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Dionne G. Pinto-Guerra
Grand Valley State University

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Mental Health Functioning, History of Trauma, and Parent Stress in Maltreating Parents

Dionne G. Pinto-Guerra

Department of Psychology, Grand Valley State University

Mentor: Mary Bower Russa

Abstract

Objective: Child maltreatment is common and can lead to a host of negative outcomes, so understanding the factors that influence risk for maltreatment is warranted. The present study examined the role of parent history of trauma in shaping parent stress in a sample of maltreating parents. Adverse Childhood Experiences (ACES) provide one way to quantify cumulative childhood trauma, and the experience of ACEs has been found to negatively impact mental and physical adult health outcomes. These findings are consistent with non-ACEs-related trauma research, which also shows that history of trauma leads to negative long-term outcomes, which may influence later parenting. We proposed parent history of trauma has impacts on parenting through two pathways: via mental health issues and via factors unrelated to mental health issues

Method: We examined archival, clinical records from forensic psychological evaluations of parents (N = 445) with a record of maltreating their children. These records provided information regarding parent childhood history, including history of trauma, and information regarding adult psychosocial functioning.

Results: Parents who had higher ACES Scores, and those with older children, reported higher stress levels than parents with lower ACES scores and younger children. Contrary to expectations, the number of mental health diagnoses had no impact on parents' stress. However, ACES were predictive of parent stress even with control for possible confounding variables.

Keywords: Child maltreatment, childhood history of trauma, Adverse Childhood Experiences (ACES), Parenting stress, dysfunctional parenting

Mental Health Functioning, History of Trauma, and Parent Stress in Maltreating Parents

Maltreatment of children is surprisingly common among families in the United States. Estimates are that 37.4% of all children experience a child protective services investigation by 18 years of age (Kim, Wildeman, Jonson-Reid, & Drake 2017). Maltreatment leads to long-lasting negative outcomes for the children. In a sample of Canadian adults aged 18 and older, abuse was assessed in relation to self-reported diagnosed conditions (Afifi, MacMillan, Boyle, Cheung, Taillieu, Turner, & Sareen, 2016). In this sample, child maltreatment was associated with having a range of negative physical conditions including high blood pressure, arthritis, and cancer, as well as 10 other observed conditions. Thus, child maltreatment leads to negative physical outcomes that affect the child later in life. Efforts to better understand contributors to child maltreatment can lead to improved attempts at intervention.

Parents who maltreat their children often have a significant history of trauma in their own childhood and this childhood trauma negatively affects them as parents in adulthood. Much of the research on trauma and its impacts have focused on a cluster of adverse experiences known as ACES. ACES include a broad range of childhood experiences that involve trauma under the age of 18, and several decades of research on adverse childhood experiences (ACES) show that childhood trauma influences adult outcomes (Felitti 2002). ACES include physical, sexual, and emotional abuse, physical and emotional neglect, and dysfunction in the household. ACES are common among adults, with statistics showing that 61% of adults have experienced at least one type of ACE (Centers for Disease Control and Prevention, 2021) and nearly 1 in 6 adults report having experienced four or more types of ACEs (Centers for Disease Control and Prevention, 2021).

Exposure to ACEs is consistently associated with more negative adult outcomes. For example, the higher an ACES score someone has based on childhood experiences, the more health risks are present in adulthood such as hepatitis, heart disease, fractures, diabetes, and obesity (Merrick et al., 2019). There is also a positive correlation between the ACES score and lifetime prevalence of depression (Chapman et al., 2004), and adults with higher ACE scores are more likely to develop an opioid addiction at a young age and sustain it (Stein et al., 2017).

The broader literature on trauma (beyond ACEs) also consistently finds that history of trauma is associated with negative outcomes. For example, in a study done on 253 female undergraduates with a history of physical abuse and incestuous and alcoholic homes, a history of abuse was associated with an increased risk for depression and low self-esteem, as well as alcoholism (Fox & Gilbert, 1994). Oh et al. (2016) recorded the reports of 177 mothers with childhood trauma history who had depression and PTSD symptoms postpartum. When childhood and postpartum trauma experience were considered, the more trauma and less social support a mother had received, the more likely she was to be at risk of developing depression or PTSD. Thus, both ACEs and non-ACEs research provide evidence that a history of trauma and abuse may increase risk for children to experience mental health issues in adulthood.

