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Exploring Parenthood and the Influence of Lived Experiences on Parenting Behaviors Among Child Welfare-Involved Adults

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Exploring Parenthood and the Influence of Lived Experiences on Parenting Behaviors Among
Child Welfare-Involved Adults

by

Veronica Howell

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Public Health
with a concentration in Public Health Education
Department of Community and Family Health
College of Public Health
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programming, intergenerational transmission

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DEDICATION

To my parents, Leticia and Robert. Thank you for always being there for me and providing me with the privilege to forge my own path in life. Your endless love, support, and sacrifices have not gone unnoticed and I am sincerely proud to be your daughter.

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ABSTRACT

The World Health Organization asserts the healthy development of children is essential. Cases of violence and maltreatment impede the development of children worldwide. Six in 10 adults in the general US population have reported at least one adverse childhood experience (ACE), while vulnerable populations, including child welfare-involved adults (i.e., parents and caregivers), often report more. This history is associated with higher morbidity and mortality rates alongside higher economic costs; therefore, preventing ACEs and promoting safe, stable, and nurturing relationships between parents and children is critical. The purpose of this exploratory qualitative study was to understand the meanings and responsibilities associated with being a parent and the influence of past and present experiences on parenting among child welfare-involved adults who recently participated in a parent education program. In total, 26 individuals were recruited for the current study to partake in semi-structured interviews. Results indicate that intended parenting behaviors were influenced by the meanings and responsibilities participants attributed to the role of a parent, with these meanings and responsibilities derived from the past and present experiences of participants. These influential experiences were interactions participants had on the interpersonal, community/institutional, and societal levels. These results demonstrate the importance of considering the variety of experiences that influence parental meaning-making and behaviors among different populations and the need for organizations to consider these thought processes when interacting with vulnerable populations such as child welfare-involved adults.

CHAPTER ONE:

INTRODUCTION

Importance of the Health and Well-Being of Children and Families

The Constitution of the World Health Organization (WHO) was adopted by the International Health Conference and entered into force on April 7th, 1948 (WHO, 2020). It establishes health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This Constitution also specifies that "healthy development of the child is of basic importance" (WHO, 2020). These declarations in tandem suggest the importance of the health and development of children, providing a guiding framework for health and family services globally.

Over four decades after the inception of the WHO, the importance of maintaining the health and well-being of children was globally acknowledged through the ratification of the United Nations Convention on the Rights of Children in 1989. Currently, this is the most ratified treaty in history, focusing on human rights (UNICEF, n.d.). The United Nations rejects the notion of cultural relativism, which indicates any cultural practices that contribute to the abuse of children are not exempt from being considered abuse (Miller-Perrin et al., 2018).

In the United States, the Children’s Bureau was established over a century ago to improve the lives of children and families (Children’s Bureau, 2021). In addition, the US also established laws to protect children's health and well-being, such as the Child Abuse Prevention and Treatment Act, enacted in 1974 (Child Welfare Information Gateway, 2019). This act has

been amended several times, with the last amendment occurring approximately a decade ago (Child Welfare Information Gateway, 2019).

The health and well-being of children includes the physical and mental states and the broader conditions related to a child's sense of dignity, security, and mastery (Earls & Carlson, 2001). Children's health and well-being are influenced by various factors, from interpersonal relationships to external systems and beliefs (Centers for Disease Control and Prevention [CDC], n.d.; Earls & Carlson, 2001; Robinson et al., 2015). These complex factors and systems impact the health and well-being of children through both proximal and distal means, which calls for multifaceted promotion strategies (Earls & Carlson, 2001; Robinson et al., 2015).

Establishing safe, stable, and nurturing relationships is a necessary part of the promotion of the health and well-being of children (CDC, n.d.; Schofield et al., 2013). One method suggested by the CDC (n.d.) to promote such relationships is the implementation of evidence-based and promising programs for parents and caregivers. Though safe, stable, and nurturing relationships seem abundant, as described by Miller-Perrin and colleagues (2018), violence and maltreatment remain primarily hidden from society.

Poor Health and Well-Being Outcomes

Since violence and maltreatment remain mostly hidden; researchers have recently begun to conduct studies to measure levels of violence and maltreatment against children over the last few decades and connect these childhood exposures to poor health and well-being outcomes in adulthood. A landmark study on adverse childhood experiences (ACEs) conducted by Felitti and colleagues (1998) at Kaiser Permanente included a questionnaire measuring seven categories with a focus on family level factors, including the presence of child maltreatment. Since this study's publication, many supporting studies have been published with various new ACE scales

being developed and deployed. Bethell and colleagues (2017) found 14 surveys being utilized to measure ACEs with a total of 20 constructs. Of these more recent surveys, the attention to adult health risks associated with ACEs has expanded to measure beyond the family level by including neighborhood and community level constructs. After a few decades of studies on ACEs, the CDC (2021a) currently defines ACEs as potentially traumatic events that occur in children before age 18. ACEs are linked to various poor physical, mental, and behavioral health outcomes along the life course (CDC, 2021a; Felitti et al., 1998; Hughes et al., 2017; Merrick et al., 2019).

Prevention programming is vital to public health (Turnock, 2016). Prevention is typically classified into four stages, primordial, primary, secondary, and tertiary prevention. Regarding the prevention of ACEs, various interventions can be mapped along these prevention stages (CDC, 2021a; Child Welfare Information Gateway, n.d.) Parenting education programs can be helpful in the prevention of child maltreatment, which can act as primary, secondary, and tertiary prevention interventions (Child Welfare Information Gateway, n.d.). The ability for parent education programs to target an extensive array of individuals through primary, secondary, and tertiary prevention interventions simultaneously makes them unique compared to other prevention interventions, which can usually only target one group at a time. Additionally, interventions are able to focus on the perpetrator or potential perpetrator of the issue rather than the individual experiencing the problem and has proven essential to preventing and addressing ACEs. Calls for sustained programming for parents to address parental stress and foster communication have been plentiful due to the inequities highlighted by the COVID-19 pandemic (He et al., 2022; Hillis et al., 2021; Irwin et al., 2022; Marzilli et al., 2021).

Theoretical Underpinnings

The current study will use both the theory of symbolic interactionism and the socioecological model, both of which have been utilized in the field of family studies (LaRossa & Reitzes, 1993; White et al., 2019). The term symbolic interactionism was first coined in 1937 by Herbert Blumer (LaRossa & Reitzes, 1993). Symbolic interactionism is rooted in pragmatism with strong US influences from the early 1900s, and George Herbert Mead is often cited as the primary figure in symbolic interactionism (LaRossa & Reitzes, 1993).

Historically, pragmatists insisted meanings emerge from the interaction between the subject and the object. Some scholars have pointed to the similarities between the theoretical perspective of symbolic interactionism and the orientations of Scottish moralists of the 1700s and German idealists of the 1800s (LaRossa & Reitzes, 1993; Shott, 1976). As various scholars influenced the theoretical framework of symbolic interactionism, each aspect is typically regarded as the main contribution of an individual. Charles Horton Cooley is arguably most known for his understanding of the self, which includes his perspective of "the looking glass self," which is an individual's ability to imagine how others perceive them (LaRossa & Reitzes, 1993). According to Blumer, symbolic interactionism is grounded within three assumptions, which include: 1) humans act toward things based on meanings they have for them, 2) the meanings of these things come from social interactions, 3) these meanings are modified through an interpretative process by the individual (Blumer, 1969).

Scholars have critiqued how much of the research grounded in symbolic interactionism fails to include participants' emotions (White et al., 2019). The current study addressed this by asking participants about what they perceive others to expect of them as parents and to share how these expectations affect them. These questions aimed to assess parental responsibilities while

allowing participant experiences to guide the conversation. Additionally, scholars have critiqued symbolic interactionism by indicating that the development and restructuring of institutions and institutional norms are often viewed as stagnant rather than malleable. The current study addressed this by integrating the socioecological model while allowing parental voice to guide the conversation.

The socioecological model is derived from the work of Bronfenbrenner (1979). Bronfenbrenner advocated for an emphasis on contextual and ecological research in human development, including levels at the microsystem, mesosystem, exosystem, and macrosystem where development takes place (Bronfenbrenner, 1979). Since his work, many researchers studying the family have utilized a variation of his model to understand the family on a deeper level (LaRossa & Reitzes, 1993; White et al., 2019). It is important to note that Bronfenbrenner's model serves as a framework to view and postulate the influences from multiple levels and their interactions with each other and an outcome (LaRossa & Reitzes, 1993). The current study utilized the socioecological model with four levels, the individual, interpersonal, community, and societal levels. This study will examine how influences from these levels (during the participant's childhood and present-day) influence the participant and their family.

Additionally, the current study is unique as all study participants have participated in an evidence-based parent education program approximately three months before the study. Study participant shared their perspectives on events that occurred in their childhood and during their adulthood as a parent, which often included being child welfare-involved and their participation in the parent education program.

Aims of the Current Study

Promoting the health and well-being of children by preventing and addressing ACEs is a matter of public health. As noted previously, it is difficult to truly capture the number of ACEs and child maltreatment cases currently occurring in the community. Furthermore, the actual number of cases of child maltreatment is difficult to discern due to the lack of a consistent definition across sectors (Miller-Perrin et al., 2018). Definitions from institutions on child maltreatment vary slightly, with no clear consensus (Miller-Perrin et al., 2018). Most institutions agree that child maltreatment is the abuse and neglect of individuals under 18 (CDC, 2021a; WHO, 2020). The level of detail is typically where the definitions diverge. According to the WHO (2020), child maltreatment includes "all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power." The CDC (2021a) defines child maltreatment with the term, "child abuse and neglect," which is "any act or series of acts of commission or omission by a parent, caregiver, or another person in custodial role that results in harm, potential for harm, or threat of harm to a child and is a preventable act." Due to the culturally bound nature of defining terms within these definitions such as the phrase, "threat of harm to a child," interpretations of these definitions may be different according to the life experiences and origins of various scholars (Miller-Perrin et al., 2018).

