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Generations After US (Undergoing Stress): An Exploration of Interpersonal Violence and Loss on Psychosocial Functioning at the Parent, Child, and Family Level

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GENERATIONS AFTER *US* (UNDERGOING STRESS): AN EXPLORATION OF INTERPERSONAL VIOLENCE AND LOSS ON PSYCHOSOCIAL FUNCTIONING AT THE PARENT, CHILD, AND FAMILY LEVEL

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ABSTRACT

Previous studies propose that interpersonal violence and loss, parenting, and attachment each individually contribute to child and family distress. The following studies aimed to further explore these effects across and within various generational groupings. The ***first study*** explored exposure to community violence at the parent level and at the child level in an attempt to understand how such stress impacts parents' perceptions of family functioning in African-American and Latine families. Findings suggested that family functioning is weakened the most when both a parent and adolescent are exposed and when just a parent was exposed. The ***second study*** examined differences in the effects of community violence exposure on posttraumatic stress in African-American boys and girls, and their parents' attachment as a moderator. Findings suggested that community violence exposure, when paired with both caregiver alienation behaviors and mother-only alienation behaviors, negatively influence posttraumatic stress for girls. Findings were not significant for boys. The ***third study*** examined the effects of traumatic childhood adversities on one's parenting abilities and one's children's psychosocial outcomes in African-American and Latine families. Findings suggested that parent's trauma in childhood predicted less exposure to community violence, more posttraumatic stress, and inappropriate empathy attitudes. Altogether, these studies findings continue to exemplify the influence of stress across generations, encourage researchers' consideration of context when conceptualizing participants', and emphasize the utility of clinicians' skills' to support important, and sometimes life-changing, healing, and growth in clients' and their families.

CHAPTER ONE

INTRODUCTION

Overview of Stress and Traumatic Events

A tree is often used as a metaphor to explain the structure and organization of family relations as well as reflect ongoing growth of the family unit. Though all family trees include the same species, each leaf on a tree is unique in its dimensions and design. Each leaf has weathered interactions with various insects, animals, and other conditions—some shaded from the elements by other leaves on the tree, some directly exposed to the wind, rain, or hot sun. With each new bud, leaves are dependent on other leaves and branches to inform their development and help them thrive. For these reasons, a tree is a useful metaphor to explain and help visualize one's experience and interactions within a family.

Just like leaves on a tree, children and adolescents, as well as adult family members, may endure various forms of stress and trauma throughout their lives that can impact their psychosocial development in the present and influence their interactions with others in the future. Stress that is beyond everyday life experiences for young people is often referred to as "adverse childhood experiences" or ACES and can be potentially traumatic. The National Child Traumatic Stress Network found that, of those ACES, loss, physical abuse, and community violence were some of the most commonly reported (Pynoos et al., 2014). For children and adolescents from ethnic-minority backgrounds, and particularly for African-American and Latino/a youth (hereafter referred to as Latinx or Latine), exposure to such potentially traumatic events occur at

higher rates than in their White peers, suggesting a significant disparity in experiences (López et al., 2017). A study of urban, youth of color born in the late 1970s and early 1980s found that approximately 80% of participants experienced at least one ACE and almost 50% of the sample reported experiencing more than one ACE (Mersky et al., 2013). It is also notable that historical trauma and years of systemic oppression often serve as root causes of many ACEs for communities of color and thus, this social context must always be considered (RYSE Center, 2016). Adverse childhood experiences can contribute to a myriad of mental health problems and, if left untreated, the effects of these experiences can persist long after exposure, having an impact on one's health and interpersonal relationships in adulthood (Narayan et al., 2021). It is critical to address adverse experiences during adulthood as well. Exposure to traumatic events as an adult predicts increased psychological difficulties and may also subject one's children and family to similar outcomes (Masarik & Conger, 2017).

Influence of Parents and Neighborhood

Broadly, one of the most significant influences on how a child is able to handle and effectively cope with potentially traumatic stressors is their relationship and interactions with other "leaves on the tree," particularly their parents. According to ecological systems theory, one's microsystem consists of an individual's most inner, frequent, and, typically, most impressionable connections (Bronfenbrenner, 1994). Within this system, the most prominent interpersonal factors are associated with a child's parents, or parental figures. Attachment between a child and parent is a vital aspect of their relationship that sets the tone for how safe and secure a young person thinks and feels in their world (Bowlby, 1969; Ainsworth et al., 1978). If the parent-child attachment relationship is disrupted or disorganized, the child may

experience an immense amount of stress that can negatively impact their psychosocial functioning and coping (Alexander, 2013; Amos et al., 2011). Equally important, the ecological-transactional system of development model builds on Bronfenbrenner's original theory by suggesting that individuals' environments interact with and mutually influence each other, essentially compounding the effects of stressful experiences on youth's development (Lynch & Cicchetti, 1998). For many adolescents, elements of one's exosystem, such as neighborhood factors (e.g., poverty, disorder, violence crime, etc.), may have just as powerful of an impact as one's parents and may underlie many psychological problems (Lynch & Cicchetti, 1998). Collectively, the parent-child attachment relationship paired with one's experience in the community have the potential to either attenuate or further exacerbate one's responses to stressful encounters.

Such distress in and out of the home, when experienced as a child or as an adult, may negatively impact an individual's abilities as a parent and abilities to be a positive influence for their own children (Peterson et al., 2010; Masarik & Conger, 2017). As indicated in the family stress model, the parent-child relationship and a child's psychosocial functioning is likely to be impacted most dramatically when the parenting to which one is exposed is compromised (Peterson et al., 2010; Masarik & Conger, 2017). Further, with experiences of chronic trauma, or repeated exposure to traumatic events over time, the act of coping may be highly taxing and may require considerable psychological effort to implement (Hager & Runtz, 2012). Moreover, when one is exposed to chronic stress, this may have an impact on the effectiveness of one's regulating responses when stressed again in the future. As such, the trauma literature suggests that people who are exposed to trauma experience a phenomenon called "depletion sensitivity" (Zhang et al.,

2021). This terminology highlights the degree to which one's energy and resources can become exhausted when faced with a demanding task and, ultimately, lead to less self-regulation/self-control when managing future demanding tasks as well as an increased need to rest and "refuel" (Zhang et al., 2021). For individuals who have repeatedly been exposed to a traumatic event in childhood or in adulthood, the exertion needed to cope with and continuously process trauma may persist and may potentially impact one's ability to effectively parent and, ultimately, impact their own child's psychosocial developmental outcomes.

The Current Studies

Given that past literature demonstrates that families can experience cross-generational ripple effects of trauma from older family members (Narayan et al., 2021; Masarik & Conger, 2017), there is a need for more research on how different types of adverse childhood and adverse adulthood experiences create and maintain such effects years later. The following series of studies aimed to understand how effects of traumatic events are represented within and across two generations. Traumatic events were examined at an individual level, a multigenerational level (i.e., experienced by both the parent and the child at the same time point), and an intergenerational level (i.e., experienced by the parent and the implications on experiences for their children) in African-American and Latine families primarily living in lower-income areas around the United States. All studies were conducted using three distinct datasets collected in the late 1990s and early 2000s to understand the effects of interpersonal violence (e.g., exposure to community violence, physical abuse) and loss (e.g., permanent separation or death) on parent, child, and family psychosocial outcomes. More specifically, the current set of studies aimed to: 1) explore how traumatic experiences at the parent and child level influence family functioning,

2) clarify which forms of parental attachment are most protective when a child experiences a traumatic event, and 3) identify what types of childhood trauma in the parent generation have the greatest influence on trauma and other outcomes in the child generation.

The ***first study,*** "Family Matters: The Effects of Multigenerational Community Violence Exposure on Family Functioning" has been published in *Research in Human Development* and is an empirical exploration of the relationship between community violence exposure at the parent level and at the child level in an attempt to understand how such stress impacts parents' perceptions of family functioning. Findings from this study suggested that family functioning is weakened the most when both a parent and adolescent are exposed and when just a parent was exposed versus when neither family member or just an adolescent was exposed (Wilkins et al., 2023). This study was pioneering in that it explored the effects of community violence, as experienced by two generations, on subsequent family functioning.

The ***second study***, "The Moderating Effects of Maternal and Paternal Attachment on Associations Between Community Violence Exposure and Posttraumatic Stress in African-American Daughters and Sons" is an empirical article that examined within-group differences in the effects of exposure to community violence on posttraumatic stress as experienced by male and female, African-American adolescents living in urban neighborhoods. This paper considered the influence of maternal and paternal attachment as moderators and included child's gender in the interaction.

The ***third study***, "Intergenerational Transmission of Trauma via Parenting: A Comparative Study on Threat and Loss as Predictors" is an empirical article that examined the residual, psychological effects of traumatic childhood adversities on one's parenting outcomes

and one's children's outcomes. Specifically, this study compared the effects of parent physical abuse of a caregiver versus separation or death of a caregiver during childhood on their own parenting practices (e.g., parental monitoring) in adulthood which were, in turn, expected to be associated with subsequent child psychosocial outcomes (e.g., witnessing community violence, posttraumatic stress, attitudes towards parenting).

CHAPTER TWO

FAMILY MATTERS: THE EFFECTS OF MULTIGENERATIONAL COMMUNITY VIOLENCE EXPOSURE ON FAMILY FUNCTIONING

Structural and institutional racism create segregated communities of concentrated poverty and scarce resources which elevate levels of violent crime (Foster & Brooks-Gunn, 2009; Friedson & Sharkey, 2015). Due to the impact of structural racism on the policies and practices of multiple systems (e.g., the criminal justice system, housing, employment, healthcare, and education), community violence is disproportionately higher in disinvested, urban communities (Zimmerman & Messner, 2013), and exposure to violence is one of the most pressing public health issues for families and youth of color living in these communities. While much is known about the impact of community violence exposure on adolescent outcomes, research has given limited consideration to caregivers' violence exposure or the impact of exposure on the family system. However, community violence exposure does not discriminate by age and may impact multiple generations within a household in ways that compromise the functioning of the family system. For this reason, it is necessary to advance knowledge on the prevalence and effects of multigenerational exposure to community violence. As such, the current study explored the prevalence of multigenerational exposure to community violence and the short and long-term effects of such exposure on family functioning in African American and Latinx families.

Impact of Exposure to Community Violence on Individual Functioning

Community violence involves intentional acts of harm against a person or persons in the

community and usually occurs outside of the home in public areas (Cooley-Strickland et al., 2009; Kennedy & Ceballo, 2013) and may include acts such as burglary, assault, or use of a weapon. Youth may be exposed to community violence indirectly, by witnessing violent acts that happen to others or directly, by being victimized themselves (Fowler, et al., 2009). In under-resourced, urban neighborhoods, between 50% and 96% of youth report having seen or heard about a shooting or physical assault (Zimmerman & Messner, 2013) and more than 70% report having been chased, threatened, robbed, mugged, shot or stabbed (Cooley-Strickland et al., 2009). In both studies, African American and Latinx youth are reported to have the highest odds of being exposed when compared to other racial/ethnic groups. Even more alarming, African American early adolescents in such communities reported close to one incident of direct or indirect exposure to a physical fight (e.g., slap, kick, punch, stab), being chased or gunshots per day over a one-week period (Richards et al., 2015). Similarly, studies have suggested that Latinx youth living in under-resourced, urban communities are exposed to high level of directly or indirectly experiencing personal threats of physical harm and weapon-related violence, with one study finding that Latinx immigrant adolescents reported that 80% of their exposure occurred post-migration (i.e., once they arrived to the United States) in comparison to pre-migration or during migration (Gudiño et al., 2011; Santacrose et al., 2021).

Most research on community violence focuses on outcomes of exposure at the individual youth level. Extensive research suggests that both direct and indirect exposure to robberies, beatings, stabbings, shootings and killings have negative effects on adolescent psychosocial functioning (e.g., posttraumatic stress symptoms, externalizing behaviors, internalizing symptoms), on physiological outcomes, and may even contribute to academic challenges in

African American and Latinx youth (Bennett & Joe, 2015; Buka et al., 2001; Fowler et al., 2009)). Exposure in adolescence predicts continuation of negative outcomes that may persist into emerging adulthood (Heinze et al., 2017). A majority of findings on African American and Latinx youth also suggest that boys are more likely to be both victims of and witness violent crimes in the community than girls and that boys' expression of distress is more severe and frequent than girls' expression (Cooley-Strickland et al., 2009).

Exploring direct and indirect as separate types of exposure may provide insight into how each differently influences psychosocial outcomes and how to identify the most appropriate supports based on their unique impact (Goldner et al., 2015; Howard et al., 2002). For instance, direct exposure has largely contributed to the development of depressive symptoms and despondency about one's future, whereas the typical symptoms associated with indirect exposure are intrusive thoughts and feelings, vigilance, avoidant behaviors and difficulties with concentration in mostly African American and Latinx populations (Fowler et al., 2009; Howard et al., 2002). Alongside other relevant stressors, including those related to immigration, exposure to community violence is noted to be the strongest predictor of psychopathology for Latinx early adolescents (Gudiño et al., 2011). Findings for African American adolescents similarly show that experiencing a violent crime or seeing someone getting violently arrested in their neighborhood, for example, affects youth outcomes above and beyond the effects of other traumatic stressors (e.g., Reda et al., 2021).

Though a wealth of research exists on community violence exposure among adolescents, surprisingly far less research has been conducted to understand the experience and effects of such exposure in adults (DeCou & Lynch, 2017). One study suggests that adults of color may

have similar prevalence rates to those of youth populations, in that 79% of the adults living and working in urban communities with high levels of crime and poverty reported receiving threat to their lives, experiencing physical assault or being held up at gunpoint, while 99% reported having indirect exposure to violence (e.g., knowing someone who has had their home broken into, reporting the murder of a loved one, etc.; DeCou & Lynch, 2017). Further, when controlling for adverse childhood experiences, the mixed racial sample of adults who witnessed violent crimes reported experiencing heightened posttraumatic stress symptoms (Walling et al., 2011). Other research shows that approximately 40-80% of mothers in disinvested, urban communities (primarily identifying as African American and Latina) have been exposed to assaultive violence as either a victim or a witness at some point in their lifetime (Gill et al., 2009; Kistin et al., 2014), and rates of PTSD and depression in mothers from urban communities are two to four times higher than the general population of women and, within these samples, twice as high among women of color (Gill et al., 2009; Mitchell & Ronzio, 2011).

Impact of Exposure to Community Violence on Family Functioning

According to the ecological-transactional model of development, family structure and dynamics are intertwined at the macrosystem, exosystem, and microsystem levels and have mutual influence on adolescents' developmental outcomes and adaptations (Lynch & Cicchetti, 1998). For example, research suggests that positive parent-child interactions may mitigate the negative effects of stress on both the parent and their child (Crnic et al., 1983; Deater-Deckard, 1998). When stress is experienced by any member of the family, there is subsequent influence on the family system. The family stress theory suggests that environmental stressors may influence parents' abilities to provide effective parenting practices and supportive interactions with others

at home (Masarik & Conger, 2017; Peterson et al., 2010). Research on parent-child dyads has also demonstrated that such parental stress can also be linked to behavioral problems, emotional difficulties, and academic struggles for youth (Leidy et al., 2010). In addition, stress exposure may influence youth's behavior with parents. Some research demonstrates that adolescents' residual reactions to daily stressors in the school setting negatively affect their interactions with family at home (Repetti et al., 2009). Further, examinations of the ecological-transactional model of development show that the availability of family members can influence the level of distress adolescents experience when exposed to violence (Lynch & Cicchetti, 1998), as such if parents' emotional availability is compromised by their own exposure to violence, their adolescents' outcomes of violence exposure may be heightened.

For many African American and Latinx families, the worldview of collectivism, or interdependence and focusing on goals of one's in-group (e.g., the family, tribe, work, religious group, etc.), is important (Frías et al., 2014). Community violence exposure may have a greater impact on families with collectivistic values (than those with more individualistic ideals) because there is a greater salience of family relationships for these families. Altogether, it is possible that multiple generations experiencing exposure to community violence could negatively affect how parents and their adolescents are able to foster emotional bonding and closeness (i.e., *cohesion*; Tolan et al., 1997), as well as reduce effective *communication* (e.g., style and flow of talking with or exchanging views within a family; Tolan et al., 1997) and *support* (e.g., acceptance and aid by family or within family relationships; Tolan et al., 1997) at the family level and on a regular basis (Woods-Jaeger et al., 2018). The presence of positive family dynamics may be especially important for interactions between African American mothers and their sons, as

research demonstrates that African American mothers may show especially high levels of support and validation to their sons due to increased concerns about their sons' exposure to stressors and racial discrimination (Hill & Zimmerman, 2001; Gaylord-Harden et al., 2010; Varner & Mandara, 2013). Further, it is equally important to consider that healthy *family organization*, or the structure of interactions between parents and their adolescents (Tolan et al., 1997), may be compromised by community violence.

Despite theoretical underpinnings, the effects of exposure to community violence on family functioning has been overlooked in both the youth and adult literature (Overstreet & Braun, 2000; Zhang & Anderson, 2010). Researchers have repeatedly examined components of family functioning as moderators or mediators of the association between violence exposure and internalizing, externalizing and posttraumatic stress symptoms, in both African American and Latinx families, but seldom as an outcome itself (Deane et al, 2018; Gorman-Smith et al., 2004; Kennedy & Ceballo, 2013; Scarpa et al., 2006). However, exposure to other forms of violence has been associated with family dysfunction across cultures and communities, suggesting that a similar effect may occur for violence experienced in the community. For example, exposure to political violence and violent genocide have predicted increases in role-reversal parenting and overprotectiveness (Field et al., 2013). Exposure to combat and war-zone violence in veterans' families has also been indirectly associated with poor family functioning (Creech et al., 2016; Possemato et al., 2015) and has directly contributed to less cohesion, less family expressiveness, and significantly high levels of family conflict (Westerink & Giarratano, 1999). Additionally, physical and psychological interparental violence, a type of domestic violence that occurs between parents, is associated with decreased parental warmth and sensitivity (Levendosky et al.,

2006). Given that various types of interpersonal violence and environmental stressors have shown deleterious effects on family functioning, examination of exposure to community violence on family functioning within disinvested urban communities is warranted.

Current Study

In sum, direct and indirect exposure to community violence has been studied predominately at the individual level in youth from disinvested, urban communities and resulting psychosocial effects are well-documented for these populations. However, considerably less is known about the prevalence of community violence exposure in adult populations, and there is even less understanding of the effects of exposure on the family unit and family functioning. As proposed in the family stress theory, it is important to further consider and understand parents' exposure to such environmental stressors in their life as exposure may have direct influence on their parenting and the family system. Parental stress may decrease their sensitivity to and awareness of their child's stress and compromise their ability to effectively facilitating other parts of the family's positive adjustment (Masarik & Conger, 2017; Peterson et al., 2010).