Adult mental health challenges such as PTSD, Depression, and Substance Use may place parents at risk of continuing this cycle of trauma and violence by maltreating their kids, since mental health issues, can significantly interfere with parenting (National Research Council and Institute of Medicine Committee on Depression, Parenting Practices, and the Healthy Development of Children, 2009). For example, the parenting styles of mothers with depression appear to be more hostile, negative, and withdrawn than the styles of mothers without depression. Waylen and Brown (2019) concluded that parents who were suffering from

depression showed more problematic parenting than a comparison group of parents, and that parenting improved as they obtained social support and their depression decreased. Parents who suffer from substance abuse have also been found to have dysfunctional parenting (Kelleher et al. 1995), with increased risk for both child abuse and child neglect.

These challenges in parenting style that can result from parent mental health issues, may affect the relationship between parent and child. For example, Rodriguez (2010) demonstrated that dysfunctional parenting (such as overly authoritarian parenting) is associated with parent-child aggression as well as child abuse potential (Rodriguez, 2010). Such parenting leads to more negative outcomes for children (Lo et al., 2019), and increases risk for abuse (Rizvi and Naiam, 2019). For example, a study conducted by Hoza et al. (2000) observed that when children with ADHD had parents who self-reported using dysfunctional discipline, the combination of child ADHD and dysfunctional parenting predicted worse childhood treatment outcomes. In summary, parents who have experienced a history of trauma and abuse may be prone to mental health issues that lead to problematic parenting approaches, increasing the risk for maltreatment of their own children.

However, trauma exposure may also lead to increased parenting stress and risk for child maltreatment for reasons aside from mental health impacts. For example, exposure to childhood trauma has been demonstrated to result in a series of negative long-term outcomes for parents that may create stress and other types of parenting challenges. For example, cumulative childhood exposure to ACEs is associated with lower educational attainment (Houtepen et al., 2020), lower SES status in adulthood (Steele et al., 2016), and higher rates of unemployment (Liu et al., 2013), intimate partner violence (Whitfield et al., 2003) and unintended pregnancy (Dietz et al., 1999).

Studies involving low-income families show that low financial income and support leads to parents struggling with day-to-day hassles, leading to an increase in stress and higher rates of negative parenting (Belsky, 1984). For example, lower SES may lead to hardships such as not being able to pay bills and maintain adequate and comfortable living conditions. Faced with these financial difficulties, parents are more likely to engage in verbal disagreements and marital conflicts, which can lead to disruptions in skillful parenting (Conger et al. 1992).

Another possible route by which ACES might contribute to child maltreatment is via increased risk for intimate partner violence (IPV). Exposure to ACEs and other childhood trauma is often associated with higher rates of partner violence (Mair, 2012), and research has suggested that this behavior affects both the development of children and parenting approaches (Pels, 2015). Mothers exposed to IPV believe that the IPS is affecting their parenting, and they are more likely to report dysfunctional parenting behaviors (Pels, 2015). Thus, aside from their impact on mental health, ACES may increase risk for poverty and exposure to IPV, which may both contribute to parenting stress and related risk for child maltreatment. In sum, maltreatment can become cyclical since childhood exposure to maltreatment can lead to parents experiencing mental health issues and other negative trauma outcomes (i.e., poverty, lower educational attainment, poor health, and relationship challenges), which lead to parenting stress. That stress can then impact both the children and the parents in negative ways, escalating problematic patterns and leading to further parenting stress and increased risk for maltreatment. The present study examines the role of mental health issues and parent history of trauma in shaping parenting stress in a sample of maltreating parents.

Methods

Procedure

Cases of alleged child maltreatment are brought to the Michigan Department of Health and Human Services (DHHS) for management and investigation, and in the course of managing these cases, the DHHS decides whether the parent should be sent for psychological evaluation. Psychological evaluation provides information regarding parent history and adult psychosocial functioning (i.e., mental health and social support), as well as recommendations for interventions and support. Data for this study were taken from clinical evaluations of parents for whom there was documented evidence of maltreatment. Trained student research assistants coded evaluations for evidence of ACES and other childhood traumas. The student assistants also coded parents' psychosocial functioning, i.e., mental health issues, addiction, education, job, and social support. Reliability was ensured by having weekly meetings where questions regarding coding were discussed and by maintaining and regularly updating a coding book. Research assistants periodically duplicate-coded the files to allow regular reliability checks. Analysis indicated high levels of interrater reliability.