Some scholars have suggested that the lack of consensus on this definition makes it difficult to measure changes related to child maltreatment over time and to measure it in general. Scholars also note the difficulty in reaching a consensus on such a definition, as the very root of child maltreatment is interpersonal. The social nature of this issue indicates that societal norms

and values will play a role in identifying what is or is not considered child maltreatment (Miller-Perrin et al., 2018). It is vital to deploy interventions to prevent child maltreatment and other ACEs, especially before they occur. The overall goal of this study was to further understand parents, to add to the body of research focusing on parental education programs, and to ensure researchers and public health practitioners have a deeper understanding of the needs and experiences of parents, especially among the vulnerable population of child welfare-involved adults. It is especially important to understand the experiences and perspectives of child welfare-involved adults as they are a vulnerable population who are involved in a variety of services designed to ensure the safety of children and families including the investigation of child abuse and neglect reports, the arrangement of child foster/kin placements, as well as family reunification services for adults who have recently had their children removed (Child Welfare Information Gateway, 2018). More specifically, the purpose of this exploratory qualitative study was to understand the meanings, responsibilities, and experiences of child welfare-involved adults who had recently participated in a parenting program. This research aimed to:

1. Understand what it means to be a parent.
 - a. Research dove into how individuals who fulfill the role of a parent identify themselves and the different meanings ascribed to common terminology including parent, caregiver, mother, and father.
2. Assess the salient roles and responsibilities of parents, allowing parental voice, beliefs, perceptions, and experiences to guide this understanding.
3. Explore factors that influence parenting behaviors and outcomes.
4. Assess how the childhood experiences of parents influence parenting behaviors.

CHAPTER TWO:

LITERATURE REVIEW

As articulated by Frosch and colleagues (2021), “a child’s development is embedded within a complex system of relationships. Among the many relationships that include children’s growth and development, perhaps the most influential is the one that exists between parent and child.” The level of influence present within the family unit has been leveraged in a variety of health settings across diverse populations (Arnason et al., 2021). Within the past century, scholars have noted the family unit as dynamic and influential (LaRossa & Reitzes, 1993). As recommended by Parade and colleagues (2012), family functioning is divided into three levels. These three levels are the parent-child dyad, the inter-parental dyad, and whole family functioning (Parade et al., 2012). When referring to the family throughout this chapter, it should be noted that family represents the presence of at least one child under the age of 18, and at least one parent or caregiver who is present in the child's life or would be present in the child's life if there were no barriers (incarceration, no custody, etc.) unless otherwise noted. Additionally, scholars such as Willard Waller and Reuben Hill of the 20th century focused on conflict and family crises within the family unit to understand family functioning in the face of crises (LaRossa & Reitzes, 1993).

Challenges Families Face

Families face a variety of challenges that originate from within the family unit and external to the family system. Present difficulties within the family unit typically stem from either the parent/caregiver(s) or the child(ren), which represents the bidirectional nature of

relationships (Frosch et al., 2019). Most documented challenges stem from the parent, including the loss of a parent through divorce, separation, or death, parental mental illness, parental substance abuse or misuse, temporary parental absence such as incarceration, and the presence of chronic conditions such as cancer. Challenges within the family that stem from children are less often documented and predominately include the presence of a mental illness, developmental impairments, substance use, and the presence of chronic conditions such as cancer. Additional challenges are present among families involved in the child welfare system, including but not limited to parents seeking reunification with their children after removal from the home (Child Welfare Information Gateway, 2008).

According to the nationally representative National Survey of Children's Health 2018-2019, nearly 16.5 million children in the US have a parent who is either divorced or separated, and over two million children have a parent who has died. These numbers represent 23.4 percent and 3.1 percent of the population of US children, respectively (Child and Adolescent Health Measurement Initiative [CAHMI], n.d.). Additionally, temporary parental absence, which includes military deployment, migration, and incarceration, has been associated with lower levels of closeness and higher levels of harshness between the present parent/caregiver and the child, both of which are associated with poor child functioning (Rodriguez & Margolin, 2015). The majority of research on temporary parental absence focuses on parental incarceration. Nationally representative data from 2019-2020 indicate that approximately five million children in the US have had a parent incarcerated (Child and Adolescent Health Measurement Initiative [CAHMI], n.d.). Parental incarceration is correlated with a multitude of poor mental, behavioral, and physical health outcomes among children, including but not limited to increased risk of antisocial

behavior, PTSD, learning disabilities, developmental delays, obesity, and substance abuse/misuse (Gualtieri et al., 2020; Murray et al., 2012; Wildeman et al., 2018).

Previous research indicates parental mental illness has an impact on the family unit and particularly impacts children and the parent-child dyad (Campbell et al., 2021; Pierce et al., 2020; Yamamoto & Keogh, 2017). Children of parents with mental illnesses have increased poor physical health such as asthma, malnutrition, diarrhea, and an increased risk for injuries (Pierce et al., 2020). Additionally, children describe parental mental illnesses as a disruption to family functioning. These disruptions include a lack of confidence and authority among parents, which often leads to children performing roles typical of parents (Yamamoto & Keogh, 2017).

Substance use and misuse among parents often co-occur with mental illnesses (Stromwall et al., 2008). Previous research indicates that 8.7 million children have a parent with a substance use disorder they currently live with (Lipari & Van Horn, 2017). Disruptions to the family unit due to parental substance use include improper parenting practices such as harsh parenting and spanking (Calhoun et al., 2015). Research by Rutherford and Mayes (2019) suggests that misusing substances may be triggered by parenting stress among new parents who have previously misused substances.

Research on the disruption of the family unit also highlights the presence of parental chronic conditions (LaRoche et al., 2010; Wray et al., 2022). Most of the research focusing on parental chronic conditions specifically highlights cancer. Recent research indicates that dependent children of parents receiving cancer treatment exhibit feelings of loneliness and anxiousness (Wray et al., 2022). A systematic review of cancer patients with children indicates family functioning may mediate the impact of parental cancer on the family (Inhestern et al.,

2021). In addition to parental cancer, research has investigated parental diabetes in which children have described assisting their parents with health-related tasks (LaRoche et al., 2010).

Family challenges do not always stem from the parent but may also stem from the child. Much of the research that dominates the literature on family challenges arising from the child revolves around developmental impairments, particularly autism. Research suggests parents of children with autism have elevated levels of parenting stress (Bonis, 2016; Vernhet et al., 2019; Wang et al., 2020). A systematic review of parents of children with autism revealed that social support seeking among parents is beneficial to relieve parental stress. Nevertheless, parents of children with autism reported using fewer social support-seeking strategies compared to parents of children without autism (Vernhet et al., 2019).

Results from a meta-analysis of 62 studies on family functioning and medical adherence across children with chronic health conditions revealed overall family functioning including communication and problem-solving, is related to medical adherence across multiple children's chronic health conditions (Psihogios et al., 2019). Results from another meta-analysis of studies on parents of children with chronic health conditions by Pinquart (2019) found parents of children with chronic health conditions were more likely to have feelings of anxiety, and 16 percent fulfilled the criteria for anxiety disorder.

The abundance of research on family challenges as described clearly indicates the interconnectedness between challenges and the presence of multiple challenges in families, which stem from various domains. It is crucial to consider the variety of challenges families face and how they impact children throughout their life course. Additionally, research discusses the association between family challenges and parenting stress (Bowers & Yehuda, 2016; Rutherford & Mayes, 2019), with recent research noting excess parental stress as a result of taxing events

such as the COVID-19 pandemic, which has significantly impacted the well-being of children (He et al., 2022; Marzilli et al., 2021).

COVID-19 Pandemic Impact on Families

The emergence of the COVID-19 pandemic has highlighted a variety of challenges families face alongside deep-rooted inequities and concerns present within systems aimed at mitigating family violence and child maltreatment after they have occurred (Irwin et al., 2022). More specifically, the spread of the virus, SARS-CoV-2, has led to an increase in parental or caregiver death (Irwin et al., 2022). In 2020, COVID-19 was the third leading cause of death among the US population and was the only cause of death newly introduced within the top 10 causes of death (Murphy et al., 2021). Additionally, deaths have increased for every age group aged 15 years and over from 2019 to 2020 (Murphy et al., 2021). This increased death rate has dramatically impacted families as over 140,000 children in the United States had lost one of their primary caregivers due to a COVID-19 death between April 1st, 2020, and June 30th, 2021 (Hillis et al., 2021).

Furthermore, protection measures were instituted globally due to the rapid spread of the virus. In the United States, Safer-at-Home orders were established by the CDC. Though these orders provided the public protection from the virus, they simultaneously concealed the occurrence of family violence, which is already an issue that is often difficult to identify (Rodriguez et al., 2020). This unintended suppression may have likely been caused by the inability of cases to be identified by external individuals such as friends and school personnel. A review of the literature on the impact of COVID-19 on violence against children contributed to the complexity of tracking rates and cases of violence against children. Studies include a decrease in both police reports and referrals to child protective services (Cappa & Jijon, 2021),

which led to fewer cases being reported to systems of care and the criminal justice system (Rodriguez et al., 2020). Though there were fewer reports of instances of family violence, studies indicate there were higher rates of child maltreatment during the COVID-19 pandemic (He et al., 2022; Marzilli et al., 2021). One measure used to corroborate this claim is the increase in child abuse-related injuries in hospitals and the increase in the reports of family violence through surveys (Cappa & Jijon, 2021).