The current study begins to address a novel, understudied area in the literature by highlighting the longitudinal impact of community violence exposure on various areas of family functioning when experienced by multiple generations in the family. Dually informed by the ecological-transactional model of development and the family stress theory, the present study aims to explore the short-term and long-term effects of parent-child exposure to community violence on family functioning one year after exposure and three years after exposure. Specifically, it was predicted that exposure to community violence would have the most negative impact on family functioning when both the parent and the child report exposure, compared to

only the parent or the child reporting exposure or neither family member reporting exposure. It was further hypothesized that both direct and indirect exposure to community violence could bring about increased negative family interactions, at one- and three-years post exposure. The current study also examined differences in family functioning for parent-only exposure versus the child-only exposure, but these analyses were exploratory.

Method

Participants

Data from the Chicago Youth Development Study (CYDS), a longitudinal project that focused on understanding developmental pathways leading to delinquent behavior in early adolescents, were used for the current study. Over a 20-year period beginning in 1991, 11 waves of data were collected for the CYDS. Both parental consent and child assent were obtained for pre-assessment data collection. At that time, 1,105 boys (92% of fifth- and seventh-grade boys in the school) were screened with the Achenbach Teacher Rating Form (TRF; Achenbach, 1991) to assess participants' aggressive behaviors and scores were used to determine pre-test aggression status. Youth participants with a score above the 90th percentile using national norms were coded as high aggression and all others were coded as low aggression (Gorman-Smith & Tolan, 1998). Fifty-four percent of youth were categorized as low aggression, and 46% were categorized as high aggression. Potential participants were then selected for participation in the longitudinal study so that 50% of them were considered at "high risk" for the development of serious aggression on the basis of teacher ratings indicating that they were already engaging in high levels of aggressive behavior (above the 90th percentile using national norms). After this categorization, participants were randomly selected from the remainder of those screened.

A sample of 341 participants was retained and consisted of fifth and seventh grade boys initially recruited from 17 Chicago public schools ranging in age from 11 to 14 years and their mothers. Due to attrition, 84% of the original study sample size were interviewed during waves 2-5 and were included in the analysis for the current study. The current study included 200 African American (58%) and Latinx (42%) parent-child dyads at Wave 2 (N= 400 total respondents inclusive of 200 mothers and 200 sons) living in urban neighborhoods characterized by high violence and high poverty. For sons, the mean age was 12.39 (*SD* = 1.22) at baseline. For the mothers, the mean age was 42.79 (*SD* = 9.21) at Wave 5. Subsequent waves were collected when the child participants were 14 (Wave 3) and 18 (Wave 5) years of age on average (Prince et al., 2016). The median household size at Wave 2 was five people; usually consisting of two adults and three youth. Fifty-three percent of the participants were from single parent homes and 47% were from two-parent homes with a median family income ranging from greater than $10,000 per year to less than $20,000 per year. As a reference, the poverty threshold for a family of three with two related youth was $10,973 in 1991 (https://www.census.gov/hhes/www.poverty/data/threshld/). Among the caregiving participants, 83% had at least a high school diploma and 10% reported having either a college or graduate/professional degree.

Parental consent and child assent were collected again prior to the first wave of data collection. At Wave 1, participants were interviewed by trained researchers in their homes or in a mutually agreed-upon location during participants' sixth or eighth grade year in school. Interviews lasted between three and three and a half hours and the same information was collected across participants during each wave. Participants also completed a self-report

questionnaire about their experiences. More than 73% of the youth participants have self-report data for each of the waves of data collection. Specifically, a majority (86%) of participants have self-report data for at least 3 out of the possible 5 assessments.

Measures

Demographic Information. Demographic information was collected via parent report for each child participant at Wave 1. The reported information consisted of ethnicity, age, income, parental marital status, number of individuals living in the home, and parental relationship to the child participant.

Multigenerational Exposure to Community Violence. Consistent with other studies on community violence using this dataset (e.g., Brady et al. 2008; Gaylord-Harden et al., 2017; Gaylord-Harden et al., 2018; Gorman-Smith et al., 2004), caregiver and youth self-reports of exposure to community violence were assessed using the Exposure to Violence Interview, a sub-section of the CYDS Stress and Coping Interview (Tolan & Gorman-Smith, 1991). This interview focuses on asking participants about their exposure to five specific violent events. At Wave 2, interviewers ask participants the number of times that they had witnessed the following events within the past year: 1) anyone in your family was robbed or attacked (or otherwise hurt intentionally by someone), 2) someone else you know, other than a member of your family, was beaten, attacked, or really hurt by others, 3) you saw anyone beaten up, 4) you saw anyone shot or killed, and 5) you witnessed any violent crime (not counting what has already been discussed). Participants were also asked to report how many times they had been a victim of any violent crime in the past year. Whereas the internal consistency for the child indirect violence exposure items ($\alpha = .56$) and parent indirect exposure items ($\alpha = .55$) would be considered low, it is

important to note that internal consistency is not a necessary property of traumatic stress exposure items and internal consistency for violence exposure measures is inappropriate and can be misleading (e.g., Dusing et al., 2019; Gray et al., 2009; Netland, 2001). Exposure to community violence, like other traumatic stress exposure events, is not a unitary construct and may have low correlation though they are still conceptually and theoretically related (Netland, 2001). Further, specific events derived from such measures may or may not co-occur for participants and greater frequency of violence exposure is not dependent upon endorsement of every item in the scale (e.g., Figueroa et al., 2021).

Family Functioning. Caregiver report of family functioning was measured using a 35-item self-report questionnaire developed from the Family Adaptability and Cohesion Evaluation Scales (FACES III) and the Family Assessment Measure (FAM; Tolan et al., 199) that assesses family characteristics and processes related to risk for youth psychopathology among urban populations. The original measure is consistent of six subscales. The following four domains of the questionnaire were included in the current analyses: (1) cohesion (6 items; e.g., Family members feel very close to each other), (2) support (6 items, e.g., I am tired of being blamed for family problems), (3) organization (6 items; e.g., It is hard to identify the leaders in our family), and (4) communication (3 items; e.g., My family and I have the same views about what is right and wrong). For organization and for communication subscales, the following items, respectively, were removed from the subscales because they were negatively correlated with the remaining items and severely affecting internal consistency estimates: “I sometimes get headaches or other aches and pains after I fight with my family” and “My family knows what I mean when I say something”. Internal consistency for the included family functioning subscales

at Wave 3 (α ranges from .59 to .80) and Wave 5 (α ranges .56 to .83) were adequate. The two remaining domains were excluded because their focus is on beliefs and values rather than directly reflecting functioning of a family and are also expressed as a separate factor from the aforementioned domains which, together, focus more on the characteristics and style of routine family behaviors (Tolan et al., 1997).

Data Analysis Plan

SPSS was used to conduct all descriptive statistics, analyses, and data diagnostics. Individual caregiver and child reported frequencies of violence exposure at Wave 2 were recoded to: 0 – no exposure, 1 – exposure to differentiate the participants that were exposed at least one time from the participants that were never exposed. The individual prevalence rates were then combined to create four parent-child prevalence groups for indirect exposure to community violence and four parent-child prevalence groups for direct exposure to community violence in order to estimate multigenerational effects (Sharkey & Elwert, 2011): 1) no parent or child exposure ($N_{indirect}=58$, $N_{direct}=206$); 2) child exposure, no parent exposure ($N_{indirect}=82$, $N_{direct}=11$); 3) parent exposure, no child exposure ($N_{indirect}=22$, $N_{direct}=7$); and 4) both parent and child exposure ($N_{indirect}=63$, $N_{direct}=1$). Univariate General Linear Modeling (GLM) was used to assess the relationship between the independent variable, community violence exposure group differences at Wave 2 on the dependent variable, parent perception of family functioning at Wave 3 and Wave 5. Analyses were conducted separately for the four indirect exposure to community violence prevalence groups and the four direct exposure to community violence groups. Estimated marginal means and *a priori* pairwise comparisons tests were then conducted to understand differences in types and strengths of family functioning reported by the violence

exposure prevalence groups. Analyses included Wave 2 total family/household income and Wave 2 family functioning as covariates. Researchers did not control for exposure to community violence at Wave 4 because it was not collected for both parent and child report. All necessary assumptions (e.g., linearity, homoscedasticity, and normality) were met**.** Listwise deletion was applied to handle missing data in the GLM analyses.

Results

Descriptive Analyses

Means and standard deviations for each of the study variables are listed in *Table 1*. Correlations among the study variables are also presented in *Table 1*. Descriptive statistics of family exposure prevalence rates were analyzed at Wave 2. For indirect exposure to community violence, 47.0% of participants were classified in the no parent or child exposure group, 27.8% were classified in the child exposure, no parent exposure group, 6.3% were classified in the parent exposure, no child exposure group and 19.0% were classified in the both parent and child exposure group. For direct exposure to community violence, 93.5% of participants were classified in the no parent or child exposure group, 4.3% were classified in the child exposure, no parent exposure group, 2.0% were classified in the parent exposure, no child exposure group and 0.3% were classified in the both parent and child exposure group.

Short-Term Effects of Parent-Child ECV on Family Functioning

Indirect Exposure. For the indirect exposure to community violence prevalence groups, results indicated significant between-group differences on family functioning variables one year later at Wave 3. Specifically, a significant difference on family cohesion emerged (F[3, 225] = 3.66, p= 0.013). According to the estimated marginal means, the both parent and child

Table 1. Means, Standard Deviations, and Correlations of Variables (Paper #1)

	Mean (SD)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
1. Witnessing-Parent (T2)	.25 (.43)	--										
2. Victimization-Parent (T2)	.02 (.15)	.18**	--									
3. Witnessing- Child (T2)	.47 (.50)	.33**	.09	--								
4. Victimization- Child (T2)	.05 (.21)	.18**	.05	.18**	--							
5. Family Cohesion- Parent (T3)	3.19 (.52)	-.21**	-.08	-.14*	-.06	--						
6. Family Support- Parent (T3)	3.48 (.47)	.09	.08	.04	.05	.02	--					
7. Family Organization- Parent (T3)	1.61 (.33)	-.12	-.05	-.06	-.03	-.04	-.30**	--				
8. Family Communication- Parent (T3)	2.39 (.55)	-.05	-.17**	-.06	-.02	.31**	.09	-.08	--			
9. Family Cohesion- Parent (T5)	3.10 (.55)	-.16*	-.06	-.08	-.03	.28**	-.09	.17*	.18**	--		
10. Family Support- Parent (T5)	3.54 (.49)	.08	-.02	-.05	-.01	-.02	.38**	.01	.10	-.02	--	
11. Family Organization- Parent (T5)	1.60 (.31)	-.15*	.06	.01	.00	.05	-.19**	.18*	-.06	-.03	-.39**	--
12. Family Communication- Parent (T5)	2.45 (.55)	-.09	-.11	-.03	.03	.15*	-.14	.23**	.23**	.35**	.00	.04

**p<0.05, **p<0.01*

exposure groups (*M*= 3.01, SE= 0.063) reported significantly lower scores on family cohesion than the no parent or child exposure group (*M*= 3.33, SE= 0.066; *M* ± SE difference; -0.296 ± 0.091; *p* = 0.001). The parent and child exposure groups (M= 3.01, SE= 0.063) reported significantly lower scores on family cohesion than the child exposure, no parent exposure group (*M*= 3.20, SE= 0.055; *M* ± SE difference; -0.167 ± 0.084; *p* = 0.05). There were no significant differences between groups on family support, family organization, family communication.

Direct Exposure. Descriptive analyses revealed that the parent and child direct exposure to community violence group only included one case for victimization. Therefore, the both parent and child exposure group were removed from all victimization analyses and comparisons were made for the remaining 3 groups. Significant between-group differences emerged for the remaining three direct exposure to community violence prevalence groups on family communication (*F*[2, 224] = 3.78, *p*= 0.024). Estimated marginal means revealed that the parent exposure, no child exposure group (*M*= 1.98, SE= 0.293) reported significantly lower family communication scores than the no parent or child exposure group (*M*= 2.76, SE= 0.054; *M* ± SE difference; -0.786 ± 0.298; *p*= 0.009). Regarding covariates, family income was not significant for any of the direct or indirect models. Findings for the family cohesion variable are presented in *Table 2.*

Long-Term Effects of Parent-Child ECV on Family Functioning

Indirect and Direct Exposure. The long-term impact of exposure to community violence was also examined. For the indirect exposure to community violence prevalence groups, results indicated significant between-group differences on family functioning variables three years later at Wave 5. Specifically, a significant difference on family cohesion (*F*[3, 217]= 3.33, *p*= 0.020)

Table 2. Means, Standard Deviations, and One-Way ANOVAs in Short-Term Effects of Parent-Child ECV on Family Functioning (Paper #1).

Measure	FAMWIT Prevalence		$F(3, 225)$	η^2	FAMVIC Prevalence		$F(2, 224)$	η^2
	M	*SD*			*M*	*SD*		
Family Cohesion (Parent-Report, Wave 3)	3.18	.54	3.66*	.05	3.18	.53	2.50	.02
Intercept			83.46**	.28			64.30**	.23
Total Family Income (Wave 2)			.00	.00			.00	.00
Family Cohesion (Wave 2)			26.94**	.11			27.72**	.11
Family Communication (Parent-Report, Wave 3)	2.73	.82	2.00	.03	2.73	.82	3.78*	.03
Intercept			37.13**	.15			22.83**	.09
Total Family Income (Wave 2)			.69	.00			.65	.00
Family Communication (Wave 2)			25.44**	.10			22.87**	.10
Family Support (Parent-Report, Wave 3)	3.47	.48	1.66	.02	3.47	.48	.77	.01
Intercept			151.12**	.41			139.00**	.39
Total Family Income (Wave 2)			.00	.00			.01	.00
Family Support (Wave 2)			33.07	.13			31.39**	.13
Family Organization (Parent-Report, Wave 3)	1.27	0.42	1.33	.02	1.27	.42	.27	.00
Intercept			66.69**	.23			48.55**	.18
Total Family Income (Wave 2)			.37	.00			.52	.00
Family Organization (Wave 2)			20.35**	.09			20.84**	.09

*$p < .005$; **$p < .001$.

emerged. According to the estimated marginal means, the parent exposure, no child exposure group (*M*= 3.00, SE= 0.123) reported significantly lower scores of family cohesion than the no parent or child exposure group (*M*= 3.29, SE= 0.076; *M* ± SE difference; -0.292 ± 0.144; *p*=0.044). Estimated marginal means revealed that both the parent and child exposure group (*M*= 2.99, SE= 0.065) also reported significantly lower scores of family cohesion than the no parent or child exposure group (*M*= 3.29, SE= 0.076; *M* ± SE difference; -0.301 ± 0.100; *p*= 0.003). Additionally, a significant difference on family communication (*F*[3, 216]= 3.69, *p*= 0.013) emerged. According to estimated marginal means, both the parent and child exposure group (*M*= 2.52, SE= 0.101) reported significant lower scores of family communication than the no parent or child exposure group (*M*= 2.94, SE= 0.117; *M* ± SE difference; -0.428 ± 0.154; *p*= 0.006) and the child exposure, no parent exposure group (*M*= 2.87, SE= 0.093; *M* ± SE difference; -0.357 ± 0.137; *p*= 0.010). There were no significant differences between the indirect exposure to community violence prevalence groups on family support or family organization. There were also no significant differences between the direct exposure to community violence groups and any of the family functioning variables. Regarding covariates, family income was not significant for any of the direct or indirect models. Findings for the family cohesion variable are presented in *Table 3*.

Discussion

The current study aimed to examine the effects of parent and child exposure to community violence on family functioning one- and three-years after direct and indirect exposure to violence. In the short term, findings suggest that when both family members were indirectly exposed to community violence, family cohesion was lower than when neither family

Table 3. Means, Standard Deviations, and One-Way ANOVAs in Long-Term Effects of Parent-Child ECV on Family Functioning (Paper #1).

Measure	FAMWIT Prevalence		$F(3, 217)$	η^2	FAMVIC Prevalence		$F(2, 216)$	η^2
	M	*SD*			*M*	*SD*		
Family Cohesion (Parent-Report, Wave 5)	3.11	.56	3.33*	.05	3.11	.56	.49	.01
Intercept			91.12**	.30			75.98**	.27
Total Family Income (Wave 2)			2.08	.01			2.07	.01
Family Cohesion (Wave 2)			9.65*	.04			10.16*	.05
Family Communication (Parent-Report, Wave 5)	2.75	.87	3.69*	.05	2.75	.87	2.95	.03
Intercept			46.36**	.18			30.31**	.13
Total Family Income (Wave 2)			1.98	.01			2.55	.01
Family Communication (Wave 2)			10.69*	.05			9.40*	.04
Family Support (Parent-Report, Wave 5)	3.54	.49	1.49	.021	3.54	.49	.08	.00
Intercept			154.47**	.424			134.82**	.39
Total Family Income (Wave 2)			.59	.003			.37	.00
Family Support (Wave 2)			21.76**	.094			21.34**	.09
Family Organization (Parent-Report, Wave 5)	1.23	.37	1.80	.03	1.23	.37	.35	.00
Intercept			68.18**	.25			58.11**	.22
Total Family Income (Wave 2)			.29	.00			.46	.00
Family Organization (Wave 2)			16.19**	.07			16.04**	.07

*$p < .005$; **$p < .001$.

member was indirectly exposed and when the child only was indirectly exposed. In instances when the parent only experienced direct exposure to community violence, family communication was lower than when neither family member was directly exposed. Long-term, when both family members were indirectly exposed to community violence, family cohesion was lower than when neither family member was indirectly exposed. Family cohesion was also lower when the parent only experienced indirect exposure than when neither family member was indirectly exposed. Also, in instances when both family members were indirectly exposed, family communication was lower than when neither family member was indirectly exposed and when the child only was indirectly exposed.

All in all, these findings are consistent with our hypothesis that family functioning was most negatively affected when both members of the dyad experienced violence exposure than when only the parent or the child was exposed or when neither family member was exposed. These findings further support our hypothesis that both types of community violence exposure, direct and indirect, could exacerbate negative family interactions at one- and three- years' post exposure. These findings are consistent with both the ecological-transactional model of development and the family stress theory as they provide an example of how risk at the exosystem (community) can negatively interact with an important layer of a child's microsystem—their family—and result in ineffective interactions within the family (Lynch & Cicchetti, 1998; Masarik & Conger, 2017; Peterson et al., 2010).

Notably, the findings for exposure to community violence on family support and family organization were not significant. It is possible that the items on the family support subscale refer to how the respondent feels their family supports them when faced with problems that occur

within the family system or within family relationships (Tolan et al., 1997), as opposed to how the respondent feels their family supports them when faced with exposure to stressors from outside the home. Problems that occur within the family system may be perceived as more controllable, and parents may feel more efficacy regarding how to support their adolescents. As such, parental support that is specific to problems within the family system may be more immune to the impact of community violence than anticipated, whereas parental support for uncontrollable, traumatic stressors may be more likely to be comprised (Dinizulu et al., 2014). In the same way, it is possible that the items in the family organization subscale assess the hierarchical structure of the household (Tolan et al., 1997), which is separate from family processes or the emotional climate in the home, and the family structure may be less directly affected by exposure to community violence than family processes. The difference between family structure and family processes is further supported by the literature suggesting that the quality of the parent-child relationship may be the more important for youth outcomes than family structure (Childs et al., 2022). In fact, this may also be why findings for exposure to community violence for both family cohesion and family communication were most negatively impacted. The family cohesion variable used in the current study focuses on the emotional closeness and connection between family members and the family communication variable reflects the families' openness to discussion. Both subscales appear to be more vulnerable to parent and child stress outside the home than longstanding, within-group processes seen in family support and physical elements of the household seen in family organization.