Measurement of Key Constructs

History of Trauma

History of trauma was operationalized as the number of pseudo-ACE events experienced before the age of 18. These were named pseudo-events because the events presented by the DHHS did not include all of the typical ACES events, and nontraditional traumatic events that were deemed important were also included. Pseudo-Ace traumas included: death of parent or

sibling, foster care placement, adoption, runaway, early pregnancy, living alone, physical abuse, sexual abuse, separation from a parent, mental health issues in household, substance abuse in the household, family member incarcerated, domestic violence, and “other trauma” Number of events were counted and resulted in an ACE score.

Mental Health functioning

Mental Health functioning was operationalized by the number of Axis I diagnoses in the DSM System (these included a range of mental health disorders including Substance Use disorders)

Parent Stress

Parent stress was operationalized by having parents fill out a Parent Stress inventory and the Stress Inventory for Parents with Adolescents (SIPA). These instruments are self-report scales using Likert responding. Each parent was asked to fill out the survey for one child that was the source of the most parenting stress. The inventory consists of 101 items that focus on two domains: the child's characteristics and the parent's characteristics/family context. There are also items related to stressful life events that evaluate the relationship between the parent and child (Abidin, 2015). The inventory is most commonly used in pediatric practices and has been tested for reliability among many different populations, including low-income families and marginalized communities (Abidin 2015).

Hypotheses

1) Parents with more history of trauma and more current mental health issues will experience higher levels of parental stress.

2) Trauma Will impact parent stress both via its impact on mental health and via a second pathway unmediated by mental health.

Results

Demographics

The sample consisted of 445 individuals who underwent forensic evaluation in 2011 (n=213), 2013 (n=158), and 2015 (n=74). Most of the parents were female (66.52%), followed by male (33.03%), and unspecified gender (.45%). As shown in Table 1, the average parent age was 31.85, and the average age for the child who was the focus of the PSI or SIPA was 6 years. Parents had an average ACE score of 2 and averaged one diagnosis on Axis I of the DSM system.

Table 1

Descriptive Statistics

Variable	N	Mean	Std Dev	Minimum	Maximum
Parent age	445	31.85	8.27	18	64
Age of child (PSI, SIPA)	445	6.38	5.16	0	17
ACE Score	445	2.24	1.75	0	8

Number of Axis 1 Diagnosis	445	1.24	1.26	0	5
Parent Stress Score	445	52.29	8.6918	25	112

Hypothesis Testing

Multiple regression was used to determine whether ACE score (i.e., childhood history of trauma and mental health functioning) predicted level of Parent Stress (see Table 2) The analyses indicated that ACE score was predictive of Parent Stress ($F=9.29, p < .0001$).

Table 2

Prediction of Parent Stress Based

Source	DF	Sum of Squares	Mean Square	F Value	p-value
Model	6	3794.32874	632.38812	9.29	$p < .0001$
Error	438	29806.51621	68.05141		

Corrected Total	444	33600.84494
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Impact of Variables in the Model

Follow-up analyses assessed the role and impact of each of our variables of interest in the final model predicting Parent Stress (see Table 3).

Sex and Age of Parent

The Sex and Age of parents were controlled in the subsequent analyses, in order to avoid potential confounds in interpreting results. However, analyses indicated that Sex and Age were not significantly associated with Parent Stress (Table 3).

Age of Child

The age of the child chosen as the focus of the parent stress reporting was associated with the overall Parents' Stress score (p -value of $<.0001$; refer to Table 3). Further analysis of the model shows the older the child is, the more parent stress is reported. Thus, the age of the child who was the focus of the PSI/SIPA reporting was controlled for in subsequent analyses.

Axis 1 Diagnosis

Contrary to predictions, number of Axis 1 diagnoses was not associated with Parent Stress (F value 2.20, p -value $<.1384$; refer to Table 3).

ACES Score

The ACES score of the parent was associated with parent stress (F value 4.57, p -value < .0332; refer to Table 3). Further analysis shows that the higher the ACES score, the higher the parenting stress reported.

