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Review

The role of parenting behaviors in childhood post-traumatic stress disorder: A meta-analytic review

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HIGHLIGHTS

- Significant associations were found between parenting behaviors and childhood PTSD.
- Parenting behavior accounted for 2.0–5.3% of the variance in child PTSD.
- Both negative and positive parenting were significantly associated with child PTSD.
- Positive and negative parenting effects did not differ statistically in magnitude.
- Methodological and trauma factors moderated the parenting–child PTSD association.

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ABSTRACT

Studies that have examined the association between parenting behaviors and childhood post-traumatic stress disorder (PTSD) have yielded mixed findings. To clarify the role of parenting in childhood PTSD we conducted a systematic review and meta-analysis of 14 studies that investigated the association between parenting and youth PTSD symptoms (total n = 4010). Negative parenting behaviors (e.g. overprotection, hostility) accounted for 5.3% of the variance in childhood PTSD symptoms. Positive parenting behaviors (e.g. warmth, support) account for 2.0% of variance. The negative and positive parenting and child PTSD symptom associations did not statistically differ in magnitude. Moderator analyses indicated that methodological factors and trauma variables may affect the association between parenting and child PTSD. Most studies relied upon questionnaire measures of general parenting style, and studies were predominantly cross-sectional with weaker evidence found in longitudinal studies. Given the small number of high quality studies available, only provisional recommendations about the role of parenting in childhood PTSD are made.

Contents

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1. Introduction

Childhood trauma exposure is associated with a range of adverse psychological outcomes, including posttraumatic stress disorder (PTSD), trauma-related specific phobias and other adjustment problems (de Vries et al., 1999; Keppel-Benson, Ollendick, & Benson, 2002; Meiser-Stedman, Yule, Smith, Glucksman, & Dalgleish, 2005; Perrin, Smith, & Yule, 2000; Stallard, Velleman, & Baldwin, 2001). PTSD has been linked to a range of traumatic events in childhood, including relatively common events such as motor vehicle accidents (de Vries et al., 1999; Stallard, Velleman, & Baldwin, 1998), with an estimated 16% of trauma exposed youth developing PTSD as a consequence (Alisic et al., 2014).

1.1. The potential role of social support following trauma

Research has consistently identified social support as a predictor of PTSD following trauma, both in samples of adults (Brewin, Andrews, & Valentine, 2000) and of young people (Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012). With respect to the latter, meta-analysis has found that social domains of low perceived social support (estimated population effect 0.33), poor family functioning (0.46), and social withdrawal (0.38) are each significant predictors of PTSD symptoms with moderate to large effect sizes, although for each the number of studies was relatively small (maximum $k = 7$; Trickey et al., 2012). More broadly, there is consistent evidence of social influences on child psychological outcomes post-trauma in long-term follow-up studies across a range of trauma types (e.g. Berkowitz, Stover, & Marans, 2011; Kliewer et al., 2004; Udwin, Boyle, Yule, Bolton, & O'Ryan, 2000).

In our own recent research, we asked young people aged 6–13 years to report on their perceptions of support approximately 1 month post-trauma, and found that the majority identified a parent as their main source of support, suggesting that parental behavior in particular should be a focus of research in this area (Dixon, 2016). This is consistent with a wider literature which suggests that parental behaviors may be influential in the development and maintenance of child anxiety (e.g. McLeod, Wood, & Weisz, 2007; Wood, McLeod, Sigman, Hwang, & Chu, 2003).

1.2. Conceptualizations of parenting behavior in the context of child trauma

Several researchers have considered the ways in which parents may alleviate or exacerbate child post-traumatic distress (Cobham, McDermott, Haslam, & Sanders, 2016; Scheeringa & Zeanah, 2001). Theoretically, models of PTSD highlight key domains that are likely to be relevant, particularly the way in which the trauma is encoded in memory and subsequently updated, the tendency for negative appraisals of the trauma and its sequalae, and the use of avoidant or otherwise maladaptive coping behaviors (Ehlers & Clark, 2000). Research supports the importance of these aspects of post-trauma responding to the development of PTSD in young people (e.g. Ehlers, Mayou, & Bryant, 2003; Meiser-Stedman, 2002; Stallard & Smith, 2007), and trauma-focused cognitive-behavior therapy (TF-CBT) tends to target each element, including in child focused interventions (Cohen, Mannarino, Berliner, & Deblinger, 2000; Smith et al., 2013). Importantly, parent-child interactions can influence the way in which young people remember and appraise events, and parents are influential in determining child engagement with trauma-related material (Cobham et al., 2016) and may model or encourage certain coping styles (Williamson, Creswell, Butler, Christie, & Halligan, 2016). Thus, there are clear potential mechanisms through which parents may input into child posttraumatic adjustment. In terms of specific aspects of parental behavior, to date the focus in the field has been on dimensions studied in relation to child anxiety, including parental overprotection, positive parenting and parental warmth, and also hostile or coercive parental behaviors.

1.3. Parental overprotection

Overprotection, including excessive involvement in a child's activities and lack of autonomy granting, is assumed to obstruct the development of self-efficacy and increase a child's perceived vulnerability to threat (Wood et al., 2003). In a meta-analysis of studies that examined parenting domains in relation to child anxiety, parental overprotection emerged as having a moderate effect (effect size 0.25), accounting for approximately 6% of the variance in childhood anxiety (McLeod et al., 2007). Such observations are particularly relevant to child PTSD, as child trauma exposure has been linked with increases in parent monitoring behavior (Bokszczanin, 2008; Henry, Tolan, & Gorman-Smith, 2004). Parents may be prone to engaging in more restrictive, less positive behaviors in this context, possibly due to fears that the child may be traumatized again (Scheeringa & Zeanah, 2001; Williamson, Creswell et al., 2016; Williamson et al., 2016). Theoretically, overprotection is likely to be a problematic parental response to child trauma, as it may limit the child's opportunities to engage with trauma-related material or activities, which may act as a barrier to recovery. Indeed, a number of studies have found that higher levels of overprotection are associated with increased child PTSS (Bokszczanin, 2008; Henry et al., 2004).

1.4. Parental support

Parental support, including positive involvement in the child's activities and expressions of affection and warmth towards the child, may