Interestingly, the exploratory analyses suggest that harm to the family relationship was greater when a parent only experienced violence than when neither the parent nor their child was

exposed to violence or when just the child was exposed to violence. These findings further confirm the role of parents as the primary providers of instrumental and emotional support in their child's life and the overarching influence their wellbeing has on the social climate in the home. As such, the resulting stress of parents' independent exposure to community violence may "spillover" into other aspects of their lives (Williamson et al., 2013), namely their parenting and family interactions. This finding is consistent with previous research suggesting that other interpersonal violence and environmental conflicts contribute to higher levels of parenting stress and maternal depression, which in turn, result in lower levels of family cohesion (Molina et al., 2016; Pérez et al., 2018; Westerink & Giarratano, 1999) and lead to communication problems within parent-child relationships (Ponnet et al., 2013). Trauma, a very prominent outcome of community violence exposure (Scarpa et al., 2006; Walling et al., 2011), has also been found to make it difficult for parents to engage in routine parenting tasks (Cho et al., 2020; Woods-Jaeger et al., 2018). Exposure to community violence appears to have a similar effect in the current study as family functioning erodes when parents, rather than their adolescents, are exposed to violence. These findings suggest that parents' exposure to stress, in particular, may be more detrimental to family cohesion and family communication than their adolescent's exposure to stress as it has the potential to more easily alter positive emotional elements of relationships, like bonding, attentiveness and caring discussion with others at home as previously demonstrated in the family stress model (Masarik & Conger, 2017; Peterson et al., 2010). Thus, our findings also suggest that family functioning was not compromised when only adolescents were exposed because parents who were not exposed were better able to foster emotional bonding than parents who experienced violence exposure.

It is also relevant to consider the macrosystem, or one's familial, societal and cultural values and beliefs (Lynch & Cicchetti, 1998), when explaining the findings of the current study, and the potential cultural orientation of racially and ethnically minoritized families. As noted earlier, collectivism is important for many African American and Latinx families (Frías et al., 2014), and exposure to community violence may have a greater impact on families with collectivistic values (than those with more individualistic ideals) because there is a greater salience of family relationships for these families.

Clinical, Community and Policy Implications

Given the disproportionate rates of youth and adult exposure in urban communities (Cooley-Strickland et al., 2009; Walling et al., 2011; Zimmerman & Messner, 2013), it is likely that numerous family systems are being impacted. Therefore, the current study's findings emphasize the necessity of clinical supports for parents who have been exposed to community violence as family functioning suffers over and above when just their adolescents are exposed. When parents are affected by exposure to community violence—or even more broadly, other forms of extreme distress—additional systems need to be established to support their child's current functioning and future developmental outcomes in the absence of effective parenting. As such, a major policy implication to consider is allocating funding toward creating programs and youth-serving institutional services that are embedded within the community for youth positive development outside of the home and as a violence exposure prevention and safety effort (Anderson et al., 2018). Concurrently, intervention is needed for parents who have been exposed in order to help effectively process their own reactions to the violence incident(s). Additionally, as is seen with this study's findings, interventions focused on improving functioning of parent-

child dyads (Pinderhughes et al., 2000) post exposure in communities with high rates of violence could be beneficial and should target building elements of family cohesion and family communication in order to preserve and provide ongoing support. Another potential avenue for funding is the revision of preexisting measures and screeners (DeCou & Lynch, 2017) to help clinicians conduct a thorough assessment of family-level community violence exposure. It should also be noted that 47% of the sample reported no child or parent exposure to community violence. Existing person-centered research with African American adolescents living in communities affected by violent crime also demonstrates that, while exposure to violence is pervasive and common in disinvested, urban communities, the majority of African-American youth are classified in low violence exposure groups (Burnside et al., 2018; Copeland-Linder et al., 2010; Gaylord-Harden et al., 2015; Gaylord-Harden et al., 2016). As such, future research should examine malleable, protective factors that may predict low levels of exposure in families from communities with high rates of violence, as findings may inform the development of family-based, preventive interventions.

Limitations

This study is not without limitations. First, the current study examined individual experiences of violence reported separately by mothers and sons, but it is not known if they were exposed the same violent events. Second, the larger study from which the current sample was drawn recruited only mothers and sons, and as such, data on violence exposure were not available for fathers', other caregivers, or daughters. Also, the direct exposure variable consisted of one item and does not provide as nuanced an understanding of participants' exposure as the indirect exposure variable. The dataset used for this study did not assess for participants'

potential confounding experiences of posttraumatic stress either—a widely studied outcome of exposure to community violence and predictor of negative psychosocial functioning in both African-American and Latinx youth and their caregivers (Bennett & Joe, 2015; Buka et al., 2001; Cho et al., 2020; Deane et al, 2018; Fowler et al., 2009; Scarpa et al., 2006; Walling et al., 2011; Woods-Jaeger et al., 2018). In addition, the study did not include the child's report of family functioning which may provide a unique insight into how adolescents and their parents may differently view relations at home. Regardless, there is strength in this study in that the findings represent a longitudinal examination of multigenerational experiences and serve as an introductory point for future research.

It is also important to acknowledge that the data for the current study were collected at a time when the studied neighborhoods experienced a significant peak in community homicides (Vargas et al., 2020). Since then, the geography of these urban neighborhoods has drastically changed as the local housing authority demolished several public housing projects between 1990 and the early 2000s. This resulted in the dismantling and displacement of street organizations to many, previously untouched, surrounding neighborhoods and scattering incidents of violence (Hagedorn et al., 2019). As such, the generalizability of the findings to present-day disinvested, urban communities has some limitations. However, the findings of this study continue to have relevance as comparable rates of community violence (and subsequently, exposure) existing in similar areas have recently been reported (Papachristos et al., 2018).

Conclusion and Future Directions

Despite the extensive knowledge on effects of exposure to community violence, this study highlighted an area of further study within the field and additional research that expands on

these findings is necessary. For example, future research should consider the effects of multigenerational community violence exposure across various youth age groups. With early adolescents starting their journey toward independence and the desire for autonomy, there is often an introduction of new parenting practices that inevitably shift the parent-child relationship (Oudekerk et al., 2015). Therefore, examining the differences in effects on family functioning when the child is much younger or when the child is into later adolescent years could be an important next step. It may be equally informative to more specifically examine gender differences in reporting exposure to community violence and reporting family functioning to better understand parent-child relationships, coping strategies and socialization styles used within the family. In doing so, these findings would provide evidence for ways to improve current prevention and intervention efforts.

Also, as mentioned previously, various collectivist values are salient within racially/ethnically minoritized communities (Frías et al., 2014). The presence of extended family members and role flexibility among family members can serve as coping mechanisms when families are in crisis. These coping mechanisms can be relied upon to help provide continuous support and care for unaffected family members (Harrison et al., 1990). For this reason, an in-depth exploration of community violence exposure on family functioning in families of varying structure (e.g., dual parent homes, single family homes, live-in grandparents, etc.) may be important.

Lastly, it is well known that when threatening events are experienced together, or collectively, there is often an immediate movement toward an increase in social supports to facilitate recovery (Luszczynska et al., 2009). Future research should consider assessing

situations in which both the parent and their child were exposed to the same violent event(s) at the same time to more clearly understand the impact of multigenerational violence exposure and to examine if results differ when there is joint exposure to community violence. This potential finding, paired with the current study's dyad group findings, could help to inform the timing of treatment. The time at which intervention is provided could influence the level of and opportunity for recovery. The findings of the current study suggest the need for family-based psychosocial interventions for families exposed to community violence to support both adolescents and parents, alike. Ultimately, this study 1) suggests that when exposed to community violence, ones' outcomes may inadvertently become a *family matter* and 2) brings awareness that effects of such exposure beyond an individual level and on other relationships, such as *family, matter*.

CHAPTER THREE

THE MODERATING EFFECTS OF MATERNAL AND PATERNAL ATTACHMENT ON ASSOCIATIONS BETWEEN COMMUNITY VIOLENCE EXPOSURE AND POSTTRAUMATIC STRESS IN AFRICAN AMERICAN ADOLESCENT DAUGHTERS AND SONS

Introduction

For decades, researchers have explored the psychological effects of the community violence endemic on residents in urban areas, with an overwhelming majority of the findings reported on ethnic minority children and adolescents (Overstreet & Braun, 2000; Fowler et al., 2009; Cooley-Strickland et al., 2009). African American populations have been segregated into and make up a disproportionate percentage of those living in underserved, crime ridden, neighborhoods due to centuries of systemic racism and, as a consequence, have experienced increased exposure to conditions that precipitate violent crime (Zimmerman & Messner, 2013). Young adolescents within this population, who are likely to express feelings of autonomy by spending many hours outside in their neighborhood and interacting with peers (Oudekerk et al., 2015; Larson et al., 2001), have been found to experience the highest rates of exposure to community violence (Cooley-Strickland et al., 2009). In fact, one study found that African-American adolescents were exposed to roughly one violent event in the community per day in a given week (Richards et al., 2015). A meta-analysis reported that higher rates of exposure to community violence have repeatedly been associated with a higher risk of developing

posttraumatic stress symptoms in adolescent populations (Overstreet & Braun, 2000; Fowler et al., 2009). Several findings have also suggested that, though boys are more likely to be victims of and witness community violence than girls, exposure is similarly predictive of posttraumatic stress for both genders (Cooley-Strickland et al., 2009).

Given the unsettling amount of exposure to violence reported by African American youth within the community, it is likely that children and adolescents may turn to their family for solace. In some scenarios, parents may actually maintain equal or more influence over African American adolescents than peers and may play a major role in how their children cope with stressful experiences in the environment (Elkington et al, 2011; Conn & Marks, 2014). It is possible that this process is dependent on and starts with the parent-child attachment relationship.

Specifically, a working model of attachment emerges during development to promote security and serve as a place of comfort for an individual (Bowlby, 1969; Ainsworth et al., 1978). Caregivers are the initial and most immediate source of physical and emotional safety and children need reassurance from them to regulate their physical and emotional responses—especially when faced with stressful situations. The following constructs have often been used to characterize the quality of a secure parent-child attachment relationship: high levels of trust, high levels of communication, and low levels of alienation (Armsden & Greenberg, 1987; Gullone, & Robinson, 2005; Hale et al., 2006; Dinizulu et al., 2014; Murphy et al., 2021). One study suggested that individuals who reported a poor emotional bond with their parent (i.e., cold, aloof, and unresponsive) also reported lower levels of available social support as a child (Mallinckrodt, 1992). Further, in a study examining low-income, urban, adolescent, African American males, higher maternal attachment was associated with higher levels of active coping (Gaylord-Harden

et al., 2009). Thus, children with a secure attachment may feel well-supported by their parents, which appears to encourage them to cope effectively in times of emotional distress (Ainsworth et al., 1978; Bowlby, 1969; Kliewer et al., 1996). Experiences of disrupted attachment can also be very traumatic for children (Alexander et al., 2013; Amos et al., 2011) and may further intensify their psychological reactions to exposure to other types of stress, such as violence in the community. When combined, both types of distressing experiences may increase the possibility that youth experience complex posttraumatic stress and developmental trauma disorder (Spinazzola et al., 2021).

Understanding Parental Attachment as a Moderator

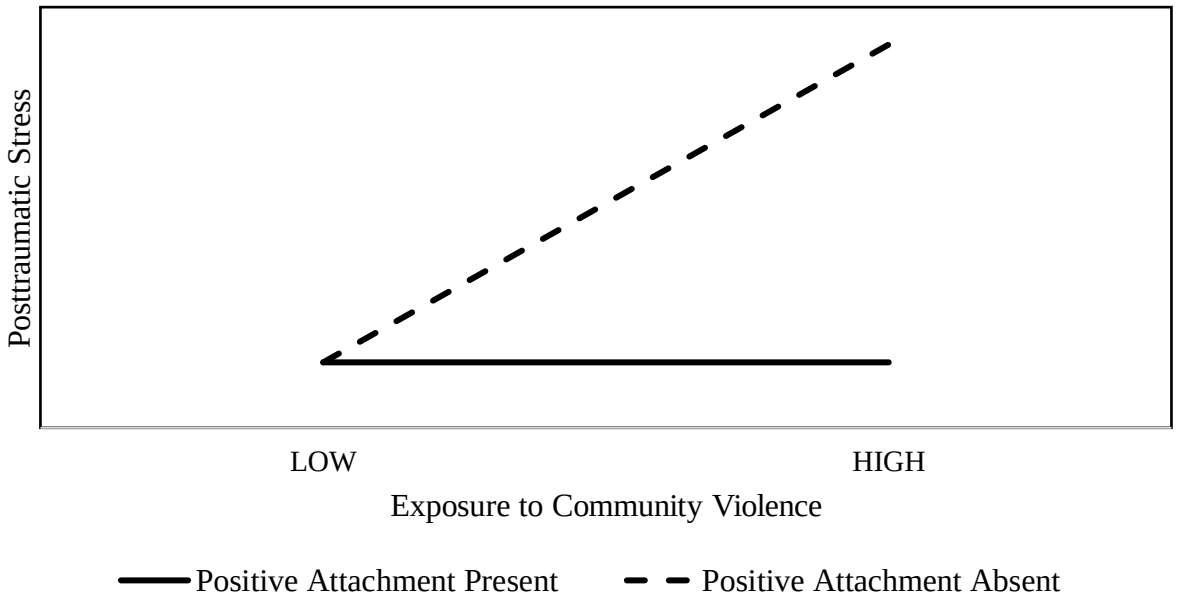
Youth-report of parent trust and communication have previously been found to moderate the association between traumatic life events and behavior problems in an urban, African American adolescent population over and above that of the relationship with their peers. The latter actually appears to have an opposite effect by increasing, and possibly even contributing to, negative outcomes (Murphy et al., 2021). Further, lower quality parent-child attachment relationships (e.g., mistrust, poor communication, and alienation) have been found to partially mediate the relationship between community violence and both internalizing and externalizing symptoms in African American adolescent populations. Adolescents' perceptions of parental alienation further predicted generalized anxiety disorder symptoms in both younger and older boy and girl groups (Hale et al., 2006). Insecure attachment has also been found to mediate the relationship between exposure to community violence and posttraumatic stress symptoms in adolescents who experienced physical maltreatment in childhood (London et al., 2015).

As a whole, these findings suggest that a poor parent-child attachment relationship is a

risk factor (Aisenberg & Mennen, 2000) because adolescents' perceptions of comfort in their parent's ability to protect them may be compromised. In such a family, adolescents may choose to refrain from disclosing their experiences of exposure and downplay their need for parental support (Dinizulu et al., 2014; Woods-Jaeger et al., 2020). For these reasons, a more in-depth study of various elements of the parent-child attachment relationship within the larger context of exposure to stress via community violence is necessary. In the current study, the moderating effect of attachment to parents on associations between exposure to community violence and posttraumatic stress symptoms will be examined.

Differentiating the Influence of Maternal and Paternal Figures. Across numerous studies, researchers have attempted to examine the various ways in which the presence and involvement of one's parents or parental figures have contributed to a child's resiliency when exposed to community violence. Parental support has been reported to act as a protective factor for urban, African-American youth who have been exposed to community violence and has implications for the prevention of subsequent mental health outcomes. Many of these studies document that various positive parenting variables (e.g., monitoring/supervision and discipline, communication and support) alleviate internalizing and externalizing symptoms (Proctor, 2006; Howard et al., 2010; Bacchini et al., 2011). While much of the previous literature has addressed support from family and secure caregiver attachment relationships as a buffer, other investigators have acknowledged the impact of one's lived context. Such researchers have found that social support from family exhibited what has been termed "a protective-stabilizing effect", or a positive effect despite the continued potential for risk in one's environment (see *Figure 1*; Luthar et al., 2000), between exposure to community violence and posttraumatic stress symptoms for

Figure 1. Protective-Reactive Illustrative Effects of Variables (Paper #2)



youth (Deane et al., 2018; Proctor, 2006).

Other past research has examined the influence of mothers and fathers separately, with the vast majority focusing only on maternal experiences. Findings have suggested that, in addition to being raised in a mother-present home as opposed to a mother-absent home (Fitzpatrick, 1993), maternal messages focused on the positive aspects of one's culture. Higher levels of maternal support and more socialization of adaptive coping lessened depressive symptoms for African-American adolescents (Henry et al., 2015; Ozer & Weinstein, 2004, Kliewer et al., 2006). It is unknown whether or not similar effects exist for maternal attachment and posttraumatic stress. Further, the number of studies that have focused on the moderating effects of paternal parenting on associations between exposure to community violence and psychological outcomes is limited (Chen & Lee, 2017). Interestingly, support and perceived helpfulness from one's father were found to demonstrate protective effects when individuals were exposed to community violence (Davis et al., 2014; Ozer & Weinstein, 2004). Nevertheless, there is a lack of research on paternal involvement and the paternal-child attachment relationship. For this reason, it will also be informative to investigate the influence of the father figure on their child's psychological well-being.

Current Study

Understanding the influence of youth attachment to their parents is important as it may help provide insight into how helpful psychological security can be in lessening posttraumatic stress for adolescents. Several studies have suggested that if a child perceives danger or repeatedly feels unsafe in their neighborhood, they are more likely to experience an increase in distress, such as posttraumatic stress symptoms, after exposure than those who feel safe in their

neighborhoods (Pynoos et al., 1996). In the current study, perceptions of low trust and communication or high alienation in the relationship with one's parents may similarly result in the child feeling unsafe within one's home. Regardless of children's known perceptions of safety within their community, their ability to cope by relying on support is possibly similarly reduced when psychological security is low. As a result, risk for development of posttraumatic stress symptoms would be expected to be high.

