furthermore, as only five published studies were reviewed,

this paper cannot provide an extremely comprehensive view of the sources. However, this paper examines cross-sectional studies, longitudinal studies, meta-analyses, and literature reviews, providing a variety of methods and judgment criteria. Because the time frame is set from 2012–2022, the studies conducted are relatively recent and may provide a more advanced version of understanding and systematic approach to research regulations.

3.2 Applications

This article demonstrates the importance of parental influence after PTSS in children, showing that parents need to recognize their need to be concerned about their children's mental health and to be involved in the treatment process. It emphasizes the importance of parental influence on adolescent behavior and urges parents who disregard their child's mental health to acknowledge the need for care and understanding. Getting PTSS is not definitely due to the patient's mental weakness, but multiple factors should be considered, including external support, as research has demonstrated the involvement of parental factors in the healing process of PTSS. In addition, the positive correlation between parental mental health issues and child PTSS implies that parents are required to also be aware of the need to focus on personal mental health rather than neglecting it. It also points to the need for father involvement, as maintaining positive paternal mental health and satisfying family relationships contributes to PTSS recovery. Child recovery and avoidance of further development of PTSS is more likely to be facilitated by promoting proper parenting practices that prevent child abuse and aid in the post-traumatic healing process, such as practicing authoritative parenting and positive evaluation.

3.3 Future Research Opportunities

Throughout the study, multiple gaps need to be filled. The first issue addressed is the type of family most likely to be the cause of domestic abuse and child PTSS, as violence includes, but is not limited to, physical violence. Other factors should be considered when identifying violence more comprehensively. Not to mention the fact that no violence on a large scale is as simple as an extreme experience. A second gap that must be completed is the lack of experiments on parenting styles and their relationship to child PTSS in order to standardize results and provide a clear and credible conclusion.

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