Poor Health and Well-Being Outcomes

Many of the challenges that families encounter impact the health and well-being of individuals throughout their life course (CDC, 2021a). Many of these challenges are considered ACEs which have also been known to impact individuals along the life course (CDC, 2021a). According to the CDC (2021a), ACEs are events that occur in children under 18 that may be potentially traumatic. ACEs have been linked to five of the top ten leading causes of death in the United States (CDC, 2021b; Merrick et al., 2019). Previous studies indicate over 60 percent of adults report experiencing at least one ACE with nearly one in every six adults reporting four or more ACEs (Merrick et al., 2019). Additionally, inequities in the distribution of ACEs have been documented, with women and racial and ethnic minorities being more likely to experience ACEs than their male and White counterparts (Merrick et al., 2019).

Adverse Childhood Experiences (ACEs)

Felitti and colleagues (1998) conducted a landmark study on ACEs at Kaiser Permanente's San Diego Health Appraisal Clinic. Kaiser Health Plan members were mailed a survey two weeks after having a health evaluation at the clinic between 1995 and 1997. The survey included detailed information about ACEs. More specifically, the research team surveyed participants in two waves (Dube et al., 2001; Felitti et al., 1998; Hillis et al., 2000). The

landmark study consisted of data from wave one while subsequent studies from the same group of researchers examined data from both waves (Dube et al., 2001; Felitti et al., 1998)

For the first wave, researchers sent out surveys to 13,494 individuals between August 1995 and March 1996 and received a response rate of 70 percent (9,508) (Felitti et al., 1998). For the second wave, researchers sent out surveys to 13,330 individuals between June 1997 and October 1997 and received a response rate of 65 percent (8,667) (Hillis et al., 2000). The combined response rate for both waves of the study was 68 percent, which equates to 18,175 responses from individuals (Dube et al., 2001).

The childhood exposure questions were examined alongside the Health Appraisal Clinic's questionnaire, which included questions related to physical, mental, and behavioral health risk conditions (Felitti et al., 1998). The detailed childhood exposure questions within the survey were divided into two categories, including childhood abuse and household dysfunction, with seven subcategories (Felitti et al., 1998). Childhood abuse consisted of psychological, physical, and sexual abuse. Household dysfunction consisted of exposure to substance abuse, mental illness, violent treatment of mother or stepmother, and criminal behavior (Felitti et al., 1998).

Results from the study by Felitti and colleagues (1998) indicate a strong graded relationship between the exposure to ACEs and various risk factors in adulthood for multiple leading causes of death and poor health outcomes. Some poor health outcomes include ischemic heart disease, cancer, chronic lung disease, liver disease, skeletal fractures, substance use, smoking, depressive feelings, and severe BMI. Results from subsequent studies utilizing data from the two waves of surveys support the graded relationship between ACEs and poor health outcomes and behaviors in adulthood (Anda et al., 2002; Brown et al., 2007; Brown et al., 2009; Brown et al., 2010; Dietz et al., 1999; Dong et al., 2003; Dong et al., 2005; Dube et al., 2001;

Dube et al., 2003; Hillis et al., 2000). Additionally, results from subsequent studies also found a graded relationship between ACEs and adolescents' poor health outcomes and behaviors (Dong et al., 2005; Dube et al., 2003).

Intergenerational Transmission of Trauma and Parenting

The transmission of experiences and behaviors from one generation to another has been researched in various disciplines. Studies related to the multifaceted nature of intergenerational transmission particularly focus on the intergenerational transmission of historical trauma (Dalgaard & Montgomery, 2015; Dashorst et al., 2019; Flanagan et al., 2020). According to The Administration for Children and Families (n.d.), "historical trauma is multigenerational trauma experienced by a specific cultural, racial, or ethnic group." The empirically supported hypothesis that children of parents who have experienced historical trauma through cohort studies have paved the way for the legitimacy of the intergenerational transmission of trauma not related to historical trauma and the broader idea of the intergenerational transmission of parenting. A common theme connecting the intergenerational transmission of historical trauma and the intergenerational transmission of parenting includes decreased parental emotional availability and damaged parental internal attachment representations (Dalgaard & Montgomery, 2015). Recent scholars have grounded the idea of the intergenerational transmission of parenting in Albert Bandura's social learning theory, which posits that children replicate the behaviors of adult figures (Miller-Perrin et al., 2018).

Reporting Challenges and Inequities of ACEs and Child Maltreatment

It should be noted the prevalence of cases of ACEs and especially child maltreatment may be difficult to adequately gauge due to reporting difficulties. Inequities in reporting were highlighted in a study of youth, which indicates more than 75 percent of detained youth who

reported experiences of child maltreatment did not have these reports officially documented in their records (Swahn et al., 2006). Additionally, inequities regarding race emerged from reports detailing more African American youth with a history of child maltreatment had child protective service records than their White counterparts despite more White youth reporting instances of child maltreatment (Swahn et al., 2006).

State Level Policy Challenges: Florida

Florida is one of 15 states and territories with universal mandatory reporting of child physical abuse. A study by Ho and colleagues (2017) found most confirmed cases of physical child abuse were reported by professionals (83.75 percent) rather than non-professionals. Additionally, results indicate non-professionals were more likely to make reports in states with universal mandatory reporting laws than in those without these laws. As pointed out by the authors, the excess in unsubstantiated reports by non-professionals in universal mandatory reporting states may actually act as a disservice to the system by wasting resources on these reports (Ho et al., 2017). As noted by Nguyen (2014), interoperability among systems regarding child maltreatment will aid in more accurate reporting and may help to deter future cases. Sharing data of this manner is crucial to obtain a holistic view of the issue, which is proven by its use for tracking sexually transmitted infections (Nguyen, 2014). Challenges continue to exist when reporting ACEs and child maltreatment, which have been highlighted by the onset of the COVID-19 pandemic.

Economic Costs

Results from a nearly twenty-year longitudinal study by Henry and colleagues (2018) indicate child maltreatment had an impact on financial strain in adulthood. More specifically, both a direct and indirect effect was found in the sample. A meta-analysis by Bellis and

colleagues (2019) of twenty-three articles conducted in Europe and North America details the economic cost of ACEs. Results indicate that total costs attributed to ACEs in North America were estimated at \$748 billion annually, with 82 percent of this value being attributed to individuals with two or more ACEs (Bellis et al., 2019). Previously, two US studies have evaluated the financial costs of child maltreatment in the US. A study by Fang and colleagues (2012) investigated the economic burden of child maltreatment in 2008. Results indicate that the lifetime cost of nonfatal child maltreatment equated to just over \$210,000 (2010 USD) per individual (Fang et al., 2012). These costs include childhood and adult health care costs, productivity losses, child welfare costs, criminal justice costs, and special education costs. A more recent study by Peterson and colleagues (2018) estimated the economic burden of child maltreatment in 2015. The lifetime cost of nonfatal child maltreatment equated to nearly \$831,000 (2015 USD), with most of the cost differentiation being due to the addition of calculations for intangible costs (Peterson et al., 2018).

ACEs and Child Maltreatment on the State and Local Levels

ACEs and child maltreatment are not only measured on the global and national levels but additionally at the state and county levels. A variety of studies have investigated how ACEs and child maltreatment are documented in Florida. Additionally, multiple studies have been conducted in Hillsborough County, Florida on an array of ACEs.

Florida

In the state of Florida, ACEs have been measured through several types of documented cases such as foster care placements (Musser et al., 2021), child removals (Quast et al., 2018), as well as through the Florida Abuse Hotline Information System (Lipien & Forthofer, 2004). The impact of ACEs has also been measured through individuals who have navigated other systems,

such as the criminal justice and child welfare systems (Baglivio et al., 2016; Mackie et al., 2020) and those in the community (Russell et al., 2010). Discrepancies have also been documented in the classification of physical abuse among child protective team professionals (Jent et al., 2011).

The complexity of ACEs, and specifically child maltreatment, can be gleaned from previous studies examining documented cases within systems in Florida. Results from a study by Quast and colleagues (2018) found a positive association between child removals and the opioid prescription rate in the state. Results from a study aimed at examining the recurrence of child maltreatment found that 26 percent of children with an initial child maltreatment report also had a substantive report within two years of the initial report, with the greatest risk occurring within four months (Lipien & Fortofer, 2004).

In addition to ACEs, cases of severe child maltreatment can also be gleaned from child death records. According to the Florida Department of Children and Families [FL DCF] (n.d.), 448 children died in the state of Florida in 2021. Of these fatalities, 80 percent occurred in children three years of age and younger. Of these 448 deceased children, nearly 40 percent of families had prior involvement with Florida's child welfare system in the past five years (FL DCF, n.d.).

Hillsborough County. In 2021, 27 child fatalities occurred in Hillsborough County, nearly 90 percent representing children three years of age and younger (Florida Department of Children and Families [FL DCF], n.d.). In the same year, the percentage of alleged child maltreatment verified per month ranged from 12 to 14 percent in Florida and from 13 to 21 percent in Hillsborough County (FL DCF, n.d.). Several studies have been conducted concerning ACEs in Hillsborough County, particularly focusing on marginalized groups, including homeless

parents (Gorzka, 1999), urban communities (Salinas-Miranda et al., 2015, 2017, 2020), and justice-involved youth (Dembo et al., 2007).