Table 3

Impact of Variables in the Model

Source	DF	Type III SS	Mean Square	F Value	p -value
Sex of Parent	2	9.320169	4.660084	0.07	0.9338
Age of Parent	1	0.723920	0.723920	0.01	0.9179
Age of Child	1	2021.013417	2021.013417	29.70	<.0001
Axis 1 Diagnosis	1	149.927771	149.927771	2.20	0.1384
ACES Score	1	310.712629	310.712629	4.57	0.0332

Discussion

The goal of this study was to examine the role of parent history of trauma in shaping parent stress in a sample of maltreating parents. We had proposed that trauma has impacts

through two pathways: mental health issues and factors unrelated to mental health issues. For this study, we coded psychological evaluations conducted for the Michigan Department of Health and Human Services (DHHS) of parents who had documented cases of child maltreatment. As expected, childhood history of trauma was a predictor of parenting stress in adulthood; however, mental health was not a significant predictor of parent stress.

We expected that the more childhood history of trauma and current mental health issues a parent had, the more parent stress they would experience. This was based on past research showing that childhood history of trauma often negatively affects adulthood (Felitti 2002), and that increased childhood stress leads to increased risk for mental health issues in adulthood (Nöthling, 2015) and higher levels of parenting stress (Neece, 2012). We expected to replicate this finding in the sample of maltreating parents. However, mental health diagnosis was not a significant predictor of parent stress. This may be because mental health is a complex construct and we operationalized it in a rather simple way, using number of Axis I diagnoses. Had we looked at the severity of mental health disorder, how long a parent had the diagnosis, or whether the parent was actively making treatment progress, we may have found different results. Unfortunately, considering mental health in those ways was not possible because the study was archival and the only available information was number and types of diagnoses. In sum, while we failed to find support for the connection between mental health diagnosis and parent stress, this does not mean that such a connection does not exist. Instead, this might be due to our method.

Our hypothesis that trauma would predict parent stress directly, independent of its impact on mental health was supported by the study. Notably, there was quite a bit of childhood trauma in this population of maltreating parents. On average, parents reported having 2.24 ACEs and

some individuals had scores as high as 8. The results of the analysis showed that this childhood history of trauma was a significant predictor of parenting stress; so the more childhood trauma that was reported, the higher the parenting stress score, independent of any mental health impacts.

These findings are consistent with much of the past research, which suggests a variety of pathways (aside from impacts on mental health) by which childhood trauma might impact parent stress. For example, Steele (2016) found that childhood history of trauma was associated with a lower socioeconomic status in adulthood, and low socioeconomic status is often associated with parenting stress. Houtepen et al. (2020) also found that parents who experienced ACEs had lower educational attainment, which can be associated with both mental health issues and negative parenting styles. Those negative parenting styles may lead to parenting stress (Waylen and Brown, 2019), due to behavioral problems in children (Teixeira 2015). Indeed, there are a host of other possible pathways by which childhood trauma might increase parenting stress, including financial stress, unemployment, unintended pregnancy, etc.

While we did not look at all of these factors in the present research, our findings indicate that childhood trauma leads to parenting stress, in part, via the tendency for increased trauma to be associated with lower socioeconomic status and lower educational attainment.

A final interesting finding was the fact that the age of the child that was a focus on the parent's stress reporting was associated with report of overall stress level. Specifically, the older the child was, the higher the parent stress score. This is consistent with past research showing that teenagers may be a particularly significant source of parent stress (Small, Eastman, & Cornelius 1998) due to adolescents seeking autonomy (Silverberg & Steinberg 1987). This

suggests that parents might benefit from support resources, not only when children are small, but throughout the parenting process, including during the years of teenage parenting.

Limitations

The biggest limitation of this study was that the method was archival, meaning that we could only look at variables that had already been collected as part of the psychological evaluation. This led to a second limitation. As mentioned before, the number of mental health diagnoses may have been an overly simplistic way to operationalize mental health functioning, making it difficult to find the effects that we expected to find. Unfortunately, we did not have data to consider the role of protective factors, such as supports or interventions available to the parents, which might have also played a role in parenting stress, even buffering the impact of childhood trauma. Finally, this was not a random sample of maltreating parents. We only have data from parents who were sent by DHS for psychological evaluations, but this is a subset of the parents with whom they come in contact. Despite our attempts to gain information on the process, we were not able to ascertain any clear decision rules to determine which parents are and are not sent for evaluation. Thus, caution is warranted in attempting to generalize these findings to a larger population of maltreating parents.