Furthermore, an exploration of within-group differences, or distinct experiences within gender groups and parent-child dyad groups within the African-American community, in parent attachment and its effects on a child's experiences was proposed. Researchers and clinicians have historically taken a between-group approach to examining prevalence rates of mental health conditions (Caldwell et al., 2016). However, such strategies lack consideration of within-group differences that provide a more complete view of African American youth's mental health experiences (Breland-Noble, 2013). In fact, recent research suggests that within-group mental health variations and trends are disturbing (e.g., from 2007 to 2017, suicide rates among African American youth notably increased by 89%; Lindsey et al., 2019) and should not be ignored (Caldwell et al., 2016). Consequently, this study aimed to explore within-group differences in the relationship between exposure to community violence and posttraumatic stress symptoms in adolescents. The study also aimed to identify whether positive components of maternal or paternal attachment serve as a protective-stabilizing effect on this relationship (*Figure 1*). The following research question was examined: Does the degree of attachment and the gender of the parent and child moderate the relationship between exposure to community violence and posttraumatic stress (*Figure* 2)*?* It was hypothesized that:

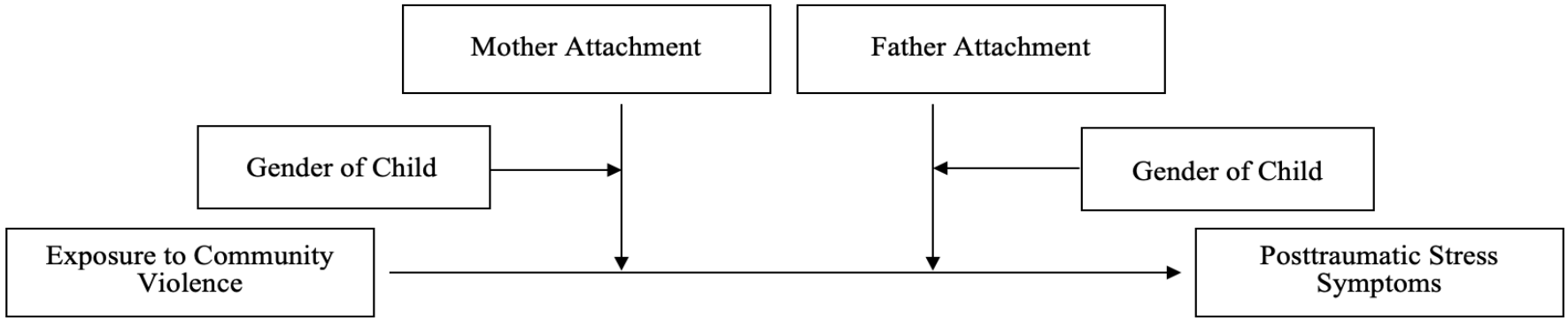
1: Exposure to community violence will be associated with increased posttraumatic stress symptoms. Mother and father attachment subscales will moderate this relationship such that exposure to community violence will be significantly and positively associated with posttraumatic stress symptoms only when there are low levels of trust and communication and high levels of alienation. When there are high levels of trust and communication and low levels of alienation, the association will be flat and non-significant (see *Figure 1*). Adolescent's gender will be included in the interaction with the other independent variables such that the associations between exposure to community violence and posttraumatic stress will be stronger for adolescents with their same-gendered parent (e.g., mother-daughter, father-son) than with their different-gendered parent (e.g., mother-son, father-daughter; see *Figure 2*).

Method

Participants

Participants in the present study came from a larger project designed to recruit African American adolescents (58% female, grades= 4th - 8th; M_{age}= 11.2, SD= 1.44) and their mothers from a community-based, family support agency who lived in urban neighborhoods characterized by high crime (Gaylord-Harden et al., 2013) and endorsed exposure to a series of stressful events over the course of their lifetime. A total of 206 youth participated in the larger study. The current sample included 126 of those child participants (44.5% female) who completed data on exposure to stressful life experiences, symptoms of posttraumatic stress and perceptions of their attachment relationships. Approximately 53% of the participants' mothers reported their marital status as single,

Figure 2. Moderation Conceptual Model (Paper #2)



21% reported being married, 4% reported cohabitating, and the remaining 22% reporting being either separated, divorced, or widowed. Regarding education, 1.9% indicated that they did not complete high school, 31.8 % indicated that their highest level of education completed was high school or GED, 15.6% indicated that they have completed some college or vocational training and 17.9% completed either an Associate's degree, a Bachelor's degree, or other graduate/professional degree. The education status for the remaining 32.8 % was unknown. The median annual family income was reported to be between $20,001 to $30,000 at baseline.

Procedure

A university-based institutional review board (IRB) approved the current study. Families with at least one child in grades four through eight were recruited via various social events and programming at a local community-based agency. Child reports from their time in sixth grade only were included in the current study. Parental consent and child assent were obtained for participation. Data collection consisted of two, one-hour, individual interview sessions plus paper questionnaires. At completion of the final session, each child was compensated with a movie theater ticket and their families received a $15 gift card.

Measures

Demographics. At baseline, children reported gender, grade in school, race/ethnicity and participants' mothers reported their marital status, highest completed education, annual family income and information about people living in the home with the participant.

Exposure to Community Violence. Participants' experience of witnessing and being a victim of community violence was assessed using the 84 item Multicultural Events Schedule for Adolescents (MESA; Gonzales et al., 1995) scale. This measure aims to examine self-report of

stressful life events over the past three months in an ethnically diverse, urban early adolescent population. Response items were categorized into eight domains but only one subscale will be examined for the purposes of this study: Perceived Violence/Personal Victimization (10 items). Participants were asked to indicate if the stated event 1= *Happened* or 2= *Did not happen*. Two example items are: "You saw someone being threatened with a knife or gun" and "You were physically attacked by someone not in your family". The original measure was deemed to have acceptable concurrent validity and test-retest reliability (Gonzales et al., 1995). Internal consistency for the combined variable was established in the current study's sample at α = .745.

Parental Attachment. The Inventory of Parent and Peer Attachment-Revised (IPPA-R; Armsden & Greenberg, 1987; Gullone, & Robinson, 2005) was used to measure the respondent's perspective on the positive and negative elements of their relationship with and degree of psychological security they feel toward their parents and peers. Respondents were asked to report on their mother or a mother-figure, their father, or a father-figure, as well as peers. For this study, the parent sections of the measure were used only. Each included 25 items and three subscales: trust (10 items; e.g., "My mother/father respects my feelings"), communication (8 items; e.g., "I tell my mother/father about my problems and troubles") and alienation (7 items; e.g., "I get upset easily around my mother/father"). All items in both sections were assessed on a five-point Likert scale from 1 (*Almost Never or Never True*) to 5 (*Almost Always or Always True*). The revised measure demonstrated high reliability (α = .66-.86) and convergent validity via correlations with other parenting measures that have similar domains (Gullone & Robinson, 2005) For the current study's sample, the IPPA-R also demonstrated adequate internal consistency ranging from α = .659 to .797 for the mother subscales and α = .642 to .662 for the father subscales.

Posttraumatic Stress Symptoms. The Youth Self Report (YSR; Achenbach, 1991) was used to assess respondent's experiences of emotional and behavioral problems. The YSR measure instructs child participants to respond to series of 112 items on a three-point scale (e.g., 0 = *Not True* to 2 = *Very True or Often True*) indicating if they have experienced each symptom over the past 6 months. Items are categorized with options to use *Empirically Based Syndrome Scales* or more specific *DSM-oriented scales.* For the current study, 14 trauma-related items were combined by Wofle and colleagues (You et al., 2017) to create a subscale that is an indicator of posttraumatic stress disorder. The rationally-derived YSR posttraumatic subscale has been found to have a more accurate detection rate of posttraumatic stress than other caregiver and teachers reports based on the Achenbach System of Empirically Based Assessment (ASEBA). The YSR subscale was noted to have similar concurrent validity as other preexisting posttraumatic stress scales (e.g., KSADS, Child PTSD Symptom Scale, Child and Adolescent Trauma Survey), and was deemed a useful diagnostic tool for differential diagnoses in outpatient settings (You et al., 2017). Sample items for the posttraumatic subscale include: "I have trouble concentrating or paying attention", "I have nightmares", and "I am nervous or tense". Internal consistency was satisfactory in the original study at α = .850 (You et al., 2017) and the current study at α = .782.

Data Analysis Plan

A series of cross-sectional, hierarchical linear regressions were conducted using the statistical modeling programing software, *MPlus*, Version 8.8 (Muthén & Muthén, 1998-2017). As noted in the hypotheses, researchers included child gender as a factor in all interaction terms to assess how the associations in the model varied by child gender. To test the primary

moderation hypothesis for mothers, in Step 1, relevant demographic covariates (e.g., Wave 1 total family income) were entered. In Step 2, exposure to community violence, a mother attachment variable, and child gender to assess for main effects were entered. In Step 3, the following 3 two-way interaction terms were entered: exposure to community violence x maternal attachment, child gender x exposure to community violence, and child gender x maternal attachment. Finally, the three-way interaction of child gender x exposure to community violence x maternal attachment were entered. The same process was repeated for all three maternal attachment variables and all three father attachment variables (for a total of 6 regressions). To account for missing data, analyses revealed that data for all variables, except two, were missing completely at random (MCAR). A power analysis software, *G*Power 3.1* (Faul et al., 2007), suggested that the current study's sample size would provide sufficient power to detect a significant moderation. Full information maximum likelihood (FIML) estimation was used to handle missing data and to utilize all available data points to estimate model parameters.

Results

Preliminary Analyses

Prevalence rates of exposure to community violence were examined. Findings revealed that 7.2% reported victimization only, 33.3% reported witnessing only, 36.2% reported experiencing both victimization and witnessing and 23.2% reported neither type of exposure event. Additionally, gender differences in exposure to community violence were also examined. No significant difference emerged between boys (M= .54, SD= .51) and girls (M= .40, SD= .50) for their experiences of victimization. Similarly, no significant differences emerged between boys (M= .83, SD= .38) and girls (M=.77, SD= .43) for combined exposure. However, boys

reported being a witness to a violent event (M= .83, SD= .38) more frequently than girls (M= .60, SD= .50; t(52)= 1.89, p < .001). Additional general descriptive statistics including means, standard deviations, and correlations among study variables are presented in *Table 4*.

Effects of the Mother/Father Attachment Relationship as a Moderator in Daughters/Sons

The proposed moderated moderation model could not be tested, due to a significant decrease in sample size when examining specific dyad groupings as an additional 15 participants were lost because they did not report their gender (*N*=111). To maintain the integrity of the proposed project and the hypotheses, a simple moderation model was tested. With this revision, the model assessed for the influence of combined mother and father caregiver attachment (i.e., trust, communication, and alienation) as a singular moderator and its' effects on the relationship between exposure to community violence and posttraumatic stress symptoms. To test the primary moderation hypothesis for combined caregivers, in Step 1, relevant demographic covariates (e.g., Wave 1 total family income) were entered. In Step 2, exposure to community violence and a combined caregiver attachment variable to assess for main effects were entered. In Step 3, the two-way interaction term of exposure to community violence x combined caregiver attachment was entered. The model was examined separately to explore whether moderation was found for girls only (*N*= 64) and boys only (*N*= 47). The same process was then repeated for all possible child-parent gender congruent and incongruent groupings for all three attachment variables for a total of 18 regressions (*Figure 3*). Gender congruent pairs included daughters reported attachment with their mothers (*N*=62) and sons reported attachment with their fathers (*N*= 7) . Gender incongruent pairs included daughters reported on attachment with their fathers (*N*= 42) and sons reported attachment with their mothers' (*N*= 46).

Table 4. Means, Standard Deviations, and Correlations of Variables (Paper #2)

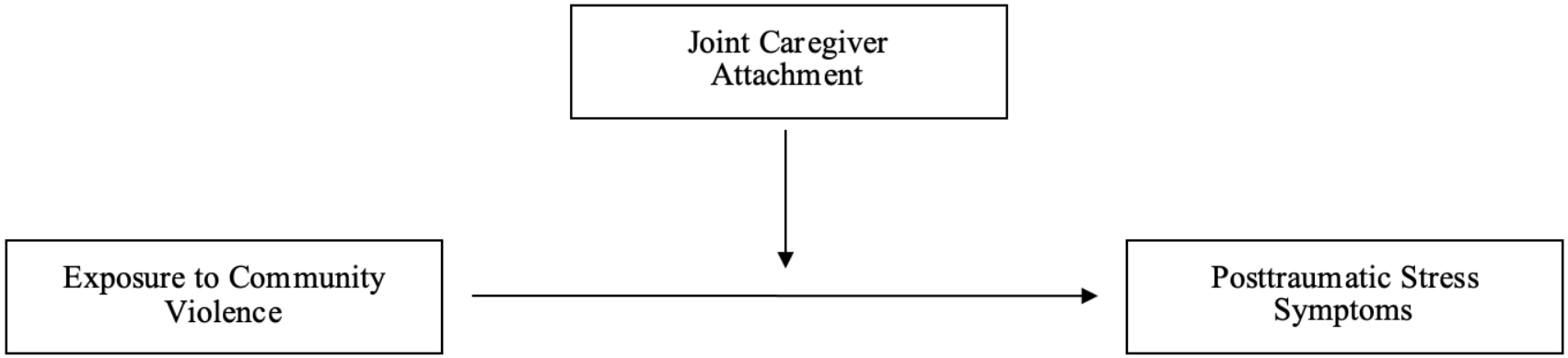
	Mean (SD)	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1. Community Violence Exposure -Combined	.77 (.43)	--						
2. Caregiver Attachment- Trust	3.11 (.25)	-.16	--					
3. Caregiver Attachment- Communication	2.81 (.33)	-.05	.71**	--				
4. Caregiver Attachment- Alienation	2.63 (.60)	-.05	.36**	.72**	--			
5. Posttraumatic Stress	.66 (.38)	.12	-.01	.25*	.40**	--		
6. Gender	.60 (.49)	-.08	.10	.12	.05	.07	--	
7. Total Family Income (T3)	2.81 (1.80)	.11	.07	.02	.14	.23	-.00	--

**p<0.05, **p<0.01*

Bootstrapping procedure in *MPlus* (*n*=1,000 bias corrected bootstrap samples, Preacher et al., 2007) was used to test the significance of the moderation effects and to provide more reliable parameter estimates and a more accurate estimation of the statistical inferences drawn from these analyses. Cross-sectional, hierarchical multiple regression analyses were conducted to examine associations between exposure to community violence (combined victimization and witnessing) at Time 1 and posttraumatic stress symptoms at Time 1, as moderated by caregiver attachment (e.g., trust, communication, and alienation, separately) at Time 1.

Results revealed that higher exposure to community violence was associated with more posttraumatic stress symptoms for girls only (*b* = 1.961, SE = .850, 95% *CI* = [0.689, 3.009)]) and for girls who reported on interactions with their mothers (*b* = 1.960, SE = .813, 95% *CI* =[.697, 3.046]). Additionally, the two-way interaction between exposure to community violence and joint caregiver alienation was significant (*b* = -.719, SE = .316, 95% *CI* = [-1.065, -.214]) for girls only. Post-hoc analyses revealed that exposure to community violence was significantly, positively associated with posttraumatic stress at low (*b*= 0.588, SE= .271, 95% *CI* = [.236, .999]) but not medium or high levels of joint caregiver alienation for girls only (see *Figure 4*). The two-way interaction between community violence and maternal alienation for the congruent, daughter report on mother attachment was also significant (*b* = -.719, SE = .307, 95% *CI* = [-1.087, -.238]). Post-hoc analyses revealed that exposure to community violence was significantly, positively associated with posttraumatic stress at low (*b*= 0.587, SE= .260, 95% *CI* = [.243, .993]) and significantly, negatively associated with posttraumatic stress at high (*b*= -.449, SE= .274, 95% *CI* = [-.765, -.004]) but not significant at medium levels of maternal alienation (see *Figure 5*). There were no significant interactions between exposure to

Figure 3. Moderation Conceptual Model- Revised (Paper #2)



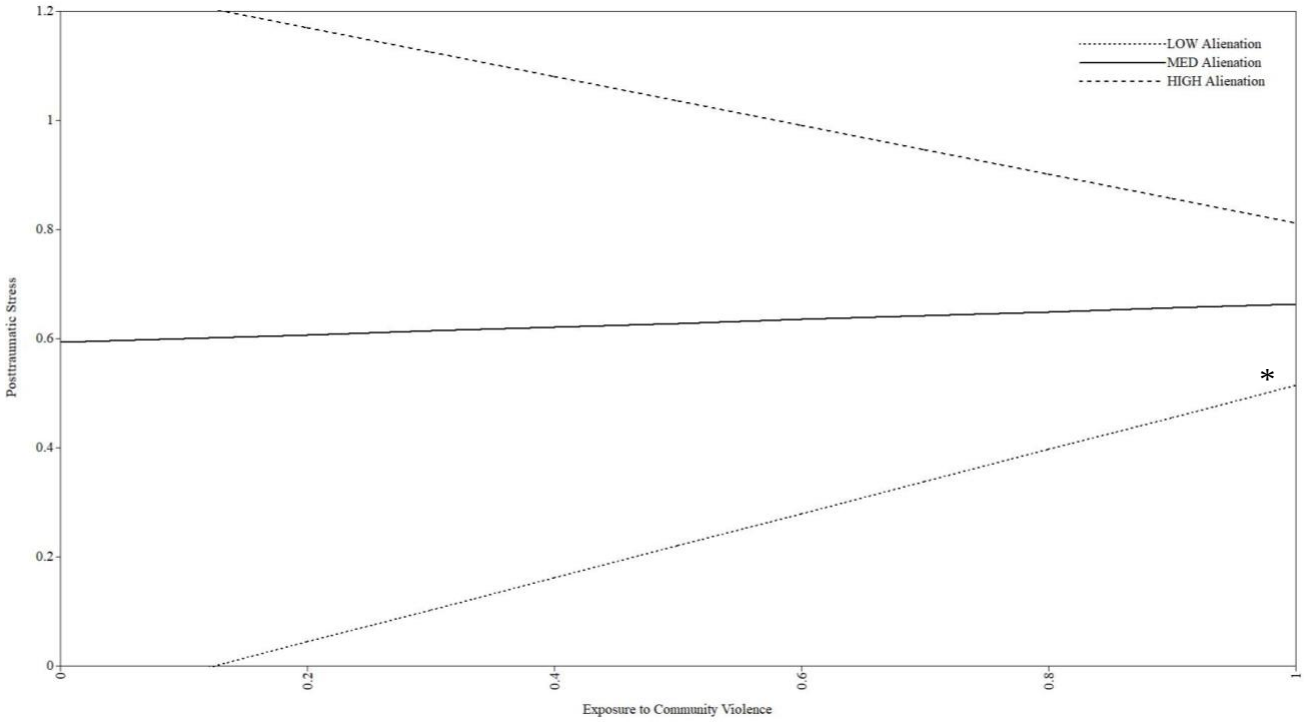
community violence and caregiver trust or caregiver communication for all conditions. Finally, no significant interactions were found for caregiver alienation for boys only or either incongruent group. Father-son congruent groups were not able to be assessed due to an insufficient sample size for boys who reported on both exposure to community violence and paternal attachment.

Discussion

This study aimed to understand how various elements of caregiver attachment (trust, communication, and alienation) moderated the relationship between exposure to community violence and posttraumatic stress for boys and girls. Contrary to what was hypothesized, findings indicated that at low levels of joint caregiver alienation and low levels of maternal alienation, the association between exposure to community violence and posttraumatic stress was significantly positive (instead of flat or non-significant) for girls only. At high levels of maternal alienation, the association between exposure to community violence and posttraumatic stress was significantly negative for girls only. Caregiver alienation did not moderate the relationship between exposure to community violence and posttraumatic stress for boys in the sample nor for either incongruent group. Caregiver trust and caregiver communication did not moderate the relationship between exposure to community violence and posttraumatic stress for any group.