A previous study examined the association between juvenile justice-involved youth and previously experienced child maltreatment, including physical harm and sexual victimization (Dembo et al., 2007). Dembo and colleagues (2007) found that nearly half of the youth arrested and processed at the Hillsborough County Juvenile Assessment Center from 1994 to 1998 had reported at least one incident of previous physical abuse, and 25 percent had reported at least one incident of prior sexual victimization. Youth who had reported earlier instances of physical abuse were more likely to be Black, have psychological and emotional functioning issues, and have family members who used substances or had mental health problems. Youth who had reported previous sexual victimization were more likely to be female, have a personal history of substance use and have a family history of substance use or mental health problems, among other factors (Dembo et al., 2007). Additionally, a previous study was conducted in Hillsborough County to reduce parental stress and prevent child maltreatment among homeless parents (Gorzka, 1999).

Urban community members in Hillsborough County voiced a variety of concerns related to factors that influence the health of children in the community including low self-esteem, ineffective parenting, teenage parenthood, school and community violence, and drug use, among other things (Salinas-Miranda et al., 2017). Additionally, these community members identified protective factors for children's health, including high self-esteem, positive role models, and community support (Salinas-Miranda et al., 2020). Among a predominately Black and economically disadvantaged group of community members in Hillsborough County, an increase in ACEs was linked to poor adult health-related quality of life (Salinas-Miranda et al., 2015).

Evidence-Based Programming

Reporting challenges, inequities, and economic costs of child maltreatment as seen on the national, state, and local levels support the overwhelming need to promote and sustain evidence-based prevention programming. There are a variety of strategies and approaches recommended by the CDC (2021a) to prevent ACEs which include the prevention of child maltreatment. These prevention strategies include strengthening economic support to families, promoting social norms that protect against violence, ensuring a strong start for children, teaching skills, connecting youth to caring adults and activities, and intervening to lessen any immediate or long-term harms (CDC, 2021a). Specifically looking into the strategy to teach skills, the CDC (2021a) recommends approaches including but not limited to teaching parenting skills and family relationship approaches.

Primary prevention programming is pertinent to addressing maladaptive parenting behaviors by teaching parenting skills and family relationship approaches which impact the health and well-being of children and the family unit (CDC, 2021a). The deployment of parent education programs in the community is imperative to addressing child abuse and family violence. Some parent education programs are unique as they serve as both primary and secondary prevention methods of child abuse in the community. Targeting both non-offending and offending parents is pertinent to addressing the needs of the whole community.

Though there are a host of community prevention programs, one of the most widely researched is Triple P (Positive Parenting Program), according to Miller-Perrin and colleagues (2018). Triple P is a multilevel parenting and family support program that focuses on positive parenting principles (Sanders et al., 2002). Triple P has been trialed in the US, in which lower rates of child maltreatment were seen in counties that deployed Triple P versus counties that

deployed the control (Prinz et al., 2009). This program includes a series of five integrated intervention levels (Sanders, 2003). The five levels are intended to be deployed to meet the needs of families in the community. Level five of Triple P, commonly referred to as Pathways Triple P, was particularly developed for at-risk families in which there was a greater likelihood of child maltreatment occurring. Research has shown that Pathways Triple P's intensity of a parent education program is valuable and relevant to parents involved in the child welfare system (Lewis et al., 2016).

Addressing the Gaps

The purpose of this exploratory qualitative study was to understand the responsibilities and experiences of child welfare-involved adults who had recently participated in an evidence-based parent education program and the meaning that they ascribed to parenting. Specifically, two of the aims of the study were intended to capture data often overlooked in research, which could potentially serve as a means to understand a parent's current perception of their role as a parent, including their responsibilities. Understanding what it means to be a parent and assessing the salient roles and responsibilities of parents will add descriptions of the terminology of a parent to the body of literature on parenting, which can then better inform public health professionals who work with parents. Additionally, previous research has failed to explore factors emerging from the childhood of parents which may be influencing their way of defining being a parent, thus influencing parenting behaviors and outcomes. The other two aims of this study were intended to explore factors that influence parenting behaviors and outcomes as well as to assess how childhood experiences of parents influence parenting behaviors.

Theoretical Underpinnings

A variety of theories serve as the underpinnings of work conducted in the field of ACEs. A mix of biological and relational theories are present within the abundance of work. Biological theories include the genetic impacts of stress across generations such as through stress theory and biological implications of allostatic load (Bowers & Yehuda, 2016). Most theories in the literature focus on the relational aspect of individuals including attachment theory (Fearon et al., 2017; Fox et al., 1991; Verhage et al., 2016) and social learning theory/social cognitive theory (Powers et al., 2017). Additionally, some research in the related field of unintentional injury has called for the use of the socioecological model (MacKay & Ryan, 2018; Oberg et al., 2021) and a systems approach to tackling the global issue (MacKay & Ryan, 2018).

Theories Deployed in the Current Study

The current study utilized the theory of symbolic interactionism and the socioecological model. Symbolic interactionism is a theory rooted in the field of sociology, which focuses on the relational aspects of society (Blumer, 1969). The current study was guided by the theoretical perspective of symbolic interactionism as well as the socioecological model. Both perspectives have previously been utilized in the family studies domain (LaRossa & Reitzes, 1993; White et al., 2019).

CHAPTER THREE:

METHODOLOGY

The purpose of this exploratory qualitative study was to understand the responsibilities and experiences of child welfare-involved adults who have recently participated in a parenting program ascribed to being a parent and how these influence parenting behaviors and outcomes. The interviews were guided by the theory of symbolic interactionism and the socioecological model to understand what it means to be a parent, to assess the salient roles and responsibilities of parents, to explore factors that influence parenting behaviors and outcomes, and to assess how childhood experiences of parents influence parenting behaviors.

Study Design

The current study utilized qualitative semi-structured interviews to explore the meanings, responsibilities, and experiences of parents that may influence parenting behaviors and outcomes. More specifically, this study explored these factors among child welfare-involved adults who had recently participated in a parent education program aimed at creating strong relationships and families offered by a local non-profit in Hillsborough County, Florida.

Theoretical Underpinnings

The theory of symbolic interactionism is guided by five different concepts: 1) self and mind, 2) socialization, 3) role, 4) definition of the situation, and 5) identity (White et al., 2019). The socioecological model is informed by Bronfenbrenner (1979), in which an individual's environment is influenced by four different levels which interact with each other. For the current study, the socioecological level will utilize the individual, interpersonal, community/institutional,

and societal levels. In the current study, the role of a parent is defined by parental responsibilities listed by participants. The clarity of this role was assessed as participants shared their own parental responsibilities in addition to the previously mentioned general parental responsibilities. Finally, the idea of role strain had the opportunity to emerge through the participant-guided conversations when any challenges to performing their parental responsibilities were discussed.

The concept of socialization was evaluated throughout the study but predominantly arose when participants were asked how they make meaning of being a parent. Their definition served as the symbol of parenthood as subsequent questions dove into how elements of their childhood shaped their meaning of a parent. Influences on parental definitions from the interpersonal level of the socioecological model were also evaluated with this question, particularly noting the specific sources of their definitions.

The concept of the self and mind was explored through the assessment of salient roles and responsibilities of parents by asking parents what others expect of them as a parent. This question allowed for the opportunity for parents to briefly take the role of others to determine expectations others have of them in their role as a parent and how this impacts their emotional and behavioral responses. All levels of the socioecological model were evaluated with these questions as well to determine where the identified parental responsibilities are coming from as well as the expectations of others across all levels. The concept of the definition of the situation was incorporated throughout the study by allowing participants to define what it means to be a parent and to define the context of events in their childhood.

Finally, the concept of identity was integrated throughout the study and was particularly relevant when discussing both the responsibilities of a parent and what elements of a parent's own childhood they want to replicate and avoid when parenting their own children. These

responsibilities, alongside what parents indicate they plan to do when parenting defined their core identity as a parent by providing them with the agency to define it for themselves through their own actions. All levels of the socioecological model were also examined with these questions. Particularly the interview guide aided in examining both the interpersonal and the community/institutional level influences during the childhood of parents.

Sample and Recruitment

The current study includes a subset of data from a larger parent project, which consists of a federally funded program implementation and evaluation study (US Department of Health and Human Services, Administration for Children and Families, Grant: 90FM008-01-00)¹.

Individuals who participated in the federally funded program received educational content through multiple synchronous courses as a portion of the parent education program. The study sample was recruited from a group of individuals who participated in the Positive Parenting & Partnership (P3) program offered by a local non-profit agency in Hillsborough County, Florida. The subset of the evaluation for the current study utilized purposive sampling (Guest et al., 2013). Purposive sampling allowed the author to recruit individuals who were all involved in the child welfare system. Participants were eligible for the current study if they had participated in the parent education program offered by the local non-profit agency recently (in 2021 or 2022) and if they spoke English.

The target sample size for this study was a minimum of 20 participants but ranging up to 30 participants, which is in line with previous studies conducted by researchers cited in Guest et

¹ Funding for this project was provided by the US Department of Health and Human Services, Administration for Children and Families, Grant: 90FM008-01-00. Findings and conclusions expressed in this material are those of the authors and do not necessarily reflect the US DHHS.

al. (2013). A range was identified rather than a static number to provide an opportunity to interview more or fewer participants depending on when saturation was reached.

A total of 26 participants were recruited. After interviews with approximately 22 participants were completed, little new information emerged. Therefore, data collection ceased after recruiting a few more participants to ensure saturation had been reached.