These findings are similar to what this study found that there is another pathway for stress that leads to the maltreatment of children. Childhood trauma can lead to mental health issues, which increase the risk of parenting stress, but we also found that childhood trauma can increase parenting stress independent of mental health. Parenting stress can also affect child maltreatment, and so it is important to acknowledge that for further research and interventions.

Recognizing and creating interventions to address or prevent childhood trauma might reduce parent stress and could help decrease the risk for maltreatment.

References

- Afifi, T. O., MacMillan, H. L., Boyle, M., Cheung, K., Taillieu, T., Turner, S., & Sareen, J. (2016). Child abuse and physical health in adulthood. *Health reports*, 27(3), 10–18. <https://pubmed.ncbi.nlm.nih.gov/26983007/>
- Belsky J. (1984). The determinants of parenting: a process model. *Child development*, 55(1), 83–96. <https://doi.org/10.1111/j.1467-8624.1984.tb00275.x>
- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of affective disorders*, 82(2), 217–225. <https://doi.org/10.1016/j.jad.2003.12.013>
- Conger, R. D., Conger, K. J., Elder, G. H., Jr, Lorenz, F. O., Simons, R. L., & Whitbeck, L. B. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child development*, 63(3), 526–541. <https://doi.org/10.1111/j.1467-8624.1992.tb01644.x>
- Dietz, P. M., Spitz, A. M., Anda, R. F., Williamson, D. F., McMahon, P. M., Santelli, J. S., Nordenberg, D. F., Felitti, V. J., & Kendrick, J. S. (1999). Unintended pregnancy among adult women exposed to abuse or household dysfunction during their childhood. *JAMA*, 282(14), 1359–1364. <https://doi.org/10.1001/jama.282.14.1359>
- Felitti V. J. (2002). The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead. *The Permanente journal*, 6(1), 44–47.
- Fox, K. M., & Gilbert, B. O. (1994). The interpersonal and psychological functioning of women who experienced childhood physical abuse, incest, and parental

alcoholism. *Child Abuse & Neglect*, 18(10), 849-858.

[http://dx.doi.org.ezproxy.gvsu.edu/10.1016/0145-2134\(94\)90064-7](http://dx.doi.org.ezproxy.gvsu.edu/10.1016/0145-2134(94)90064-7)

Houtepen LC, Heron J, Suderman MJ, Fraser A, Chittleborough CR, et al. (2020) Associations of adverse childhood experiences with educational attainment and adolescent health and the role of family and socioeconomic factors: A prospective cohort study in the UK.

PLOS Medicine 17(3): e1003031. <https://doi.org/10.1371/journal.pmed.1003031>

Hoza, B., Owens, J. S., Pelham, W. E., Swanson, J. M., Conners, C. K., Hinshaw, S. P., Arnold, L. E., & Kraemer, H. C. (2000). Parent cognitions as predictors of child treatment response in attention-deficit/hyperactivity disorder. *Journal of abnormal child psychology*, 28(6), 569–583. <https://doi.org/10.1023/a:1005135232068>

Kelleher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994). Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. *American Journal of Public Health*, 84(10), 1586-1590.

<http://dx.doi.org/10.2105/AJPH.84.10.1586>

Kim, H., Wildeman, C., Jonson-Reid, M., & Drake, B. (2017). Lifetime prevalence of investigating child maltreatment among US children. *American Journal of Public Health*, 107(2), 274-280. <http://dx.doi.org.ezproxy.gvsu.edu/10.2105/AJPH.2016.303545>

Liu, Y., Croft, J. B., Chapman, D. P., Perry, G. S., Greenlund, K. J., Zhao, G., & Edwards, V. J. (2013). Relationship between adverse childhood experiences and unemployment among adults from five U.S. states. *Social psychiatry and psychiatric epidemiology*, 48(3), 357–369.

Lo, C., Ho, F. K., Wong, R. S., Tung, K., Tso, W., Ho, M., Chow, C. B., Chan, K. L., & Ip, P.