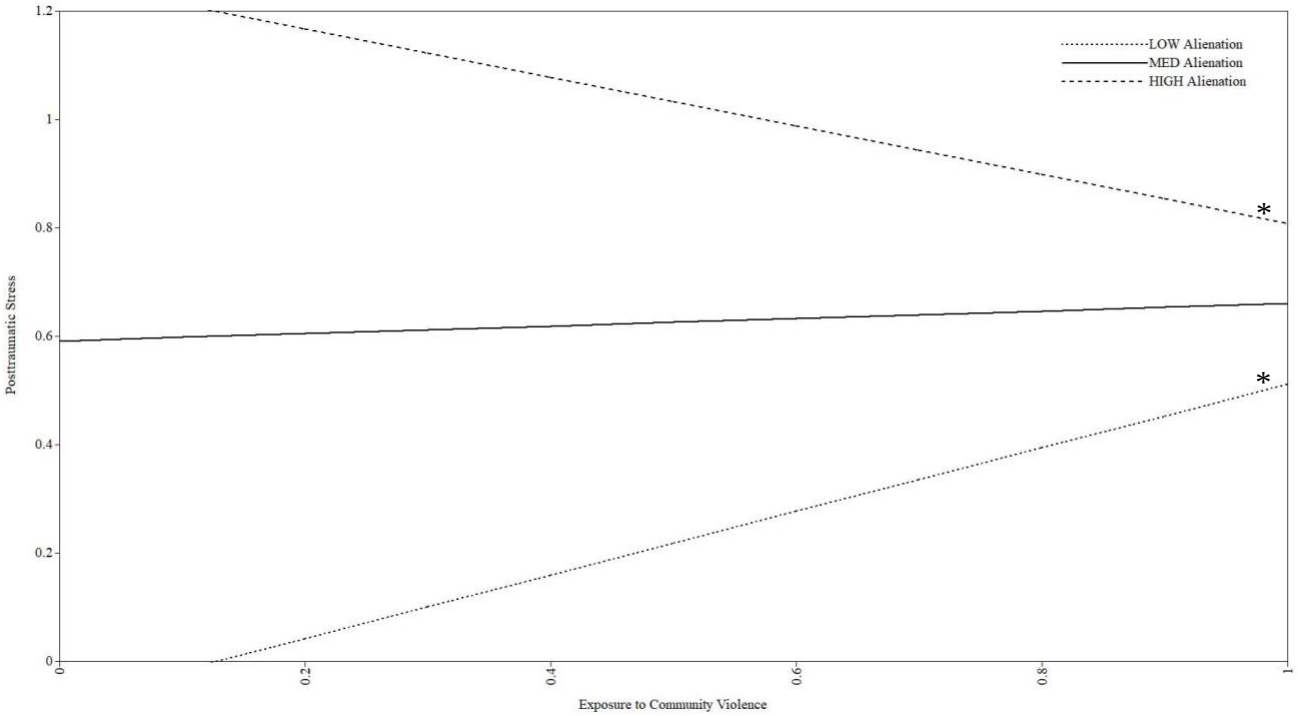
The finding that exposure was more likely to be positively associated with posttraumatic stress symptoms at low levels of joint, caregiver alienation and low levels of maternal alienation does not reflect a protective stabilizing effect and, instead, reflects the opposite. It is consistent with a "protective reactive" effect (Luthar et al., 2003; *Figure 6*). Although low levels of alienation would be expected to be advantageous, it may be less advantageous when stress levels are high. This finding is consistent with previous literature that similarly suggests that, at low

Figure 4. Conditional Effect of Exposure to Community Violence on Posttraumatic Stress as Moderated by Caregiver Attachment: Caregiver Alienation in Girls (Paper #2)



Note: Two-way interaction between exposure to community violence and caregiver alienation predicting posttraumatic stress for girls only illustrates a "protective reactive" effect at low levels of caregiver alienation (Paper #2).

Figure 5. Conditional Effect of Exposure to Community Violence on Posttraumatic Stress as Moderated by Caregiver Attachment: Maternal Alienation in Girls (Paper #2)

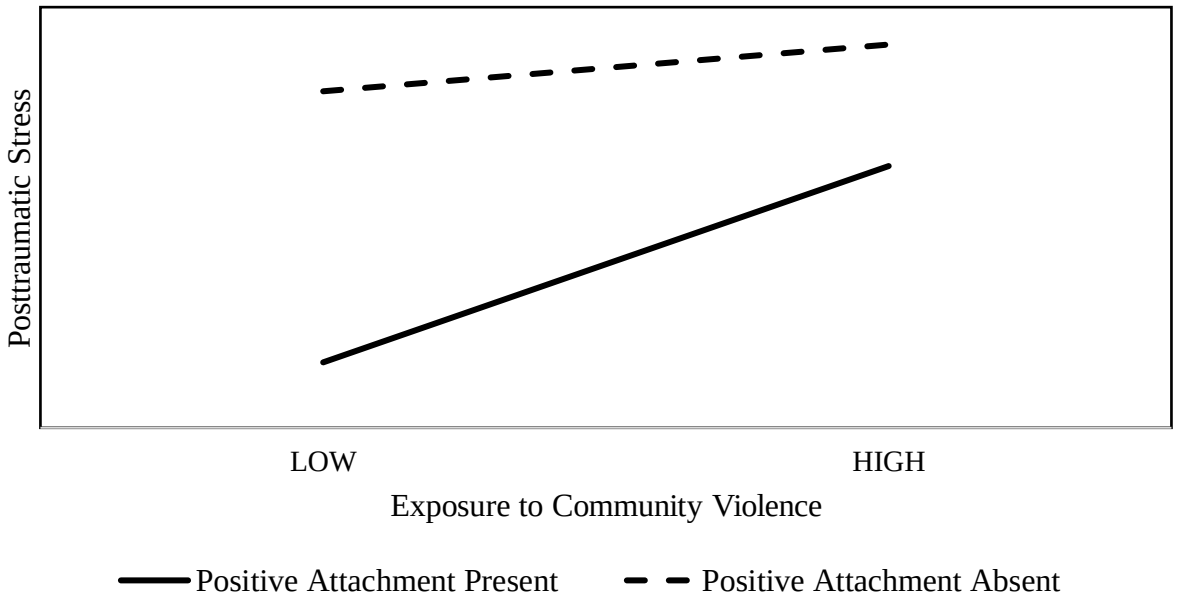


Note: Two-way interaction between exposure to community violence and maternal alienation predicting posttraumatic stress for daughters' report on their mothers only that illustrates a "protective reactive" effect at low levels of maternal alienation. The relationship was also significant at high levels of maternal alienation (Paper #2).

levels of exposure, social support factors (e.g., time spent with family for girls and maternal closeness for boys) appeared protective but when youth were exposed to high rates of victimization, social support failed to be protective, and, in fact, did not reduce one's vulnerability to the development of depressive symptoms (Hammack et al., 2010). It may also be that high exposure to community violence is disjunctive with or even more disturbing when there are strong feelings of closeness at home (i.e., low alienation), thus exacerbating the traumatic stress response. Such a finding is at odds with the findings of others studies which have found that maternal attachment is impactful in that it is associated with higher levels of active, adaptive coping (Gaylord-Harden et al., 2009; Henry et al., 2015; Ozer & Weinstein, 2004, Kliewer et al., 2006). On the other hand, and as revealed in *Figure 3*, the levels of the stress outcome are still lower in this low alienation group across all levels of exposure to community violence. This latter finding is consistent with attachment theory (Bowlby, 1969; Ainsworth et al., 1978) insofar as lower levels of alienation from mothers is protective against the development of higher levels of PTSD symptoms in comparison to other levels of alienation.

In contrast, although the finding that high maternal alienation only negatively impacted the relationship between exposure to community violence and posttraumatic stress is largely inconsistent with what was predicted and what we might suggest theoretically, it introduces an important consideration. What is particularly unique about this finding, however, is that as daughters from high maternal alienation homes become exposed to community violence, their posttraumatic stress symptoms appear to lessen slightly. This finding may suggest that the combination of exposure to community violence within the context of high levels of maternal alienation may mimic the impact of Type III trauma (Solomon & Heide, 1999). For example, as

Figure 6. Protective-Reactive Illustrative Effects of Variables (Paper #2)



one begins experiencing multiple traumatic events at an early age, a process of emotional numbing may occur. Thus, the findings possibly reflect experiences of desensitization—especially if exposure to traumatic events becomes chronic. A similar desensitization effect was previously demonstrated with internalizing symptoms and suggested that as adolescents exhibited higher levels of exposure to community violence, their depressive symptoms decreased to lower levels in male adolescents (Gaylord-Harden et al., 2017). Though longitudinal replications of the current study are needed to better understand this relationship, this study contributes to the preexisting literature and supports the possibility that young girls may experience a desensitization effect when experiencing posttraumatic stress symptoms.

Nonsignificant findings for caregiver trust and communication across groups appear to suggest that there were no gender differences in this sample between boys and girls nor significant differences between how they view their respective interactions with their congruent and incongruent gendered caregivers. Alternatively, evidence of low variance for both caregiver trust and communication across respondents may also have undermined the ability to find a significant effect. The low variability on both constructs may suggest that there was more consensus or a unified view among participants in their ratings of caregivers' trustworthiness and communication abilities. Previous literature has also found that perceptions of caregiver alienation, and in some cases maternal alienation too, were more salient than the trust and communication constructs in predicting negative internalizing and externalizing symptom-outcome trajectories (Viana & Rabian, 2008; Coley, 2003) and notably so for girls in mid-adolescence (Hale et al., 2006). This set of findings may be attributed to the socialization of girls whereby positive interpersonal relationships are prioritized, rather than more negative parenting

interactions that involve maternal psychological control (e.g., parental withdrawal, rejection, and intrusiveness). As a result, more negative parenting behaviors and parent-child interactions may more significantly impair girls' abilities to cope with stress than positive support enhances them (Eagly et al., 2000; Gaylord-Harden et al., 2009). Girls in the current study may similarly be impacted by alienation behaviors more profoundly than supportive behaviors (i.e., caregiver trust and communication), because alienation reflects more of a stark contrast with the positive interactions they expect from caregivers. Alienation may index a significant deviation from their established norms of a nurturing attachment relationship. On the contrary, boys may be more likely to discern more intentional and involved components of maternal support (i.e., warmth, acceptance, responsiveness, and validation) than elements of insecure attachment (Gaylord-Harden et al., 2010). This may be especially true in settings where parents are more likely to engage in alienation-like behaviors given their similar exposure to poverty and other environmental stressors as well in their neighborhoods (McLoyd, 1990). Thus, caregiver trust and caregiver communication items may not as accurately reflect the deliberate, parent-led support for boys.

Also of note, girls were more directly impacted by their mother's alienation behaviors than their father's alienation behaviors. Moreover, mother's alienation behaviors were more significantly associated with their daughter's posttraumatic distress than with their son's posttraumatic distress. Unfortunately, the current study did not appear to significantly contribute to the understanding of father-son relationships, given the lack of findings for this particular dyad. However, given the findings for mothers and daughters, it may be that alienation behaviors tend to have a more negative influence on congruent relationships than is the case for

incongruent relationships. More generally, findings support previous literature which suggests that aloof and unresponsive behaviors from a caregiver may indicate to the child that there are lower levels of available social support (Mallinckrodt, 1992). Such coldness, which is also a component of alienation behaviors, may contribute to experiences of self-criticism, blame, faulty perceptions of self, and even invalidating of experiences, especially in adolescent girls (Thompson & Zuroff, 1998). Indeed, having both emotionally unavailable social support and distorted internal representations may negatively influence how girls respond to their own experiences of stress. This process may, in turn, further exacerbate posttraumatic distress symptoms, such as worsening negative cognitions and mood.

The lack of findings for incongruent relationships as it pertains to alienation are less clear and are discrepant with the past literature and the proposed hypothesis. Negative father involvement in the form of alienation or hostility driven by inaccessibility or unresponsiveness has been found to contribute to the development of negative psychological outcomes for their daughters (Coley, 2003). Less is known about negative mother involvement on development of negative psychological outcomes for their sons. Thus, the limited number of sons and the even more limited number of fathers in the study may have prevented significant findings for the father-daughter and mother-son dyads.

Limitations and Future Research Directions

In recognizing the strengths of this study, is also necessary to consider its limitations, which highlight areas for refinement and further inquiry in future research. One major limitation is the sample size which impacted the power to detect significant findings across many of the groupings. Having a larger sample size in this study would offer several statistical advantages

including strengthening the generalizability of the findings, especially for populations overlooked in this study (most notably, the congruent gender relationship between fathers and sons). While this study is constrained by its relatively small sample size, it does offer a focused examination of exposure to community violence and within-group effects of gender at the child and the parent level. Another limitation of the study is that it was cross-sectional. Cross-sectional studies prevent researchers from examining a sequence of events and thus reduce our understanding of the specific order in which the effects unfold over time. Nevertheless, these momentary snapshots in time are beneficial in that they provide a brief yet broad overview of a very complex situation to help us plan and generate hypotheses for further study iterations.

Thus, one suggestion would be to conduct a longitudinal study that aims to examine even more between-person and within-person changes via growth curve modeling. This rigorous methodological approach would allow researchers to better understand and better explain the impact of exposure to community violence on posttraumatic stress and the moderating influence of caregiver-child attachment over time and at different developmental stages, which ultimately, can better inform more targeted interventions. Further assessment of these effects over time would also be beneficial because, as youth become older, their relationship with their community and with their parents evolve due to an increase in their desire for autonomy (Oudekerk et al., 2015). A longitudinal study conducted in this way would also allow researchers to explore the effects from the perspective of the continuous trauma stress theory. The continuous trauma stress theory suggests that youth living in neighborhoods with pervasive violence are constantly and concurrently having to manage stress responses from past and present trauma experiences while also managing stress reactions to the potential for future trauma (Eagle & Kaminer, 2013). It

would be interesting to understand if, in controlling for other types of experiences of trauma (London et al., 2015), secure attachment relationships serve as a protective stabilizing effect in scenarios where youth are exposed to community violence and mitigate against the development of complex posttraumatic stress or developmental trauma disorder. It would also be interesting to understand if insecure attachment relationships have more of an additive traumatic effect and, instead, contribute to or exacerbate experiences of desensitization for some youth. Relatedly, another important expansion of the current study could be to examine frequencies of exposure to community violence in a more fine-grained way to better understand whether there is a threshold for the number (with and without consideration of severity of the violent event) of exposures and the implications of this on the severity of posttraumatic distress. This information would also help researchers better determine at which point certain elements of the attachment relationship may be influential in treating past and current distress, in preparing one for future distress, and even preventing desensitization as children get older. Furthering our understanding of this process can also help to inform clinicians and clarify goals for treatment with the hopes of providing more intentional, purposeful care to youth and their family systems.

Clinical and Policy Implications

This study's findings highlight the need for intervention as early as possible to address current functioning and to minimize continued, long-term psychological distress. Early intervention (i.e., secondary prevention), is used to identify first sign of distressing symptoms and decrease risk by immediately processing a crisis and providing follow-up to prevent development of chronic posttraumatic distress (Berkowitz et al., 2011). The effectiveness of early intervention for trauma has even served as a protective factor for youth who have been

exposed to community violence (Berkowitz, 2003) over and above solely a supportive, responsive intervention that might lend itself to success in singular instances of trauma. Child and Family Traumatic Stress Intervention (CFTSI) is a brief (5-8 sessions), early intervention designed to help children and their caregivers immediately process and cope with the aftermath of a traumatic event beginning within the first 30 to 45 days of the event or disclosure of the event. CFTSI has a significant evidence base for children exposed to interpersonal violence, such as community violence, and has helped to significantly reduce the onset of posttraumatic stress disorder (Voisin & Berringer, 2015; Berkowitz et al., 2011). CFTSI also utilizes the family system in treatment with hopes to leverage caregiver support as a protective, or even protective stabilizing, factor. For this reason, incorporating components of the Attachment, Self-Regulation, and Competence (ARC) framework into treatment is also recommended. ARC helps to simultaneously address caregiver alienation and supports caregiver systems by lowering caregiver total stress, parent-child dysfunction and parent perception of a "difficult child" (Kiser et al., 2020). Relatedly, another essential component of CFTSI is that it includes psychoeducation for caregivers to help them more quickly identify signs of trauma in their children. In some cases, parents themselves may be similarly exposed to violence, or at the very least, have reactions to the traumatic event that their child experienced. CFTSI not only aids in the child's recovery but also facilitates parental healing and reinforces their role in sustaining a nurturing and supportive environment for their child (Hahn et al., 2019). There has also been evidence to suggest that CFTSI can be implemented by community-based providers which helps increase access to care (Stover et al., 2022) and can be a beneficial introductory option for families with limited familiarity, involvement, or trust in mental health-related services.

It is important to note, however, that there are very large disparities in treatment engagement such that many youth living in disadvantaged neighborhoods often have less access to care and do not complete or receive the full effectiveness of appropriate treatments (Pinkerton et al., 2023), like CFTSI. In addition to some of the crucial, trauma-informed components that are already incorporated into a treatment like CFTSI, more needs to be developed that directly and intentionally responds to identity-based traumatic experiences (such as experiences of historical trauma from slavery, discrimination, etc.) for Black youth that concurrently negatively impacts their mental health (Franklin-Jackson & Carter, 2007). For youth exposed to community violence in particular, there are few care options that specifically focus on treating this type of trauma and that consider such cultural considerations (Voisin & Berringer, 2015). Therefore, funding and policy efforts should not only aim toward creating new programs, but also toward improving preexisting hospital-based violence intervention programs. Such efforts need to better educate healthcare professionals about the problematic inequities families have historically experienced, are currently experiencing, and that contribute to future violence exposure so that ongoing cultural traumas around these experiences of violence in the community are treated as well (Woods-Jaeger et al., 2023). Relatedly, given that community violence is a product of systemic racism (Zimmerman & Messner, 2013) and continues to thrive off of inequality, consideration of structural solutions is also needed to help reduce exposure and resulting psychosocial distress. Specifically, initiatives that promote changing the cultural attitude around violence exposure is one potential option. Such change may help to promote behavior change. For example, attitude and behavior change may encourage revision of problematic institutional and state-level policies and practices that continue to intensify violence in the community.

Attitude and behavior change may also help to initiate reassembling preexisting systems and external resources that respond to and support individuals who have experienced or are continuing to experience violence.

Conclusion

The current study contributes to our understanding of youth exposure to community violence on development of posttraumatic stress symptoms by examining the moderating effects of caregiver attachment. The results contribute to the growing literature on examining within-group differences and offers preliminary findings that can be tested and expanded upon in studies with longer timeframes and in larger populations. The findings also help to emphasize the need for support to the family system to ensure emotional safety and security within the home even if things are not physically safe and secure outside of the home. Use of immediate, trauma-focused interventions can help reduce or slow the progression of posttraumatic stress symptoms in children as well as provide parents with the confidence they need to not only help their children survive, but also thrive.

CHAPTER FOUR

INTERGENERATIONAL TRANSMISSION OF TRAUMA VIA PARENTING: A COMPARATIVE STUDY OF THREAT AND LOSS AS PREDICTORS

Introduction

Intergenerational transmission of trauma refers to a process in which an individual in one generation is exposed to a traumatic event(s) and the resulting psychological sequelae from that event(s) are passed down to the next generation (Bowers & Yehuda, 2016). Most notably, researchers have cited this process when a parent has gone away to war or was a victim of a historical atrocity and, upon their return or even years later, the child is exposed to elements of the parent's trauma—even though the offspring never experienced the initial incident themselves (Dekel & Goldblatt, 2008; Sangalang & Vang, 2017). Recent literature has expanded to include examination of this process in relation to other types of adverse life experiences, yet the overall understanding is still quite limited. Two processes have been used to explain how such transmission occurs: 1) via epigenetics, or offspring inheriting phenotypic variations and changes in genetic expression based on the psychological stress that their parents have experienced, and 2) via parenting practices (Yehuda et al., 2001; Narayan et al., 2021).