Data Collection

Semi-structured interviews were conducted over the phone with participants by the author and trained members of the overall evaluation team. Per best practices, all interviews were recorded using a handheld recorder (Guest et al., 2013). All interviews were recorded after receiving permission from each participant. Interviewers were trained to proceed with the interview while taking detailed notes utilizing a decipherable shorthand system for efficiency and to capture details if a participant had declined to be recorded (Guest et al., 2013). A \$25 digital Amazon gift card was offered to participants as an incentive for completing the interview. In the case a participant indicated they were unable to use an Amazon gift card for any reason, they were offered the choice between a Walmart or digital Publix gift card for the same amount.

All participants in this sample were given the opportunity to answer the same interview questions. Prior to the beginning of the interview, all participants were told they should feel no obligation to answer any of the questions and could end the interview at any time. Additionally, all participants were reminded they may skip any questions prior to particularly sensitive questions. Participants were reminded that they were able to skip questions multiple times throughout the interviews due to the sensitive nature some of the questions may have.

Interview Guide Development

An interview guide was developed for the current study. The interview guide was pilot tested with eight individuals who had recently attended the parent education program. Various changes were made to the guide throughout these pilot tests. The final interview guide better captures the study's aims by allowing for parental voice to guide the discussion (See Appendix A). The interview questions from the current study will be integrated into an existing interview guide used for a larger study on the evaluation of a parent education program, Positive Parenting & Partnerships (P3), at a local non-profit agency in Tampa, Florida.

Post-Interview Guidelines

Additionally, detailed field notes were written by interviewers after the completion of each interview on the same day of the interview as recommended by Guest and colleagues (2013). These field notes included a summary of the interview as well as personal thoughts and reflections and served as a personal debriefing on the interview, which were revisited prior to analysis (Guest et al., 2013).

Transcription and Analysis

All interviews were transcribed verbatim through a third-party transcription service that utilized their established set of transcription protocols. The transcripts were analyzed in a qualitative data analysis and research software, ATLAS.ti version 9.1.3 (Scientific Software Development GmbH, 2021), in which the study drew from inductive thematic analysis and grounded theory (Guest et al., 2013). A set of a priori codes was established according to the aims of the study. In addition, emergent codes and themes were documented through the use of the field notes as well as through the process of analyzing the transcripts in ATLAS.ti.

Additionally, answers to one of the interview questions were collected through freelisting. Freelisting data were cleaned by the author, in which similar terms were grouped together. For example, the responsibility, "provide food" includes the following participant listed responsibilities: "make sure they are not hungry," "feeding their children," "cooking," "putting food on the table," "feed," "not hungry," "water," and "food," among other similar phrasing. After cleaning, data were subsequently imported and analyzed in Anthropac version 4.98 (Analytic Technologies, 2010), a free cultural domain software.

Trustworthiness and Credibility

The author has access to audio recordings, transcriptions, and field notes for all 26 participants; therefore, triangulation was utilized to assess for trustworthiness and credibility of the data (Guest et al., 2013). The author would revisit audio recordings and field notes whenever a discrepancy was suspected in the transcriptions. Ambiguous thoughts and expressions by participants in the transcripts were made clear by revisiting the other data sources to gain context, which aided in the interpretation of the data.

Study Strengths and Limitations

Study strengths include the interviews being conducted by more than one individual with prior experience interviewing this vulnerable population. Study strengths also include the use of three different types of output for in-depth interviews, including summary notes (as present within the field notes), audio recordings, and verbatim transcriptions (Guest et al., 2013). Additionally, the current study was guided by the theoretical framework of symbolic interactionism and the socioecological model. The use of these two theoretical guides was imperative to capturing nuances in the data in a systematic manner. Limitations of this study include the inability of the results for this study to be generalizable to the entire population of

child welfare-involved participants and the possibility of response bias. Additionally, the imbalance of male (n=6) and female (n=20) participants served as a limitation to making definitive conclusions about the population of participants who attended the parent education program according to gender.

Ethical Considerations

The current study is part of a larger program evaluation. The study was considered exempt from the University of South Florida IRB (See Appendix B). Some participants may be considered a vulnerable population, as they may currently have case plans with the Florida Department of Children and Families where their children were removed from the home, and they are seeking reunification. All prospective participants were called and provided with information about the purpose of the study and were ensured that study participation was voluntary.

Participants were asked to provide verbal consent to participate in the study and to be recorded during the introduction of the study. Ethical considerations were also taken throughout the interviews as participants were reminded multiple times throughout the interview that they are free to skip any questions, as detailed more in-depth above when discussing the data collection process. Additionally, data were stored in a confidential and protected folder within Box, a secure cloud-based content management software only researchers on the evaluation IRB had access to. Data reported in the results are anonymized. This included replacing any identifying factors, such as a participant's name, their children's names, place of work, etc., with generic terminology that does not take away from the substance of the data.

Positionality

The author has been employed as a graduate research assistant working on the overall evaluation of the parent education program, P3, since January 2021. As a graduate research assistant for P3, the author has interviewed many participants for the evaluation as well as analyzed and reported on the data. In addition, the author was born and raised in Hillsborough County, Florida, where the study took place.

CHAPTER FOUR:

RESULTS

As mentioned previously, the current study focused specifically on a subset of program participants as part of a federally funded program implementation and evaluation study. A total of 26 participants took part in the current study, all of whom had been child welfare-involved during their participation in the parent education program.

Demographics

The author extracted all participant demographic data from the case management platform utilized by the local non-profit agency offering the parent education program. Participant demographics were collected by non-profit staff at the time of program enrollment which was typically one week prior to the program start date. The author converted the birthdate of participants to represent their age at the time the study interview took place and aggregated age into categories. Participant demographics are located in Table 1.

The study sample mostly consisted of participants who identified as female (77%), aged 35 to 44 (46%), White (54%), and non-Hispanic or Latino (69%). In addition to individual characteristics, participant household characteristics predominantly included a female single head of household (50%), household income of \$0 to \$9,999.99 (31%), and the highest level of education in the household being a high school education/ GED (38%).

Table 1: Participant Demographics

	Percent (N=26)
Gender	
Male	23% (6)
Female	77% (20)
Age (at time of interview)	
18-24 yrs. old	8% (2)
25-34 yrs. old	27% (7)
35-44 yrs. old	46% (12)
45-54 yrs. old	19% (5)
Race	
White ^a	54% (14)
Black or African American	27% (7)
Two or more	12% (3)
Asian	4% (1)
Native American	4% (1)
Ethnicity	
Hispanic/Latino	23% (6)
Non-Hispanic/Latino	69% (18)
Prefer not to answer or did not answer	8% (2)
Household Structure	
Dual two-parent household	35% (9)
Single head of household (female)	50% (13)
Single head of household (male)	8% (2)
Prefer not to answer or did not answer	8% (2)
Household Income	
\$0-\$9,999.99	31% (8)
\$10,000-\$19,999.99	8% (2)
\$20,000-\$29,999.99	23% (6)
\$30,000-\$39,999.99	12% (3)
\$40,000-\$49,999.99	8% (2)
Prefer not to answer or did not answer	19% (5)
Highest level of Education in Household	
Some or no high school	23% (6)
High school graduate or GED	38% (10)
Some college	15% (4)
Bachelor's degree	12% (3)
Prefer not to answer or did not answer	12% (3)

Note. Percentages are rounded to the nearest whole number; therefore, category totals may not equal 100 percent.

^a Non-Hispanic White (n=6); Hispanic White (n=6); White & Prefer not to answer or did not answer ethnicity question (n=2).

Aim 1: Understand What it Means to be a Parent

The primary aim of this study was to understand and assess, through the voice and experience of a parent or primary caregiver, what they perceive it means to be a parent. More specifically, this research dove into how individuals who fulfill the role of a parent identify themselves and the different meanings ascribed to common terminology. This aim was addressed through participant representations of terminology, the source of their representation, as well as through participants sharing which terminology resonated most with them.

Participant Representations of Terminology

Participants shared what the terms parent, caregiver, mother, and father meant in their own words. Most briefly defined the terms parent and caregiver when compared to defining mother and father. Consolidated representations of each of the four terms are shown in Table 2, in addition to the comprehensive data below.

Table 2: Consolidation of Descriptions of Common Terminology

Term	Description
Parent	Someone who is raising a child is usually, but not exclusively, their biological offspring. This individual is typically seen as loving, caring, and nurturing toward their child while also providing for them financially, protecting them, and guiding them throughout life. Individuals in this role are sometimes described as strong and patient. Some may describe the role of a parent as overwhelming at times while also being a blessing and rewarding.
Caregiver	Someone who takes care of another individual (care recipient) when they cannot take care of themselves. This individual may be called a caregiver because it is their job, or they have emotional or biological ties to the care recipient. This individual is typically seen as someone who is mentally and physically stable and who provides for the needs of the care recipient above all else. They are also said to be loving, nurturing, affectionate, and understanding.
Mother	Someone who usually has, but not exclusively, birthed their child. They are seen as an individual who has unconditional love for their child and is generally loving. This individual is also described as nurturing, caring, and emotionally supportive of their child. Other terms to describe this individual are soft, feminine, patient, affectionate, understanding, and strong. This individual may also be described as a leader who must make sacrifices for her child. The role of a mother can be described as a lifestyle, a constant learning experience, and spiritually enlightening.
Father	This individual is seen as someone who is loving, nurturing, and supportive of their child, as well as someone who provides both financial and physical security for their family. Other terms to describe this individual are patient, strong, respectable, protector, tough, and dominant. This individual may also be described as a leader who conceals weaknesses from others, including their children.