- (2019). Prevalence of Child Maltreatment and Its Association with Parenting Style: A Population Study in Hong Kong. *International journal of environmental research and public health*, 16(7), 1130. <https://doi.org/10.3390/ijerph16071130>
- Mair, C., Cunradi, C. B., & Todd, M. (2012). Adverse childhood experiences and intimate partner violence: testing psychosocial mediational pathways among couples. *Annals of epidemiology*, 22(12), 832–839. <https://doi.org/10.1016/j.annepidem.2012.09.008>
- Merrick MT, Ford DC, Ports KA, et al. *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017*. *MMWR Morb Mortal Wkly Rep* 2019;68:999-1005. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1>
- National Research Council (US) and Institute of Medicine (US) Committee on Depression, Parenting Practices, and the Healthy Development of Children; England MJ, Sim LJ, editors. *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. Washington (DC): National Academies Press (US); 2009. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK215117/>
- Neece, Cameron & Green, Shulamite & Baker, Bruce. (2012). Parenting Stress and Child Behavior Problems: A Transactional Relationship Across Time. *American journal on intellectual and developmental disabilities*. 117. 48-66. 10.1352/1944-7558-117.1.48.
- Nöthling, J., Ganasen, K., & Seedat, S. (2015). Predictors of depression among a sample of South African mortuary workers. *Journal of Nervous and Mental Disease*, 203(3), 226-230. <http://dx.doi.org/10.1097/NMD.0000000000000260>
- Oh, W., Muzik, M., McGinnis, E. W., Hamilton, L., Menke, R. A., & Rosenblum, K. L. (2016). Comorbid trajectories of postpartum depression and PTSD among mothers with

childhood trauma history: Course, predictors, processes, and child adjustment. *Journal of Affective Disorders*, 200, 133-141.

<http://dx.doi.org.ezproxy.gvsu.edu/10.1016/j.jad.2016.04.037>

Rizvi, S. F. I., & Najam, N. (2019). Parenting styles and family demographic factors as predictors of abusive parenting among adolescents. *Pakistan Journal of Psychological Research*, 34(2), 277-297. <http://search.proquest.com.ezproxy.gvsu.edu/scholarly-journals/parenting-styles-family-demographic-factors-as/docview/2500007753/se-2?accountid=39473>

Rodriguez, C. M. (2010). Parent-child aggression: Association with child abuse potential and parenting styles. *Violence and Victims*, 25(6), 728-741.

<http://dx.doi.org.ezproxy.gvsu.edu/10.1891/0886-6708.25.6.728>

Small, S. A., Eastman, G., & Cornelius, S. (1988). Adolescent autonomy and parental stress.

Journal of youth and adolescence, 17(5), 377–391. <https://doi.org/10.1007/BF01537880>

Silverberg, S. B., & Steinberg, L. (1987). Adolescent autonomy, parent-adolescent conflict, and parental well-being. *Journal of youth and adolescence*, 16(3), 293–312.

<https://doi.org/10.1007/BF02139096>

Steele, H., Bate, J., Steele, M., Dube, S. R., Danskin, K., Knafo, H., Nikitiades, A., Bonuck, K.,

Meissner, P., & Murphy, A. (2016). Adverse childhood experiences, poverty, and parenting stress. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement*, 48(1), 32–38. <https://doi.org/10.1037/cbs0000034>

Stein, M. D., Conti, M. T., Kenney, S., Anderson, B. J., Flori, J. N., Risi, M. M., &

- Bailey, G. L. (2017). Adverse childhood experience effects on opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. *Drug and alcohol dependence, 179*, 325–329. <https://doi.org/10.1016/j.drugalcdep.2017.07.007>
- Teixeira, M. C., Marino, R. L., & Carreiro, L. R. (2015). Associations between Inadequate Parenting Practices and Behavioral Problems in Children and Adolescents with Attention Deficit Hyperactivity Disorder. *TheScientificWorldJournal*, 2015, 683062. <https://doi.org/10.1155/2015/683062>
- Bernardes, Elisa & Manitto, Alicia & Miguel, Euripedes & Pan, Pedro & Batistuzzo, Marcelo & Rohde, Luis & Polanczyk, Guilherme. (2020). Relationships between childhood maltreatment, impairment in executive functions and disruptive behavior disorders in a community sample of children. *European Child & Adolescent Psychiatry*. 29. 10.1007/s00787-019-01408-3.
- Waylen, A., & Stewart-Brown, S. (2010). Factors influencing parenting in early childhood: A prospective longitudinal study focusing on change. *Child: Care, Health and Development, 36*(2), 198-207. <http://dx.doi.org.ezproxy.gvsu.edu/10.1111/j.1365-2214.2009.01037.x>
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organization. *Journal of Interpersonal Violence, 18*(2), 166–185. <https://doi.org/10.1177/0886260502238733>