In the past, researchers have recommended classifying stressful events based on the nature of the stressor to help account for meaning behind the experience and to better understand the impact of the stress on one's coping responses. Two of these dimensions are "*threat"*, a potentially chronic stressor, and "*loss"*, a relatively acute stressor (McCrae, 1984). This

classification system was used to conceptually frame the current study and compare threat and loss on the intergenerational transmission of childhood experiences overtime. Specifically, the current study aimed to examine how exposure to physical abuse (one type of threat) and exposure to separation or death (two types of loss) of a caregiver in childhood differentially impact parenting practices in adulthood and how those practices impact the next generation.

Conceptualizing Physical Abuse, Separation, and Death as Traumatic Experiences

It is widely understood that physical abuse in childhood directly contributes to a multitude of immediate and long-term maladaptive behaviors as well as the development of trauma symptoms (Yehuda et al., 2001). Less is known, however, about the long-term consequences of parental loss during childhood. It appears that one important factor to consider is how the developmental age of a child may impact their evaluation and interpretation of the loss (McCrae, 1984). For example, some studies suggest that attachment processes may be interrupted by the loss of a parent at a young age because children and adolescents are highly reliant on their parents' attention and support (Nickerson et al., 2013). Losing a parent by either separation or death may also contribute to affective communication errors (e.g., not responding when a child has explicitly communicated or providing a response to a child that is contradictory or inappropriate) and inadvertently, mirror relational trauma, or a threat to the parent-child attachment relationship (Alexander et al., 2013; Amos et al., 2011). Relational trauma, traditionally understood in the form of physical abuse and neglect, has been associated with disorganized attachment and an increase in the child's distress (Alexander et al., 2013; Amos et al., 2011). Thus, disruption in the parent-child attachment relationship that occurs with loss may similarly be traumatic for a young child because the child's ability to self-regulate their

responses to distress are unsupported due to the loss of the very person who would have been most likely to provide the necessary support. Also, although the underlying processes involved with neglect and loss are different, the impact of neglect/uninvolved caregivers and the impact of loss of a caregiver may present similar challenges as support is either emotionally or physically absent in both cases. As a form of relational trauma, some researchers have argued that neglect may, in fact, have more powerful, negative implications for a child's attachment bonds with parents than that of abuse (Alexander et al., 2013). In any case, it is notable that unresolved trauma within a parent's background may impact their ability to relate effectively with their own child, which may predict a disorganized attachment style with their offspring (Alexander et al., 2013).

The Impact of Trauma on Parenting Practices

Exposure to traumatic events may undermine the quality of parenting practices, as the affected parent may be vulnerable to dealing with their own reaction to the stress (Cho et al., 2020; Williamson et al., 2013; van Ee et al., 2016a). This negative impact on parenting has previously been demonstrated with various stress-related, environmental experiences for parents. For example, mothers exposed to community violence in disinvested urban communities are more likely to exhibit psychologically and physically aggressive parenting (Zhang & Anderson, 2010), as well as more inconsistent monitoring (Westbrook & Harden, 2010). Researchers have also noted the impact of other, similarly stress-inducing peripheral variables on parenting, such as perceived neighborhood danger which has been found to be associated with inconsistent discipline strategies and less parental warmth (Pinderhughes et al., 2004). Yet, the impact of trauma on later parenting quality, when the parent is exposed to the trauma during their own

childhood, is less well understood.

Past research suggests that one is more likely to demonstrate symptoms of posttraumatic stress disorder as an adult when exposed to physical abuse in childhood, than when one is not exposed (Yehuda et al., 2001). Similarly, the loss of a parent by separation or death during childhood and adolescence has been identified as a significant risk factor for depression in adulthood (Breier et al., 1988; Luecken & Roubinov, 2012; Simbi et al., 2020). Both sets of findings are indicative of the long term implications of early trauma by highlighting that an individual is very likely to experience carry-over effects of childhood trauma into their adult lives, and possibly even into their adult relationships. Thus, persistent distress in adulthood may have a negative effect on an individual's capacity to effectively complete standard parenting practices (Cho et al., 2020; Woods-Jaeger et al., 2018), such as parental monitoring. Parental monitoring involves actively keeping track of your child's interactions, whereabouts, and the activities they are involved in when away from home (Smetana, 2008). Parental stress may reduce a parent's ability to provide emotional support, especially being attentive to and aware of their child's movements, even if they are still physically present in their child's life (Peterson et al., 2010; Masarik & Conger, 2017). While both parent and adolescent informants have been used to understand parenting practices broadly, a challenge is presented in that there is often a discrepancy between informants in how they report on parental monitoring. It is suggested that adolescent report of parental monitoring may have more predictive utility for their own self-reported outcomes than would parent report. Other concerns have been raised about social desirability motives when using parent report (Abar et al., 2015). Also, there may be potentially skewed parental reporting of monitoring if there are high levels of concurrent stress as is relevant

in the context of the current study. For these reasons, understanding the effects of parental stress on adolescent's perception of parental monitoring is warranted.

Effects of Childhood Physical Abuse on Future Parental Monitoring. Although there is considerable research on the continuity of physically abusive parenting practices (Greene et al., 2020), findings regarding the effects of physical abuse in childhood on other types of child-rearing practices, such as parental monitoring, are unclear. Some studies suggest that exposure to physical abuse as a child may affect one's ability in the future to appropriately choose between positive and negative parental monitoring behaviors (Greene et al., 2020). Exposure to physical abuse as a child has also been found to increase dissociative symptoms as an adult which, practically, may make it more challenging to effectively monitor (Chu & DePrince, 2006).

Effects of Childhood Separation and Death on Future Parental Monitoring. Some researchers have examined separation and death as a singular construct and found effects ranging from a negative impact to little-to-no impact on future distress (Simbi et al., 2020). Other researchers have examined these experiences separately, arguing that parental separation in childhood may have a more negative impact on a child's distress level in adulthood than does parental death (Nickerson et al., 2013). Parental loss may also be associated with inadequate parenting even in situations where there is a remaining caregiver due to the remaining caregiver's own experiences of bereavement that further contribute to depression in the child as an adult (Breier et al., 1988) and later on as a parent. While it is without question that both death and separation of a caregiver in childhood is an immeasurable tragedy that is associated with continued distress into adulthood, findings have failed to identify direct associations between loss in childhood and parenting practices as an adult.

The Impact of Parental Monitoring on Child Outcomes

Ultimately, a child's current well-being and future adjustment are directly impacted by their parents' level of stress. Research has shown that the effects of parental posttraumatic stress disorder, especially, can compromise a child's adjustment (Samuelson et al., 2017), attachment style, and other outcomes (van Ee et al., 2016a) even if the child has never been directly exposed to the parent's trauma (van Ee et al., 2016b). As mentioned previously, parenting practices, such as parental monitoring, may also be influenced by a parent's level of stress (Greene et al., 2020; Breier et al., 1988; Westbrook & Harden, 2010) and may directly serve as a catalyst for the development of negative psychosocial outcomes in their children's lives.

Effects of Parental Monitoring on Community Violence Exposure. In addition to caregivers, another crucial contextual component of a child's upbringing is one's community. Higher rates of community violence exposure among 12- to 15-year-old, African-American and Latine youth, compared to other age groups, makes early adolescence a particularly important developmental period in which to consider both the predictors of such exposure and the influence of such exposure on other psychosocial outcomes (Cooley-Strickland et al., 2009; Fowler et al., 2009). Early adolescence is a pivotal time in a young person's development as they often begin to desire autonomy (Oudekerk et al., 2015). Youth may spend more unsupervised time in the community with increased opportunities for involvement in risky behavior (Hoeve et al., 2009) and exposure to potentially stressful experiences (Larson et al., 2001), including community violence. Higher levels and quality of parental monitoring may be needed at this time to help adolescents effectively navigate and decipher safe from unsafe situations in their neighborhood (Richards et al., 2004). Previous findings have also noted that a nuanced phenomenon exists that

suggests the protective value of monitoring may lessen for African-American adolescents that experience chronic exposure to community violence and instead may actually be more effective in helping youth at lower risk of exposure (Lambert et al., 2010).

Effects of Parental Monitoring on Future Trauma. Research on adolescents' perceptions of parental monitoring has predominantly focused on its association with substance use, delinquency, and other risky, externalizing behaviors and internalizing problems (Smetana, 2008; Robertson et al., 2008; Singer et al., 2004). Very little is known about its association with trauma symptoms. One study found that African-American and Latine youth's perception of increased parental monitoring buffered against the impact of a traumatic event on negative psychological outcomes for youth that were least exposed to the stressor; however, for youth that were more exposed to the stressor, the effect of parental monitoring as a protective factor was weakened (Ceballo et al., 2003). Another study found that youth perceptions of parental monitoring were not correlated with nor could explain the onset or maintenance of trauma symptoms (Singer et al., 2004). Other researchers have argued that inadequate monitoring is a form of neglect, given adolescents' increase in emotional support needs (over physical needs, for example) during this developmental period (Kobulsky et al., 2020). As a form of neglect, lower levels of parental monitoring may increase adolescent's risk of developing posttraumatic stress.

Effects of Parental Monitoring on Future Parenting Attitudes. Further, a review of parenting practices overwhelmingly suggests that various parenting behaviors—including parental monitoring—in the first generation are associated with a continuation of the same or very similar parenting behaviors in the second generation (Seay et al., 2016; Rothenberg, 2019). For many of these studies, the relationship was mediated by the child's level of psychopathology

(e.g., externalizing behaviors and internalizing behaviors; Rothenberg, 2019). It is believed that such continuity of behaviors occurs due to modeling and that continuity of child-rearing attitudes from the parent generation to the child generation may occur through a similar process (Gonzalez et al., 2022), though, the direct literature on passing down attitudes towards parenting is quite limited. For example, the relationship between attitudes towards parenting in the parent generation and attitudes towards parenting in the child generation similarly has been mediated by the child's psychopathology (e.g., internalizing and externalizing behaviors; Thompson et al., 2014). The same study also demonstrated that additional parenting factors and elements of the parent-child relationship, such as adolescents' perception of parents' monitoring and involvement in their child's life, may also have a mediating effect on shaping different types of attitudes (e.g., expectations, empathy, rejection of punishment, etc.; Thompson et al., 2014). Although the current study did not examine the effect of parental monitoring behaviors in the parent generation on parenting behaviors in the child generation, it is important to acknowledge that attitudes toward parenting, which will be examined, are predictive of future parenting behavior (Mahrer et al., 2014) and may shed light on how youth will parent the next generation.

Current Study

Though younger generations may not directly experience the same traumas as their parents, the effects of the past may still be seen and felt in the present. Previous studies have examined the impact of combined maternal childhood victimization (e.g., sexual abuse, physical abuse, other forms of child maltreatment) on various parenting practices (Morelli et al., 2021) as well as on internalizing and externalizing behaviors in the second generation (Morrel et al., 2003; Thompson, 2007; Claridge et al., 2014; Valentino et al., 2012). What remains less examined,

however, are differences in the trajectories of trauma transmission based on the type of trauma parents experienced and how each of these types of traumas may differently manifest over time, when accounting for the presence of added risk within the environment.

Therefore, the current study aimed to test a mediation model to compare the impact of separation or death and physical abuse in the childhood of the parent generation (Generation 1 or G1) on their level of parental monitoring during adulthood. Then, the effects of parental monitoring, on the child generations' (Generation 2 or G2) psychosocial outcomes, such as witnessing community violence, posttraumatic stress, and positive attitudes towards parenting, were examined. Conducting a comparative analysis between the effects of G1's exposure to separation and death and G1's exposure to physical abuse over time may provide a contribution to the growing literature on this topic by providing more insight into the later impact of parents' adverse childhood experiences so as to better understand how trauma is transmitted across generations, by way of parenting behaviors. Specifically, this study attempted to answer the following research questions: (1) Is "*threat*" in the form of physical abuse in the parent generation a more robust predictor than "*loss*" in the form of separation or death in the parent generation on outcomes in the child generation? (1a) Does parental monitoring mediate associations between traumas in the parent generation and later psychosocial outcomes in the child generation? (*Figure 7*). It was hypothesized that:

1: Physical abuse in G1's childhood will predict lower levels of parental monitoring. Similar but less robust effects will be found for separation or death in G1's childhood.

1a: Lower levels of parental monitoring by G1 will, in turn, predict higher trauma symptoms, increased witnessing community violence and more negative attitudes

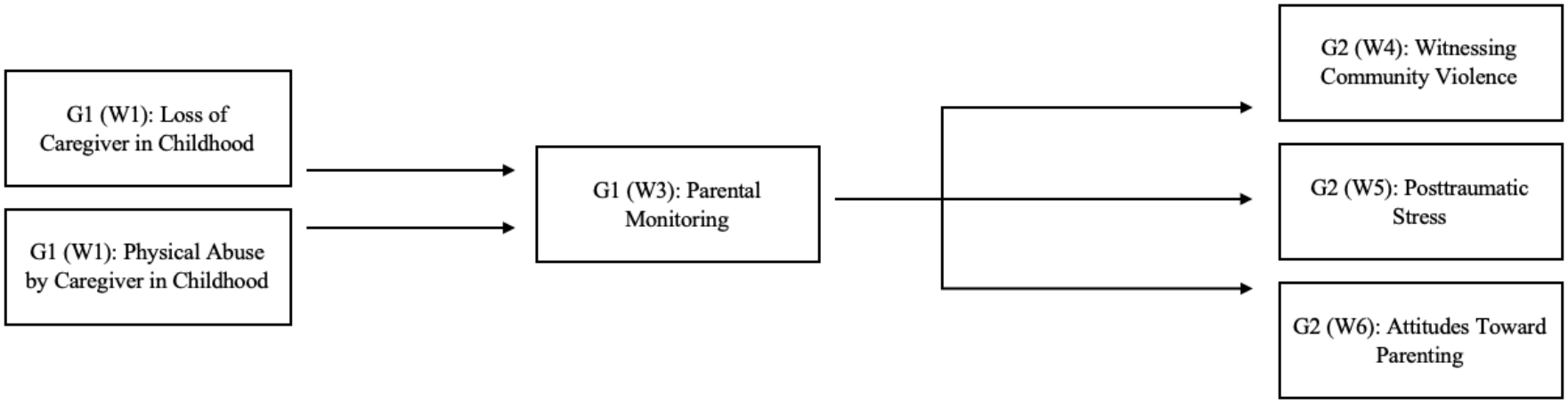
towards parenting for G2.

Method

Participants

Data for this study came from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) obtained through the National Data Archive on Child Abuse and Neglect. LONGSCAN collected both parent and child responses over a 16-year span (1991-2007) across multiple sites to understand the effect of childhood maltreatment over time (Runyan et al., 2011). The original sample was comprised of 1,354 children enrolled at age 4 or younger (51.4% female, M_{age}= 3.33, SD= 1.62) and their mothers, or primary caregiver (born between the years of 1913 and 1980). For the current study, data were examined across five waves beginning with Wave 1 when the child participants were 0-6 years old, then Wave 3 at age 12, Wave 4 at age 14 and Wave 5 at age 16 and Wave 6 at age 18. Across the whole sample, approximately 25% of participants were lost to attrition from baseline to Wave 4, 33.9% from baseline to Wave 5 and then 31.2% from baseline to Wave 6 (Runyan et al., 2011). To answer the research questions of the current study, 837 self-identified African American (N= 732) and Latine (N=105) families (one parent respondent and one child participant) at Wave 1 were included. Approximately 48% of the caregivers in this study indicated their marital status to be single, 31% reported being married, 7% reported being separated, 13% reported being divorced, and 1% reported being widowed. Regarding education, 52.6% had at least a high school diploma with 34.1% reported having completed a college or graduate/professional degree. The remaining percentage started college but did not complete their degree. The median income for the responding caregiver at baseline ranged from $10,000 per year to $15,000 per year.

Figure 7. Conceptual Model (Paper #3)



Participants were recruited from five sites in the following United States geographic regions selected systematically based on varying levels of risk and history of maltreatment: Midwest and Northwest (with prior reports to Child Protective Services for suspected child maltreatment), Southwest (children entered county dependency system for confirmed maltreatment and involved in foster care), South (state public health tracking system identified children as high-risk for maltreatment at birth and were reported to Child Protective Services), and East (involvement with several pediatric clinic serving low-income, urban children who were identified as "failure to thrive" or whose parents had HIV or used drugs). By age 14, adolescent participants who had moved in the past 5 years (N = 537 of the whole sample) had done so an average of 2.1 times a year (SD = 2). By the time the child participant was 16, 62% of caregivers' reported living in the same neighborhood for 3 or more years while 16% report living in their neighborhood for less than one year. Report of how long families had lived in their neighborhoods at the start of the study and how often they had moved were not recorded for age 18. Throughout the course of the study, LONGSCAN researchers collected data from multiple informants to provide additional context about participants' neighborhoods as explained in the following subsections. All noted time points reflect the child participant's age only.

Neighborhood Safety by Race. At age 4, the interviewer's perception of neighborhood quality revealed that 27.6% of African-American families and 3.4% of Latine families lived in areas interviewers deemed "unsafe". Similar patterns emerged for both racial groups at ages 6 and 8. African-American caregivers agreed and reported the lowest levels of neighborhood safety compared to other racial groups at age 4 and 8. A separate measure was implemented for caregivers at age 6 to assess exposure to risk in the community. Findings remained consistent as

African-American caregivers reported feeling less safe compared to all other race groups. At age 6 and age 8, African-American and Latine children's indicated that they were least likely to feel safe at school or in their neighborhood compared to other groups. Relatedly, teachers' perception of safety in the school environment was assessed and suggested that, at age 6, African-American students were exposed to more violence in their school environments than children of any other racial group and, at age 8, both African-American and Latine students were exposed to more violence at their schools. Data on race and these neighborhoods were not collected at ages 12, 14, 16 and 18.

Neighborhood Safety by Region. At age 4, interviewers perceived neighborhoods in the Midwest region to be the least safe at 36.2% compared to other regions. Interviewer's perception of the East region was not included in this assessment because data collection occurred in clinics versus at-home visits. At age 6, caregivers living in the East region reported the lowest mean scores of safety over all of the other regions. At age 6 and age 8, children living in the East reported that they were most likely to never feel safe outside (29.4%) or at school (15%). At ages 6 and 8, teachers reported the highest rates of violence at schools within the East region than all other regions. Findings slightly changed at ages 12 and 14 as interviewees perceived the Northwest region as having the least safe neighborhoods. Around this time, primary caregivers were also asked about perception of their neighborhood's chaos, or disorder in the area that included features such as graffiti on buildings and walls and open drug activity, to name a few. The highest reports of chaos, as reported by caregivers, emerged for neighborhoods in the East, Midwest, and South regions at age 12 then the East region first followed closely by the Midwest

and South regions at ages 14 and 16. Data on regions and these neighborhoods were not collected at age 18.