Parent. When asked about the term parent, many participants took a few moments to gather their thoughts prior to responding. The majority of participants described a parent as an individual who raises a child. Furthermore, many shared behaviors and attributes they associate with the term, such as “loving,” “caring,” “nurturing,” “providing guidance,” “providing financially,” and “being protective.” One participant shared many of the commonly referenced behaviors and attributes in her definition of a parent, “A parent [is] caring, loving, nurturing, protecting your child, watching your child at all times, not letting any harm come to your child.” (Participant 01, Female)

In addition to the previously listed behaviors, a few participants described a parent through the lens of biology, noting a parent as an individual whose child is their biological offspring, or a parent is an individual who adopted their child, who may (i.e., grandparent, aunt, or uncle) or may not be biologically related. Participants also responded to what they believe the meaning of a parent is. The majority discussed various parenting behaviors similar to those mentioned when discussing the term parent, while also adding an emotional aspect to the conversation, as demonstrated through the following quote,

“So, I get emotional... what it means to be a parent, to me, is just number one, just unconditional love... I mean, I could write a novel about that, what it means for me to be a parent. You know, obviously you have this small human that you want to give all the opportunities and all the love and everything you can to them... Assessing what they’re needs are, caring, making sure they have every opportunity to become whatever they want to become.” (Participant 09, Female)

Caregiver. Most participants identified a caregiver as an individual who fulfills the parental role. Within this classification were two main distinctions. Some participants described

a caregiver as someone other than the parent of the child, while others described a caregiver as the same person as the parent, sharing they believe there are no differentiations between the two terms. Among participants who described a caregiver as someone other than the parent, some added a caregiver might be a paid (employee) or unpaid (friend or relative) individual providing care to a care recipient. In addition, when sharing attributes of caregivers, a few participants listed words such as “loving,” “nurturing,” “affectionate,” and “understanding.”

Gendered Terms. For the term mother, a few participants circled back to biology as they did for the term parent, describing the bond exclusive to some biological mothers and their children while in utero and how this bond extends throughout the life of the child. One male participant in his 50s described this bond in addition to his current relationship with his mother.

“Mother is pretty strong because mom is keeping you for 9 months in that belly... father, it could be anyone, but mom is only one. Mother is very strong for me, in my life she’s [in her late 80’s]... Mom means to me a lot, very very important and be respectful.”

(Participant 23, Male)

The majority of participants listed a combination of behaviors and attributes. The most frequently cited attribute of mothers was having unconditional love for their children.

Additionally, some of the most common descriptors were “loving,” “nurturing,” “caring,” and being emotionally supportive such as “helping children navigate through their emotions.”

Additional words used to describe mothers by a few participants were “feminine,” “soft,” “patient,” “affectionate,” “understanding,” and “strong.” One participant used a few of these words to describe how she views mothers as different than fathers as demonstrated by the following quote,

“You know, mom is very important. Dad is also, but mom is really, really important because everything most of the time comes from mom, because we have that softer, feminine side that we’re about to navigate through emotions better sometimes, depending on the person, situation.” (Participant 20, Female)

Furthermore, some participants described mothers as “the leaders of the family,” “powerful,” “sacrificing for the family,” and “having high expectations projected at them,” which were rarely or never used to describe fathers. Additionally, the role of a mother was described as a lifestyle, a constant learning experience, and spiritually enlightening.

For the term father, approximately half of the participants described traits unique to fathers, which were rarely or never used to describe mothers. These traits include “providing financially for the family,” “respectable,” “tough,” “dominant,” and “a protector.” One female participant noted the following traits she perceived as integral to being a father,

“To be a father, it’s very important also, because the kids, they need a leader, you know, a male leader that shows a lot of protection, because sometimes moms are too nice, like, I’m not a fighter mom, I don’t put my hands on other people.” (Participant 13, Female)

The terms "loving," "nurturing," "patient," "strong," and "leader" were used to describe both mothers and fathers, with all five terms being used more frequently when describing mothers than fathers. Particularly, the terms "loving" and "nurturing" were used over twice as often when describing mothers than fathers. While many participant representations of terminology seemed to include instances of traditional gender roles, a few expressed the belief that being a father has a similar meaning to the terms parent and mother. As one participant noted, “I would say that [the definition of a father] would be the same thing as a parent, as a mother. I don’t necessarily agree with specific gender roles.” (Participant 15, Female)

Source of Interpretation

While sharing definitions for common terminology to describe parents, participants identified at least one source contributing to their definitions and descriptions, while most identified multiple sources which informed how they defined the four terms, parent, caregiver, mother, and father.

For the term parent, many participants explicitly cited two contributing sources to their definitions, themselves and their own parents/caregivers. Over half of the participants described how their meaning of a parent mirrored their own upbringing, with parallels between traits they use to describe a parent and traits of their own parents or caregivers. The most commonly used traits participants used to describe the definition of a parent as well as their own parents were "loving" and "caring." Additionally, participants described a parent as someone who helps to guide their children throughout life while describing their own parents as raising them to be involved in a variety of activities that helped them to navigate through life. These parallels are demonstrated by one participant who used the word "loving" to describe what it means to be a parent and followed up his description by sharing how his own mother raised him with love.

“[A parent is] just somebody who is loving and caring and that provides for your children... My mom, she was a single parent. I was around my dad, but not much, but she is all about family and spreading love.” (Participant 16, Male)

Additional context related to the family structure was provided by the few participants who shared they were raised by their grandparents as their own upbringing influenced how they defined what a parent is. This is illustrated through the following quote,

“[A parent means] to mentor children as your own children, not, well, I mean you can be a parent to somebody else’s children... My mom, my mom worked a lot, and my

grandparents helped raise us... so that's the best parents I could have ever asked for definitely." (Participant 03, Female)

Conversely, less than half of the participants discussed how their meaning of a parent intentionally diverged from experiences during their upbringing. One male participant described that being a parent to him means to be present in the lives of his children and described how this intentionally diverged from part of his own upbringing as his father was not present in his life,

"[Being a parent] it's indescribable at times because there are so many things... it's happy, it's sad, it's, you know, it's up, it's down. It's always up, you know what I mean, it's always up because they're [participant's children] just like little miracles like little... I'm sorry, I mean the words are just like hard to describe but it's always happy, it's joyous, is unconditional love... So childhood... I've been through hell... I don't know my father at all. I mean, I'm [an adult] and I've never met the guy. So, that I'm able to even be a part of my kids' life like, that means something to me, like that's tremendous because I want them to know who their father is. I don't want them to have the same questions... that come up in my head as an adult and looking back at it. I don't want them to question anything, I want them to know like my dad was right there, you know? No matter what, good or bad, you know? Whatever we went through, we went through together, you know? It just shaped me... I want to be a better parent and... not have the same things that happened to me, happen to my kids, you know, it forces me to want to do better." (Participant 26, Male)

For the term caregiver, most participants broadly spoke about the term and did not cite a particular source for their definition. A couple of participants used themselves as a contributing source for the term, though both participants discussed the term parent resonated more with their

experience later on in the interview. Particularly, one participant (Participant 14, Female) discussed herself as previously serving as a caregiver for her granddaughter prior to adopting her.

In addition to the terms parent and caregiver, participants also shared contributing sources to their definitions of the terms mother and father. Markedly, when the majority of participants were considering their definition of the terms mother and father, their own gender appeared to inform their thoughts. Though participants did not name others as frequently as themselves, it was still a significant theme that often (but not exclusively) occurred when a gendered term (mother or father) did not match the gender of the participant. An example of this is demonstrated as one participant described how her male partner is her current source for the definition of a father, “Well, so I would say, with looking at how my boyfriend is with my kids, I would say being a father means being supportive and patient, loving and kind.” (Participant 21)

For the term mother, most female participants explicitly cited themselves as the main source of their definition. This is illustrated through the following quote as a mother uses herself and her own experiences to share her perspective on what a mother is.

“I get emotional, that why ever since I have my daughter, I cry about everything. What it means to be a mother, I’m shaking. Especially with what I’m going through right now [child taken out of participant’s custody]. It’s hard... I never understood a mother’s love until I became a mother. I always have that constant worry, that constant feeling, the need to protect, shelter, take care of, you know, I would die for my child... it’s instinctual.” (Participant 09, Female)

For male participants, four out of six did not explicitly cite a source for the term mother. Two out of the six male participants did, as one used his own mother as a contributing source while the other participant used the mother of his children.

For the term father, five out of the six male participants used themselves as the main source of their definition, with the remaining male participant citing both himself and his grandfather as contributing sources. Additionally, four of the 20 female participants used a male figure that was present during their own childhood or was present in the lives of their children during the interview. Specifically, the four female participants each cited a different individual, their own father, grandfather, husband, and boyfriend.

In addition to participants citing individuals as contributing sources to their definition of a father, four female participants shared they either did not know how to define a father or had a difficult time defining what a father was due to their lack of a contributing source. One participant noted she is not male; therefore, she cannot use herself as a source. Additionally, the remaining participants described not having a father themselves or their children not having a father present in their lives.

Terminology that Resonated with Participants

To gain a better understanding of what it means to be a parent, participants were asked which term, parent or caregiver, resonated more with their experiences. The term parent resonated most with 16 out of 26 participants, the term caregiver only resonated with two out of 26 participants, and eight out of 26 participants noted that both terms resonated with them. In addition, six out of 26 participants shared that the term mother resonated with their experience (all of whom identified as female).

Parent. Over half of the participants shared the term parent resonated most with their experience. Some of these participants simply indicated they identified more with the term, while others provided deeper reasoning for their selection. Often participants with whom the term parent resonated most cited it was because they were responsible for raising their child; therefore, they identify as a parent. Others alluded to the bond that exists between parent and child, as demonstrated by one participant who shared, “I am definitely a parent. [There is] a bond from the beginning before they're even born.” (Participant 15, Female)

Another participant shared her experience of transcending from what she felt was a caregiver to a parent after legally adopting her then granddaughter,

“I would say parent [resonates more with me]. Because even though I had to step into the caregiver role for quite some time, I always felt that the bond with my granddaughter, not my granddaughter anymore, my child, legally, she's my child.” (Participant 14, Female)

Caregiver. Two participants shared the term caregiver resonated most with their experience. Both participants alluded to the term parent representing an individual providing basic needs to someone in their care, with the term caregiver representing an individual being around “24/7” and having an emotional responsibility to their child. Both participants who identified more with the term caregiver were in their 30s and described their children as biological at one point in the interview. Additionally, both participants shared the loss of a parent in their childhood. One participant shared his thoughts about the dissonance between how he defines and identifies with the term caregiver and contrasts with the societal definition.

“I will say [the term] caregiver [resonates more with me] because.... A caregiver is more than a mom or dad, you know? It's like all in one, like I want my kids to always know they could come to be about anything... I want them to have that comfortability with me

so... if they look at me as a parent... sometimes there's invisible boundaries or borders that, you know, we place on ourselves, but as a caregiver... we can hang out just something as simple as a hug, you know what I mean, we embrace that and we can feel that love, you know exchange of energy if you will. Even though it's from father to son but it's like beyond that, so yes, I'll say [I am] a caregiver... I want to say [I am a parent] because of course, you want to see me as a parent... when you think of caregiver... it's someone who was hired to watch over you know... like a home health-aid, someone who's hired and placed in their home to take care of maybe the elderly or something like that... But I do not see it like that... it's more emotional and mental... I think caregiver [as a term] gets like on one side of things, I really feel like it might be a derogatory term, you know, I mean because of the societal perception of it." (Participant 26, Male)

Parent and Caregiver. Over a quarter of participants noted both the terms parent and caregiver resonated with their experience. A couple of participants noted they perceive both terms to mean the same thing, as represented by the following quote,

"I can't really decide between the two [terms] because to me, they're one in the same. Because you can't be a parent without being a caregiver, and you can't be a caregiver without even being a parent. Even if someone isn't a maternal parent and they're a caregiver, they're doing parental things and guiding you just as well as a parent would do. It's like they are your temporary parents or whatnot. So, it's kind of the same for me." (Participant 20, Female)

Additionally, a couple of the participants noted they play both the parent role and the caregiver role for different individuals.

“I’m the adopted mom right now, so it’s got a little bit of both. You know, I care for them. I take care of them. I try to make sure that they have everything they need and provide what they need.” (Participant 22, Female)

Mother. The term mother emerged as six participants noted this term resonated with their experience in response to the question, “Does the term parent or caregiver resonate more with your experience?” Out of the six participants, four felt the terms mother and parent resonated with their experience, and two felt the terms mother, parent, and caregiver resonated with their experiences. One female participant shared the following,

“And I think being a mother resonates [with me]... I think being a mother is being able to mold, being able to care, be a chameleon when you need to for the best interest of your child... and to give them a good life, and to try your best, not everybody gets it right. I don’t think any of us gets it right, but all we do is we try our very best.” (Participant 14, Female)

Aim 2: Assess the Salient Roles and Responsibilities of Parents

The second aim was to assess the salient roles and responsibilities of parents, allowing parental voice, beliefs, perceptions, and experiences to guide this understanding. This aim was addressed through participant identified general parental responsibilities as well as their own parental responsibilities and parenting expectations others have of them.

General Parental Responsibilities

All participants were asked to list responsibilities that apply to parents generally and did not necessarily need to apply to themselves. After data cleaning, there were a total of 35 parental responsibilities listed. All participant-generated general parental responsibilities were analyzed.

A natural break in the data led to the top nine general parental responsibilities listed by the study participants, as shown in Table 3. The most frequently listed parental responsibility was to provide food for their children. 20 out of 26 participants cited this as a parental responsibility. The second most frequently listed parental responsibility was cited by 12 out of 26 participants and indicated providing shelter as a parental responsibility.

Four parental responsibilities followed the top two, each being cited by eight out of 26 participants. These four responsibilities were to protect their children, love their children, provide clothing, and to manage schooling for their children. Following the top six most frequently listed parental responsibilities were to ensure their children are healthy and to provide financially for their children, both cited by seven out of 26 participants. Finally, a natural break was seen after the ninth most frequently listed parental responsibility, which was to raise their children. This responsibility was cited by five out of 26 participants.

Table 3: Top Nine General Parental Responsibilities

Responsibility	Percent (N=26)
Provide Food	76.9% (20)
Provide Shelter	46.2% (12)
Protect their Children	30.8% (8)
Love their Children	30.8% (8)
Provide Clothing	30.8% (8)
Manage Schooling	30.8% (8)
Ensure their Children are Healthy	26.9% (7)
Provide Financially	26.9% (7)
Raise their Children	19.2% (5)

Separated by Participant Gender. In addition to calculating the frequency of parental responsibilities for the whole sample, the frequency of parental responsibilities noted by male (n=6) and female (n=20) participants were calculated. The top three general parental responsibilities separated by gender are in Table 4.

Table 4: Top Three General Parental Responsibilities List Separated by Gender

Male		Female	
Responsibility	Percent (N=6)	Responsibility	Percent (N=20)
Provide Food	66.7% (4)	Provide Food	80.0% (16)
Provide Shelter	50.0% (3)	Provide Shelter	45.0% (9)
Provide Financially	50.0% (3)	Love their Children	40.0% (8)
Love their Children	0.0% (0)	Provide Financially	20.0% (4)

While there was consensus among both males and females that providing food and shelter were the most frequently listed responsibilities, perceptions of parental responsibilities did diverge. Female participants listed loving their children as one of their top three parental responsibilities (eight out of 20 female participants) while it was not listed by any male participants as a responsibility. Additionally, male participants listed providing financially as one of their top three parental responsibilities, yet it was only listed by four out of 20 female participants.

Participant Parental Responsibilities

In addition to asking participants to list general parental responsibilities, they were asked to share their own parental responsibilities. Most cited their own responsibilities in detail. Participant specific parental responsibilities often aligned with what they had listed as general parental responsibilities. Within these responsibilities included parenting that was appropriate for

the age (e.g., infant, school-aged, teenager) and developmental/behavioral abilities (e.g., autism, ADHD) of their child.

Participants described having different parenting responsibilities depending on the current ages of their children. For example, one mother, Participant 11, described her main responsibilities as feeding and cleaning her child due to them only being a one-year-old, while another mother, Participant 03, described her main responsibility as getting her two children ready for school.

Parental responsibilities specific to addressing developmental/behavioral abilities were noted by approximately one-quarter of the participants. Most participants often described their child needing extra assistance due to having autism (four participants), with two describing behavioral concerns. These participants described additional parental responsibilities they have, such as attending multiple therapy sessions. One mother shared some of her responsibilities,

“My daughter is autistic, so I make sure that she goes to the best school that they have. She has her ABA [applied behavior analysis] therapy, like, you know, all of, all of the services that are available for her autism, I take care of that. And, then obviously, you know, her physical, emotional needs. I’m trying to be brief, but I mean, every... everything my child needs.” (Participant 09, Female)

Additionally, many participants noted their current parental responsibilities are limited due to not having custody of their children. Most shared they were part of a court-ordered program that required participation as part of the steps toward reunification with their children, while a few shared participation in the program was recommended by their case managers within the Department of Children and Families. For participants whose children had been removed from the home or were living with others, discussion of responsibilities often included their

parental responsibilities segmented into three periods of time, responsibilities prior to removal of their child, responsibilities while their child was not in their custody, and responsibilities when they regain custody of their child. None of the participants seeking reunification with their children labeled completing their case plan as a parental responsibility; rather, participants discussed the parental responsibilities they are unable to fill with their child out of their custody. Additionally, some participants described difficulty in defining a new normal in life while completing their case plan to seek reunification with their children.

Most of these participants described their limited responsibilities in addition to describing their usual parental responsibilities as shared by one mother,

“I don’t really know how to answer [the responsibilities I have as a parent],...I think responsibilities, making sure like she’s on the schedule, she’s eating right, she’s healthy, and she’s going to her doctor’s visit. As she gets older, to be good in school, helping her with her schoolwork, making sure she is not getting in trouble... just being there for her...She’s only seven months, she is a baby. So, as she gets older, you know right? Now, it’s pretty much just changing diapers, feeding. We don’t have her right now. We’re trying to get her back... when we do get her back, of course, it would be basically, making sure she’s taking her naps... going to bed at a certain time, feeding her, changing her and making sure she’s clean, clean clothes, stuff like that.” (Participant 03, Female)

External Parenting Expectations

Participants were asked about others’ expectations of them as parents to understand how participants perceived these expectations and their impact. Overall, an equal number of expectations were presented from the societal, community, and interpersonal levels.

Societal. Some participants described their interpretations of broad societal expectations of them as parents. Most of these participants described society at large as typically expecting them to be the “perfect parent.” Additionally, other societal expectations mentioned by participants were for parents to raise children to the best of their ability with their given resources. Another participant, Participant 07, expressed societal expectations as "to raise well-mannered children with a sense of values that will contribute to society when they get older." Despite some participants sharing perceived unrealistic expectations, most believe societal expectations helped them to better understand and explore their responsibilities as a parent, especially with their own personal experience (or lack of experience). One mother detailed these nuances in the following quote.