Procedure

Data collection, entry, and cleaning practices were coordinated by University of North Carolina at Chapel Hill across all five samples. At each site, all child, parent, and teacher participants completed the same comprehensive assessment inclusive of both self-report questionnaires and interviews (conducted in-person prior to the participant's age of 12 and via an audio computer-assisted self-administered interview [A-CASI] format with a trained interviewer present when the participants were age 12 and beyond). All participants completed additional telephone interviews approximately every two years between the comprehensive assessments to help investigators maintain contact with the families and to acquire updated data on families' residences, life events, and service utilization (Runyan et al., 2011).

Measures

Demographics. At baseline, youth and parent participants completed questionnaires that assessed identifying information such as age, gender, race/ethnicity, relationship of the adult respondent to the child participant, marital status, parental education, and total family income.

Parent's History of Loss and Physical Maltreatment. Parental childhood stress was assessed at Wave 1 via the LONGSCAN Caregiver History of Loss and Victimization questionnaire (Hunter et al., 2003; Hunter & Everson, 1991). The following two subscales were included in this study: Loss and Separation (8 items) and Child and Adolescent Physical Maltreatment (1 item). For the first subscale, parents reported 1 for *separation*, 2 for *death*, or 0 for *no* to any loss that occurred through death or permanent separation before the age of 18

across various relationships (e.g., mother, father, sibling grandparent, aunt or uncle, friend, child, other). Endorsed separation and/or death of mother and/or father only were combined and recorded to 1 = *yes*. For the second subscale, childhood physical maltreatment was assessed with the question: 1) "When you were a child or teenager: Were you ever physically hurt by a parent...like hit, slapped, beaten, shaken, burned, or anything like that?". Response options were also *yes* or *no*.

Parent's Monitoring Practices. Parental monitoring was assessed and included at Wave 3 using the LONGSCAN Parental Monitoring Child-Report Scale (adapted by Patterson & Stouthamer-Loeber, 1984). Items were scored on a scale from 0 (*They don't really know*) to 2 (*They know A LOT about this*). An example item is: "How much do your parent(s) REALLY know about where you are most afternoons after school?". In our sample, this measure had a total internal consistency of α = .732.

Child's Witnessing Community Violence. Exposure was assessed via the eight item LONGSCAN History of Witnessed Violence questionnaire (Knight et al., 2008) at Wave 4. For the current study, witnessing community violence was defined as events that happened to someone not in the respondents' family (e.g., a friend or someone you knew, a stranger). To further explain, while it is true that a child could witness a violent event in their community that happened to a family member, we were unable to confidently distinguish this experience in this measure from violence to a family member at home. An example item is: "Have you ever seen someone get shot?". All items assess frequency from 0 (*never*) to 4 *(≥ four times*) within the in the past year. Previous researchers have noted that exposure to community violence, and any other stressful life event (Finkelhor et al., 2005), may have low inter-correlations even though

items are still theoretically and conceptually related. Thus, because witnessing exposure to violence is not a unitary construct, a larger Cronbach's alpha among violence items is not to be expected (Netland, 2001).

Child's Posttraumatic Stress. Child participants completed a 54-item questionnaire using the Trauma Symptom Checklist for Children (TSCC; Briere, 1996) to assess both acute and chronic symptoms of posttraumatic stress at Wave 5. Each item was measured on a scale from 0 (*Never*) to 3 (*Almost all of the time*). The measure includes the following six clinical scales: anxiety (e.g., "Worrying about things"), depression (e.g., "Feeling sad or unhappy"), anger (e.g., "Getting mad and can't calm down"), posttraumatic stress (e.g., "Having bad dreams or nightmares"), dissociation (e.g., "Feeling like I'm not in my body"), and sexual concerns (e.g., "Not trusting people because they might want to have sex"). The following two validity scales were also included: under-response and hyper-response. When originally standardized, the measure was deemed internally consistent across all subscales (α ranging from .77 to .89) and demonstrated adequate test-retest reliability as well as adequate concurrent, convergent, discriminant, and predictive validity in various samples (Briere, 1996; Sadowski & Friedrich, 2000; Lanktree et al., 2008; Nilsson et al., 2008). The internal consistency of this scale was α = .961 for our sample.

Child's Positive Attitudes Toward Parenting. The 38-item Young Adult Attitudes Toward Parenting questionnaire was adapted from the Adult-Adolescent Parenting Inventory (AAPI; Bavolek, 1984) and was used to assess youth's report of attitudes about parenting at Wave 6. The questionnaire consists of the following four subscales: 1) appropriate developmental expectations for children (e.g., "Children should be expected at an early age to

feed, bathe, and clothe themselves"), 2) parent's empathy toward children's needs and an interest in children's perspective (e.g., "Parents who are sensitive to their children's feelings and moods often spoil their children"), 3) valued use of corporal, or physical, punishment as a means of disciplining children (e.g., "Children should always be spanked when they misbehave"), and 4) understanding appropriate family roles, specifically between the parent and the child (e.g., "If a child really loves his or her mother, the child will be well-behaved"). Each item was measured on a 5-point Likert scale from 1 (*Strongly agree*) to 5 (*Strongly* disagree) with higher scores indicating more appropriate attitudes. Internal consistency was high for all subscales in this study: appropriate expectations (α = .782), appropriate empathy (α = 791), rejection of physical punishment (α = .865) and appropriate family roles (α = .871).

Data Analytic Plan

A longitudinal, structural equation modeling (SEM) path analysis was conducted to test mediation (hypothesis 1 and 1a) using the statistical modeling programing software, *MPlus* Version 8.8 (Muthén & Muthén, 1998-2017) for the total sample to compare differences in effects of G1 childhood physical abuse by a caregiver versus G1 childhood separation and/or death of a caregiver overtime. Though both predictor variables were recoded to indicate yes-no prevalence rates, all G2 outcome variables remained continuous (Kelley & Preacher, 2012). Wave 1 total family income was used as a covariate. A power analysis suggested that this study sample size (N=837) would produce more than sufficient power to detect small to medium effects as has been demonstrated with prior research on mediation analyses (MacKinnon et al., 2002). Structural equation modeling was used to help account for missing data by using full information maximum likelihood (FIML) estimation (Enders & Bandalos, 2001).

Results

Preliminary Analyses

An initial 180 participants were removed as the Southwest region was excluded for the current study because participants did not report on caregiver history of loss. Then an additional 89 were lost due to missing variables (82 cases missing on predictor variables, six missing on all variables, and one missing on all variables except for predictor variables) resulting in a final total sample size at *N*= 568. Means and standard deviations are presented in *Table* 5. Correlations among study variables are also presented in *Table 5*. Several variables of interest were moderately associated with one another, consistent with prior studies (Thompson et al., 2014). However, regarding the predictor variables, loss of a caregiver in childhood was only negatively correlated with appropriate empathy (*r*= -.12, *p*= 0.05). Physical abuse by a caregiver was not significantly correlated with any other study outcome variables which is also consistent with prior studies (Thompson et al., 2014). Interestingly, total family income was only significantly associated with appropriate empathy (*r*= .12, *p*= 0.05) and not with any other study variables. Also of note, 23.6% of the parent sample endorsed loss or death of a caregiver and 21.2% of the parent sample endorsed exposure to physical abuse by a parental figure. For this particular sample, racial/ethnic group differences between reports of caregiver childhood stress were also examined. A one-way ANOVA revealed significant between-group differences such that more Latine caregivers (M= .48, SD= .51) reported exposure to physical abuse by a caregiver than was the case for African-American caregivers (M= .21, SD= .41; t(588)= -4.20, p < .001). No significant differences emerged between African-American (M= .26, SD= .44) and Latine (M= .35, SD= .48) caregivers for their experiences of loss in their own childhood.

Table 5. Means, Standard Deviations, and Correlations of Variables (Paper #3)

	Mean (SD)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
1. G1 (W1): Loss in Childhood	.27 (.44)	--									
2. G1 (W1): Physical Abuse in Childhood	.24 (.43)	.15**	--								
3. G1 (W3): Parental Monitoring (G2's report)	1.59 (.41)	-.01	-.08	--							
4. G2 (W4): Witnessing Community Violence	.31 (.22)	.01	-.07	-.15**	--						
5. G2 (W5): Posttraumatic Stress	.40 (.38)	.10	.02	-.16**	.20**	--					
6. G2 (W6): Appropriate Expectations	3.58 (.60)	-.06	-.02	.16*	-.02	-.02	--				
7. G2 (W6): Appropriate Empathy	3.13 (.69)	-.12*	-.02	.17**	-.16**	-.09	.63**	--			
8. G2 (W6): Rejection of Physical Punishment	3.24 (.75)	-.07	-.01	.10	-.10	.05	.60**	.59**	--		
9. G2 (W6): Appropriate Family Roles	2.65 (.81)	-.04	.00	.08	-.07	.05	.62**	.54**	.48**	--	
10. G1/G2 (W1) Total Family Income (G1's report)	2.86 (2.03)	-.07	-.05	.01	.02	-.02	.04	.12*	-.02	.07	--

*$p<0.05$, **$p<0.01$

Mediation Analyses

Bootstrapping in *MPlus*, a nonparametric resample procedure, (*n*=10,000 bias corrected bootstrap samples; Hayes, 2018) was used to assess G2's perception of parental monitoring at Wave 3 as a mediator of the separate associations between G1's loss of a caregiver and G1's physical abuse by a caregiver at Wave 1 on G2's witnessing community violence at Wave 4, G2's posttraumatic stress at Wave 5 and G2's attitudes towards parenting at Wave 6, in African-American and Latine populations controlling for total family income at Wave 1. For this analysis, we report findings using confidence intervals derived from bootstrapping as they offer a more precise alternative to traditional *p*-values.

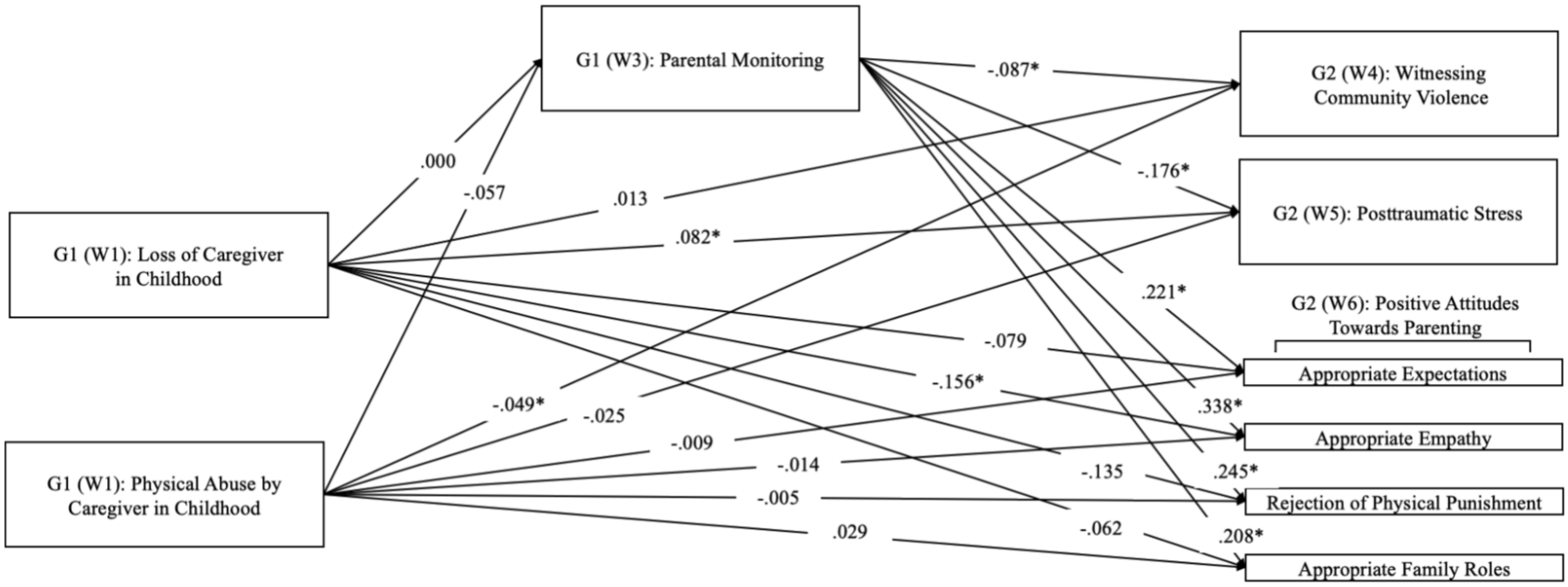
Results revealed that parental monitoring was not a significant mediator of the association for loss of a caregiver and any dependent variables: witnessing community violence (indirect effect: *b*= .000, *CI*= [-.007, .007]), posttraumatic stress (indirect effect: *b*= .000, *CI*= [-[.014, .016]) and all attitudes towards parenting inclusive of appropriate expectations (indirect effect: *b*= .000, *CI*= [-.017, .020]), appropriate empathy (indirect effect: *b*= .000, *CI*= [-.027, .027]), rejection of physical punishment (indirect effect: *b*= .000, *CI*= [-.020, .021]), and appropriate family roles (indirect effect: *b*= .000, *CI*= [-.019, .020)). Similarly, parental monitoring was not a significant mediator of the association between physical abuse of a caregiver and any dependent variables: witnessing community violence (indirect effect: *b*= .005, *CI*= [-.001, .016]), posttraumatic stress (indirect effect: *b*= .010, *CI*= [-.002, .034]), and all attitudes towards parenting inclusive of appropriate expectations (indirect effect: *b*= -.012, *CI*= [-.044, .003]), appropriate empathy (indirect effect: *b*= -.019, *CI*= [-.058, .007]), rejection of

physical punishment (indirect effect: *b*= -.014, *CI*= [-.052, .003]), and appropriate family roles (indirect effect: *b*= -.012, *CI*= [-.051, .002]). All findings are displayed in *Figure 8*.

However, several direct effects emerged. G1's physical abuse by a caregiver at Wave 1 was marginally significantly negatively associated with G2's witnessing community violence at Wave 4 (*b*= -.049, *CI*= [-.092, -.004]) suggesting that with the presence of physical abuse, there was a decrease or lower levels of exposure to community violence. Relatedly, G1's loss of a caregiver at Wave 1 was marginally significantly positively associated with G2's posttraumatic stress at Wave 5 (*b*= .082, *CI*= [.001, .177]) suggesting that with the presence of loss, there was an increase or higher levels of posttraumatic stress. G1's loss of a caregiver at Wave 1 was significantly negatively associated with G2's appropriate empathy at Wave 6 (*b*= -.156, *CI*= [-.290, -.025]). Further, G2's report of parental monitoring was negatively associated with both G2's exposure to community violence at Wave 4 (*b*= -.087, *CI*= [-.148, -.031]) and G2's posttraumatic stress at Wave 5 (*b*= -.176, *CI*= [-.314, -.063]). Parental monitoring was also positively associated with all of G2's positive attitudes toward parenting at Wave 6 including appropriate expectations (*b*= .221, *CI*= [.076, .360]), appropriate empathy (*b*= .338, *CI*= [.182, .497]), rejection of physical punishment (*b*= .245, *CI*= [.069, .423]) and appropriate family roles (*b*= .208, *CI*= [.004, .415]).

Results indicated that there was no significant direct association between G1's physical abuse by a caregiver at Wave 1 and G2's posttraumatic stress at Wave 5 (*b*= -.025, *CI*= [-.100, .047]) nor G2's positive attitudes towards parenting at Wave 6 (e.g., appropriate expectations (*b*= -.009, *CI*= [-.134, .111]), appropriate empathy (*b*= -.014, *CI*= [-.154, .123]), rejection of physical

Figure 8. Statistical Model (Paper #3)



Note: Numerical values reflect standardized path coefficients for the longitudinal mediation model. For visual clarity, concurrent associations among parent (G1) experiences of traumatic events in childhood, child (G2) outcomes and total income as a covariate are omitted. Specific 95% confidence intervals for each pathway are included in the text and asterisks denote significant pathways above.

punishment (*b*= -.005, *CI*= [-.164, .146]) and appropriate family roles *(b*= *.029, CI*= [-.137, .191]). Also, there were no significant findings for the relationship between G1's loss of a caregiver at Wave 1 and G2's exposure community violence at Wave 4 (*b*= .013, *CI*= [-.033, .059]) nor G2's other positive attitudes toward parenting at Wave 6 (e.g., appropriate expectations (*b*= -.079, *CI*= [-.194, .036]), rejection of physical punishment (*b*= -.135, *CI*= [-.283, .017]) and appropriate family roles (*b*= -.062, *CI*= [-.214, .095]). No significant findings emerged between either independent variable and the mediator either: G1's loss of a caregiver on G2's perception of parental monitoring (*b*= .000, *CI*= [-.081, .077]) nor G1's physical abuse by a caregiver on G2's perception of parental monitoring (*b*= -.057, *CI*= [-.149, .028]). All findings are also reported in *Figure 8.*

Discussion

The purpose of this study was to examine the relationship between caregivers' exposure to stress as a child themselves on their own child's symptoms' years later. The study yielded mixed support for the hypotheses. As was hypothesized, G1's loss of their caregiver was associated with increased posttraumatic stress in G2 and with negative, or inappropriate, empathy attitudes in G2. Further, lower levels of G1's parental monitoring abilities (as perceived by G2) predicted increased exposure to witnessing violence for G2 and increased posttraumatic stress for G2. Lower levels of G1's parental monitoring abilities also predicted more negative attitudes towards parenting (e.g., inappropriate expectations, inappropriate empathy, acceptance for physical punishment, inappropriate family roles) for G2. Interestingly, and inconsistent with what was predicted, G1's exposure to physical abuse by a caregiver predicted decreased exposure to community violence for G2. No significant findings emerged for the indirect effects

nor for direct effects of either of G1's childhood trauma experiences on their parental monitoring abilities as an adult. Thus, though this study did not find an indirect effect of G1's exposures to physical abuse by their caregiver(s) nor loss of their caregiver(s) as a child on G2's psychosocial outcomes *through* parental monitoring, there was still some evidence to suggest that such "*threat*" and "*loss*" in G1's childhood do contribute to challenges in G2's childhood. Findings also suggested that the type of distress that G1s experienced in their childhood may differentially influence the type of distress that G2s experience.

The results revealed that parents who experienced separation or death of their own parents may exhibit continued distress long after the initial loss. Such distress appeared to persist into their adult life and eventually trickled down and resulted in the development of posttraumatic stress symptoms in their own offspring. This finding and speculation are consistent with previous literature that suggests separation and/or death of a caregiver in childhood causes significant emotional distress that may disrupt the attachment relationship and promote a disorganized attachment style within the offspring (Alexander et al, 2013; Amos et al., 2011). Some studies have also reported that a combination of separation and/or death of a caregiver plus other co-occurring environmental stressors, as similarly noted for some of the participants in the current study's sample living in neighborhoods with significant disadvantage and destitution, present a significant risk factor for depression in adulthood (Breier et al., 1988; Luecken & Roubinov, 2012; Simbi et al., 2020). Thus, the current study's findings support the idea that, alongside other pre-examined psychological concerns, separation and/or death of a caregiver in childhood could be so distressing that it creates subsequent relational trauma. Over time, parents' attempts to deal with relational trauma from their past experiences may negatively impact their

abilities to promote an appropriate style of attachment within their own child --which may create future relational trauma for the next generation. Additionally, separation and/or death of a caregiver in G1 predicted attitudes of low empathy in G2. As suggested in another study, parental empathy by way of parental involvement predicts positive empathy in the child generation (Thompson, 2014). Thus, the current study's findings may similarly suggest that, if parent teaching or modeling promotes empathic development, children may have less understanding and even limited awareness about empathy when one has experienced separation and/or death of a caregiver.

The findings physical abuse experienced by a parent during their childhood years similarly suggested that such distress may linger on into adulthood and have an impact on subsequent parenting practices (Cho et al., 2020; Woods-Jaeger et al., 2018; Greene et al., 2020; Chu & DePrince, 2006), even if not through parental monitoring directly. However, it was surprising that there was a negative relationship between experiences of physical abuse and exposure to community violence in their child's generation. It is particularly well documented that the long-term effects of exposure to physical abuse are predictive of aggressive behavior and perpetuation of violence in other relationships (Foster & Brooks-Gunn, 2009; Greene et al., 2020). Researchers also suggest that some parents who experience physical abuse or punishment themselves may develop a schema that is consistent with coercive patterns (Seng & Prinz, 2008). Such continuity of physically abusive behaviors or even attitudes (Gonzalez et al., 2022) may have occurred in this sample. That is, a parent who has experienced physical abuse as a child may exhibit authoritarian-style parental monitoring behaviors with their own children that reflect the sense of extreme control that they experienced as a child. For example, given that many

families in this study live in areas with unsafe activity, a parent exposed to physical abuse as a child may be more likely to enforce and set very rigid rules or limits that reduce their children's time out side in the community or even facilitate fear in their children that keeps them inside the house (thus decreasing exposure to community violence).

It is also noteworthy that neither "*threat*" nor "*loss*" in parents' childhood were associated with their monitoring behaviors in adulthood. Thus, in contrast with what was hypothesized, there is not enough evidence to suggest a difference between past chronic and more acute experiences of stress on future parenting abilities. Indeed, it is possible that other types of parenting practices may be more adversely impacted by "*threat*" and "*loss*" (e.g., continuity of physically abusive parenting practices; Greene et al., 2020) or that another mechanism, such as via depression (Morelli et al., 2020; Mekawi et al., 2023), may help to better explain any influence on child outcomes. It is also possible that other types of trauma in parents' childhood (e.g., other "betrayal traumas", or traumatic incidents inflicted by a person whom the victim is reliant on) or even development of specific type of trauma symptoms (e.g., dissociation; Chu & DePrince, 2006) may more concretely impair monitoring. Also, the finding may be nonsignificant in this sample because there may be other caregiver systems in place to fulfill the monitoring role of an emotionally-absent parent. African-American and Latine populations often greatly value collectivism and reliance on multiple familial relationships (Frías et al., 2014). For this reason, parent childhood trauma and later parent monitoring may not be associated in this study's sample because the support of other extended relatives or community members were in place to help take on the monitoring "duties" and keep watch over the distressed parent's child.

Limitations

Although the current study contributes valuable insights into the parent-child intergenerational relationship, it is important to also recognize its' inherent limitations. One limitation is that the study consisted of retrospective self-report measures, with parents reporting on their own past, stressful experiences in childhood which could result in inaccurate recall (Reuben et al., 2016). Researchers have suggested that exposure to trauma as a child may negatively impact one's ability to accurately evaluate oneself as a parent (Chiu et al., 2019). However, dichotomizing the exposure to physical abuse and separation/death variables potentially decreased the likelihood of faulty reporting (Abar et al., 2015).

Moreover, the design of the original study did not allow for the assessment of ongoing interpersonal or environmental stress that had occurred since the parents' childhood. This missing information prevents researchers from contextualizing parents' experiences that had occurred since their respective childhood trauma(s). For example, parents in this study (reportedly born between 1913 and 1980) may have been simultaneously exposed to political polarization and economic challenges due to several international and domestic conflicts (e.g., Vietnam War, Cold War, etc.) as well as racial atrocities (e.g., Civil Rights Movement, etc.) throughout their childhood, adolescence and early adulthood years. Given these potential historical confounds, it would have also been helpful to account for parent's engagement in maladaptive coping behaviors as a covariate during this time period. Nevertheless, the current study is beneficial in contributing to methods of assessing the transmission of trauma across multiple generations (e.g., parents in G1 reporting on how their parents (G0) treated them; then G2 reporting on how G1 treated them and how they, in turn, hope to treat their children (G3).

Clinical Implications

The current study's findings further highlight the need for the continued development of psychological interventions that treat distress resulting from events that have occurred during one's childhood as well as acknowledge ongoing, culturally-relevant distress when working with African-American and Latine youth (Metzger et al., 2021). Individuals would greatly benefit from interventions that specifically target processing and healing from a specific traumatic event(s). The most well-established, evidence-based treatment option is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with parent involvement (Dorsey et al., 2017). For symptoms of distress that persist into adulthood, additional processing of trauma experiences can be done through Cognitive Processing Therapy (CPT). Also, children who have experienced trauma, and their parents who may have themselves experienced trauma, would benefit from additional, more targeted, joint treatment. Parents who have experienced relational trauma in the form of "threat" or "loss" with their own caregivers are at an increased likelihood of passing down attachment challenges to their relationship with their own children (Alexander et al., 2013; Amos et al., 2011). Child-Parent Psychotherapy (CPP) and Attachment, Self-Regulation, and Competence (ARC) treatment are two evidence-based approaches that can begin when a child is very young (Fehrenbach et al., 2021; Arvidson et al., 2011) and can treat the child indirectly by treating the parents' attachment style. Another option would be a group-based support for parents, such as The Chicago Parenting Program, that emphasizes warm and appropriate parenting strategies and is designed specifically for African-American and Latine families living in low-income communities dealing with a host of environmental stressors (Gross et al., 2009).

Future Research Directions and Conclusions

While, broadly, this study's findings confirm that parents' experiences of trauma in their childhood do produce longer-term, downstream consequences for their child(ren), the results also introduce more questions and potential future considerations. Researchers have found that the transmission of distress through parental depression, for example, may depend on the severity of parental experiences of distress (e.g., the degree of maternal trauma exposure in the form of racism; Mekawi et al., 2023). Therefore, future studies should continue to evaluate the potential complexity and chronicity of various types of trauma as experienced by parents in their own childhood and explore how residual psychological effects persist into adulthood. More detailed reporting of one's exposure to a traumatic event (e.g., where, when, why, how, how often, and for how long) may also shed light on the acuteness of parents' distress and level of functional impairment. Considerations in the future should also attempt to monitor the intensity of one's exposure and subsequent reactions to a traumatic event over time as a way to more clearly identify within-person changes and manifestation of such distress on specific types of parenting attitudes and behaviors. Additionally, implementation of a multi-method approach to understanding intergenerational transmission of trauma is another important next step. Inclusion of several generations of quantitative reports (for instance, G0 and G1 both reporting on G1, G1 and G2 both reporting on G2, etc.) and qualitative reports could provide a richer context to inform research on trajectories of psychopathology and provide more clarity regarding the influence of such psychopathology, via various types of parenting practices, on G3 and beyond.

In all, many of the current study's direct effects support previous literature and continue to increase awareness about the calamitous, cascading effects of untreated trauma in families.

Though indirect associations between one generation's trauma on the next generation's trauma through the mediating effects of parental monitoring were not found in this study, the direct effects that were found provide further evidence that a cyclical pattern does exist with parent's experiences—ones that are possibly chronic, like *threat,* and ones that are relatively acute, like *loss*— influencing their children's experiences. Both researchers and clinicians should continue to educate families on the need to prioritize current and longstanding mental health concerns and how their descendants may be impacted by these concerns if they are not sufficiently addressed with trauma-informed interventions.

CHAPTER FIVE

DISCUSSION

Integrated Summary of Findings

Each of the three studies elucidates the interconnected dynamics of exposure to traumatic events and the subsequent psychosocial distress for individuals and their families. The ***first*** study found that positive components of family functioning are upheld by parents when just the child independently experiences a traumatic event in their community but that family functioning erodes when the parent experiences distress (Wilkins et al., 2023). The ***second*** study's findings indicated that daughters' exposure to community violence, paired with caregivers (mothers specifically) display of alienation behaviors, negatively influences daughters' development of posttraumatic stress. The ***third*** study built upon the first two and suggested that the effects of parents' exposure to traumatic events in childhood may continue on into adulthood and also influence their own child's psychosocial functioning (e.g., decreased witnessing community violence, increased posttraumatic stress, decreased appropriate empathy attitudes). Overall, the studies are anchored by a set of underlying theoretical frameworks: attachment theory (Bowlby, 1969; Ainsworth et al., 1978), the family stress model (Peterson et al., 2010; Masarik & Conger, 2017), and the ecological-transactional system of development model (Lynch & Cicchetti, 1998).

First, the findings of all three studies were consistent with the attachment theory (Bowlby, 1969; Ainsworth et al., 1978) and emphasized the power of parents' attention and affection on children's psychosocial outcomes. The ***first*** and ***second*** studies further emphasized

the vital role that parent's wellness and abilities to provide positive support play in upholding their child's wellness and, more generally, the level of wellness within the family system. These findings also suggest that when parents are experiencing distress themselves, the elements of family functioning that are impaired (e.g., communication and cohesion) likely bleed into interactions at the individual level and, as a consequence, reduce the quality of the attachment relationship (e.g., alienation; Harvey & Byrd, 2000). Relatedly, the ***second*** and ***third*** studies demonstrated that when adverse childhood events first occur in the home, the strain on the parent-child attachment relationship has a great influence on the child's development, even into adulthood. In both studies, the impaired attachment relationship also influenced how an individual receives and is impacted by future experiences of stress which could facilitate cyclical adverse childhood experiences (and challenges with attachment) for the next generation.

Second, the current studies are consistent with the family stress model (Peterson et al., 2010; Masarik & Conger, 2017) and reflect how untreated psychological distress in parents is predictive of negative outcomes in their children and families. Specifically, for families in the ***first*** and ***third*** studies, when the parent was dealing with distress, their abilities to positively contribute to and uphold fundamental characteristics of family functioning were weakened. Though findings for the ***third*** study did not suggest a direct, negative impact of parent stress on parental monitoring, the findings did suggest that traumatic experiences in a parent's childhood predicted negative outcomes for their child. It is possible that parents' longstanding distress may result in more of an inconsistent parenting pattern. Even with the support of other caregiving systems, such unpredictable or unstable parental practices may similarly increase the risk of long-term mental health challenges for children (Yang et al., 2007).

Third, all of these studies help to further reiterate how one's community environment influences psychological outcomes and calls attention to the complex relationship between neighborhood context and the familial, or home, context. Across all samples, African-American and Latine youth were most likely to be exposed to violence in their neighborhoods and schools as compared to other groups and were more likely to be living in areas designated as low-income, high crime (Prince et al., 2016; Gaylord-Harden et al., 2013) or areas deemed by residents as "not safe" (Runyan et al., 2011). Consistent with the ecological-transactional system of development model (Lynch & Cicchetti, 1998), the ***first*** and ***second*** studies clearly demonstrated that risk at the level of the exosystem (i.e., community) can negatively interact with the microsystem (i.e., family and/or parents) to contribute to or even exacerbate psychological distress at the individual level. The ***second*** study also suggested that when ones' physical and emotional safety was threatened by events in the community, the lack of reassurance from caregivers, and mothers specifically, further contributed to the distress. For the ***third*** study, though exposure to community violence was not examined as a predictor, it is notable that other types of challenging interactions experienced by caregivers during their own childhood was directly associated with their children's exposure to community violence. Further, approximately 60% of the child population in this study reported that they had witnessed community violence in their lifetime confirming that it is likely an ongoing stressor for families as they simultaneously navigate current stressors within their own homes. Though direct information on parents' community violence exposure during childhood was not reported, it is possible that the contexts in which they live as an adult could also interact with their own past experiences of caregiver-inflicted traumas in childhood and further exacerbate levels of distress.

Recommendations

Policy

This series of studies informs and encourages several policy directions. The years from 2003 to 2017 saw the largest rise in suicide rates among African-American children for the 15- to 17-year-old age group and for girls (annual percentage change of 4.9% and 6.6%; Sheftall et al., 2022). Interpersonal trauma and life stressors were the precipitating circumstances of suicide for approximately 29% of the adolescent age group and 34% of the girls group. Findings of the current studies similarly display that, if untreated, distress from exposure to traumatic family and community interactions can lead to a lifetime of distress for African-American and Latine youth—and even put others' lifetimes at risk of distress. Unfortunately, while ethnic minority youth have higher prevalence rates of mental and behavioral health conditions than their White peers, they are notably less likely to use mental health services and less commonly provided with high-quality, evidenced-based care (Bitsko et al., 2022; Cummings et al., 2019). Further, for youth living in low-income counties, 41% ethnic minority youth experience insufficient access to child psychiatric services (McBain et al., 2022).

A "multi-pronged approach" is recommended to manage these types of significant health disparities and inequities (Hoffman et al., 2022). One aim would be to increase initiatives that support equitable access to psychoeducation. For the current studies, increased caregiver mental health literacy could help with early identification of psychosocial distress for their children (Berkowitz, 2003) and increased consideration of care options. Psychoeducation may also even increase parents' insights into their own mental health challenges (Hahn et al., 2019) which may help to reduce the stress that they place on the family system and their relationships with their

children. Another aim would be to increase funding toward addressing significant shortages of professional resources and establishing accessible mental health care options within communities similar to the ones in these studies (Hoffman et al., 2022). This is an important initial initiative that may help to comfortably introduce African-American and Latine families to the mental health system in a way that reduces historical sigma and provides more efficient access to care in their neighborhoods. Increased availability of services embedded in the community could also reduce the delay to getting treatment (Stover et al., 2022) as well as encourage more frequent and consistent treatment. For families in the current study, quicker access to services could help to reduce trauma symptoms for the individual and the family as well as repair parent-child attachment relationships (Fehrenbach et al., 2022). Taking action on both of these policy aims could initiate immediate change in families and also may set a precedent for how stress is managed in such families.

Clinical

As mentioned previously, it is imperative that children and their caregivers receive evidence-based, trauma-informed interventions (e.g., TF-CBT, CPP, CPT, CFTSI, ARC framework, etc.) that focus on 1) healing from a particular event(s) and 2) strengthening the attachment relationship as a continued support for that healing. Depending on the urgency within which care is provided, these interventions may also demonstrate some preventative effects (Berkowitz et al., 2011). Further, years of structural racism also produce ongoing psychological challenges for families and likely contribute a significant level of cumulative distress as families process the interpersonal traumas such as those discussed in these studies (i.e., exposure to community violence, physical abuse, loss of a caregiver). Thus, clinicians should prioritize and

implement modifications to preexisting trauma-informed interventions that integrate relevant cultural factors (e.g., increasing racial socialization to address exposure to racism or acculturative stress; Metzger et al., 2021). Such efforts will not only help boost the effectiveness of treatments for the types of interpersonal traumas that were discussed in these three papers, but will also help to treat the experiences of co-occurring race-based traumatic stress. Relatedly, to reiterate, when individuals experience continuous traumatic stress, entire community and family systems are taxed. Therefore, it is also important to think beyond parents and one's nuclear family and into other extended kinship or community networks to provide supplemental support.

Research

Exposure to Community Violence as a Moderator. As noted across all three papers, examination of the influence of one's neighborhood is imperative and may help to provide a more accurate portrayal of how youth live in these affected communities. Indeed, exposure to violence in one's community may be an exacerbating variable for adolescents who also experience stress at home. Historically, research on understanding exposure to community violence as a moderator is mixed. Some researchers have found that high levels of community violence exposure mitigate the relationship between interparental conflict and internalizing symptoms suggesting that youth may become so desensitized that their threat appraisals are not as aroused as is typical or normative (Rosenfield et al., 2014). Other researchers have suggested that, for youth with a history of multiple traumatic experiences, exposure to community violence may moderate the relationship between other types of exposure and posttraumatic stress. This finding supports the idea that exposure to community violence may have a cumulative effect for young people (Lai et al., 2018). Taken together, these findings further illustrate that the

environmental context may be just as influential as the family context in understanding African-American and Latine adolescent mental health experiences. Findings also suggest that community violence within one's environmental context, specifically, may play a dual role (as a predictor and a moderator) in shaping current and future psychosocial experiences across generations.

Complex Design for Continued Exploration of Within-Group Differences. Another pivotal future research direction is to continue examining within-group differences using various research methodologies. Exploration of within-group differences provides an opportunity to identify subtle changes within a specific group, thus offering a deeper understanding of phenomena over time and providing better insights into how interventions or treatments can affect and be more effective for certain sub-groupings. Within such explorations, mixed-method approaches are recommended. Mixed method studies may yield more clarity and understandings regarding group differences. Further, qualitative research and quantitative research complement each other to enhance the relevance and applicability of findings. Pairing these two types of data together also facilitates a process called triangulation, which helps researchers to cross-validate their results (Stewart et al., 2008). Mixed-method research is also especially important for reducing cultural pitfalls that come with single-method data and may be used to uncover and more accurately explain racial/ethnic minority groups' experiences. For example, in racial health disparities research, quantitative data alone can often make incorrect assumptions about individual and group experiences or provide explanations for findings (e.g., such as those based on biologic essentialism or theories of cultural inferiority) that further pathologize racial/ethnic minority populations (Lett et al., 2022). Inclusion of epigenetics research would also be an

important addition to the study of within-group differences. For African-American and Latine populations, emerging literature suggests that various types of identity-related stressors (e.g., discrimination, acculturative stress, enslavement, systemic racism, etc.) negatively alter telomere length, epigenetic immune profiles, and increase or accelerate epigenetic aging (Clausing et al., 2021; Rodriguez et al., 2022; Wright et al., 2017; Holloway et al., 2023). Further, one study reported directly on the biopsychosocial components of the exposure to community violence plight for many young people and their families (Janusek et al., 2017). Findings highlighted the impact of exposure on African-American male genetic expression and risk for inflammatory disease as an adult. Thus, although each of these types of research designs help to tell individual, within-group stories, they also help to tell multigenerational and intergenerational stories as well.

Conclusion

In synthesizing this body of research, the findings of the three studies help to broaden our understanding of various social determinants of health and weave together an intricate set of stories as examined through the lens of attachment, caregiver experiences, parenting, and the interconnection of family functioning and community experiences. Though each of these datasets were archival, the findings have immeasurable value and illuminate the multifaceted impacts of stress and trauma within families. Finding also underscore the critical need for supportive networks and interventions tailored to diverse cultural backgrounds and experiences. Reflecting back to the metaphor noted at the beginning of this dissertation, the three studies presented here emphasize that although the branches of our family trees may bend under the weight of adversities, they also hold the potential for healing and growth, rooted in the strength and resilience that is shared across generations.

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