“Society expects you to be perfect as a parent, I do believe so. But that’s not a reality for anybody in this world... You can better yourself, like classes that I took... or find other tips, other ways to help you increase your knowledge of certain things to help your child grow, tips, little tricks that you can do to help you all as a family. But, you can only do what you can do with the knowledge and the experience that you have. So, the more you grow... the better a parent you’ll be... [Societal expectations] don’t affect me in a negative way at all. They just help me understand how serious being a parent really is. It’s not a game, it’s nothing to take lightly, it’s a big responsibility. So, it doesn’t affect you in a negative way, it just reassures you that you need to, of the things that you need to do, make sure that you are doing everything that you can to be a better person, to be a better parent, a stronger person, or mentally saying don’t get overwhelmed. You can’t let it affect you in a negative way at all.” (Participant 20, Female)

Community. In addition to societal expectations, some participants expressed expectations from their community. The majority of these expectations stemmed from the Florida Department of Children and Families, though a couple of participants briefly discussed the expectation from their child's school to be involved during the schooling process. The remaining participants discussed perceived unrealistic expectations from DCF and associated agencies involved in the removal of their children from the home. Of these participants, they indicate these expectations anger them because it is unfair, and they are not able to parent their own children. One mother describes her frustration with not being able to parent her own children while being able to be around other children,

“Like right now, I’m not allowed to [fulfill my parenting responsibilities] and it’s ridiculous cause I can watch every child on the planet, and I’m trying with my niece and my nephew, but I’m not allowed to watch my own child... I wish I could do like, parent my child, like I normally do, but you know, CPS thinks otherwise, so I mean, there’s nothing I can do except play their little game until this is over with.” (Participant 09, Female)

Additionally, a couple of participants expressed that they do not care about the expectations anyone has from them as parents besides the Florida Department of Children and Families in order for them to be reunified with their children. These participants describe the expectations from the Florida Department of Children and Families as the only expectations that matter to them, even if they perceive them as unrealistic because they have the power to remove their children from the home, while others do not have this same level of power such as their friends, family, and general society.

Interpersonal. In addition to societal and community expectations, some participants expressed frustrations with their friends and family. One participant described how she felt her boyfriend's mother saw her as "incompetent and stupid,"

"Some people treat me like I'm incompetent or stupid. Me and my boyfriend, which is the father, we were going to a friend's house, but it was starting to get dark and we live in the country... But his mom... she saw that we were both like incompetent and stupid, like, I was going to take my kid in the dark to a friend's house... Like I care, but I don't care [about his mother's expectations] because like, it's my child. I feel like I'm not incompetent and I'm not stupid. I do have my own issues and it might be a little slow, but I know how to raise my child, I have five kids, but I don't have my other four. So, his mom, that's why I was saying like, she treats me like, I don't know my child. His mom would argue with me and tell me that I don't know my child because I don't have my other kids." (Participant 05, Female)

In addition to these frustrations, some participants expressed feelings of gratitude for some interpersonal expectations others have of them and indicated these sorts of expectations felt like advice to help them through their parenting journey. One female participant, Participant 25, described how she is constantly learning from the expectations people in her life have of her as a parent and how she also helps others learn from her own expectations of them as parents.

Additionally, a few participants broadly described how expectations from others generally impact them. The few participants who broadly discussed how expectations from multiple sources impacted them, shared how they can be both overwhelming and motivating. One male participant discussed this dichotomy in the following quote,

“Sometimes, it could be overwhelming... overwhelming at times but also it can be motivating. It’s just like your perspective. So, my perspective of things is everything’s motivating even when the negative stuff is motivating because I want to become the best version of myself, right. I want to become, you know, a phoenix from the ashes, if you will.” (Participant 26, Male)

Aim 3: Explore Factors that Influence Parenting Behaviors and Outcomes

The third aim explored factors that influence parenting behaviors and outcomes. This aim was addressed through the exploration of barriers and supports, across all levels of the socioecological model, associated with the ability for participants to fulfill their perceived roles and responsibilities as a parent, therefore influencing parenting behaviors and outcomes.

Barriers

The majority of participants noted at least one barrier to fulfilling their perceived parental responsibilities. These barriers occurred on the community level as well within the family on the interpersonal and individual levels. It should be noted that multiple participants indicated there were no challenges that existed to them completing their perceived parental responsibilities when asked, yet the following challenges and barriers often emerged later in the interviews.

All participants shared their perspective on being involved in the child welfare system, with many sharing they perceive it as a barrier for them to perform some of their parental responsibilities. As previously mentioned, some of the general parental responsibilities listed were to provide for their children financially and to raise them, among others. One participant shared how it is difficult for her to complete a variety of perceived parental responsibilities, such as providing financially for her child, due to stringent requirements needed to get her child back after his removal from the home,

“It’s just, they [DCF] in a way, they might interfere in me and my son’s life, it’s all about them... It’s financial for them. It’s a hardship for me to be able to keep financial, you know, keep finances going because I can’t even get a stable job. Like, I’m job to job because all this stuff keeps popping out. They can change and date and times and like you never know what you got going on. And, then definitely with these random [drug] screenings. I mean, if I had one [a screening] I could do every day at a certain time, that’d be perfect because I know I can, okay, I got this time to be there and I can go to work, but it’s interference in my life, and they intentionally doing it because they want to see if I can, if I’m going to fall or not. And, people are not perfect. So, some people can go straight through it, some people, you know, it is what it is, but they shouldn’t do it the way they doing it.” (Participant 02, Female)

Another participant shared that she wished there was not a societal stigma attached to parent education programs, as this stigma serves as a barrier to individuals receiving educational support to help coach them through being a parent when they are not court-ordered to do so,

“I feel maybe, just like, if people were to drop judgment and so, really like, I could be better supported that way, if people are willing to be less like judgmental...I was forced to take it [the parent education program]. Honestly, like, because like, I feel like more parents should take these classes, so like the idea that you’re a bad parent; you have to be a bad parent in these classes, like, I feel like it should be advertised or something in a way were our society should just be more open... like, it’s okay to take these classes, you’re not a bad parent if you’re taking these classes, and I felt like I was kind of like the reason why I like, I needed to be coached, like, I needed to be taught, because I don’t know some things. Yeah, I mean, in that part was the only bad part [of the program] because

there was nothing but positivity that I gained through it. But it was just like, feeling like I'm a bad parent and like, I have to take this class... just making it more normal for parents to take parenting classes.” (Participant 25, Female)

A couple of participants described a lack of adequate community support, which hinders their ability to complete their parental responsibilities. One participant shared how she reached out for support in her community to help with one of her children who had mental and behavioral health concerns, yet she did not receive that support until after becoming child welfare-involved. Another participant suggested the need for community childcare resources for low-income households along with extracurricular activities for these families.

In addition to a lack of community support, some participants described a lack of household support and the difficulties associated with being a single parent. One mother describes the challenges associated with completing her parental responsibilities as a single parent and how being overwhelmed by this can bring up unaddressed childhood trauma.

“Yes, I would say, being a single parent, it gets really difficult because you get kind of overwhelmed, sometimes, you're not kind of, you get overwhelmed, at least I do, and... and when you haven't quite like, battled all your inner child demons, kind of that child comes out.” (Participant 25, Female)

Additionally, many participants described a lack of financial support as a barrier to them completing their parental responsibilities. Most of the participants who described a lack of financial support reported a yearly household income as under 10,000 USD. Participants explain difficulties in finding stable jobs and income. Additionally, participants elaborate to indicate that other challenges they have in their lives hinder their ability to obtain and keep a job. These challenges include the COVID-19 pandemic, having a previous criminal background, participant

health issues, and navigating through the child welfare system and losing opportunities due to requirements for reunification. One male participant in his early 30s described how multiple challenges have contributed to financial difficulties which make it difficult for him to complete his parental responsibility of providing financially for his child.

“Financial, that, I think the economy where it’s at right now, just, where the economy is right now. Maybe it could just be you know, I mean, because I do have like a [criminal] background and stuff like that so it does hinder me from getting certain jobs... You know, just things, that I guess, maybe, I should have paid attention to more when I was younger, you know what I mean, and you just let things get out of hand and then comes you know, everything goes full circle, so it comes back to bite you in the end... In this day and age, you know, I think the whole pandemic and stuff, because it’s not over, I guess you could say it’s not over right? We’re still going through it like this. I don’t know what’s going on. You know, so yes, it’s just, like financially man, things are crazy right now. Like gas, you know rent is... we living in some times. We definitely living in some times- making history.” (Participant 26, Male)

Some of the participants described how various challenges with their children make it difficult for them to complete all of their parental responsibilities. The majority of the participants who noted difficulties completing parental responsibilities in the context of challenges with their children discussed their child needing additional care. Participants discussed their children having autism, speech delays, separation anxiety, mental and substance use concerns, and exhibiting defiant behaviors.

One mother described the extra parental responsibilities she has had since her child has autism,

“He [participants son] has autism so he is having behavioral issues. So, it’s a work in progress in some of the things I was doing. As a kid in school, he just came out of foster care, so, it’s like we’re trying to get that situated really...I got to be about that, I got to be there’s got to be a therapist, my son has autism. So, I have a special needs child. So, I have to deal with a lot more stuff, I have to be more sensitive. At one point [he] was nonverbal. So, I’m like a speech therapist, like, just, I do a lot, and I don’t mind doing it. But I’m just, I have to pay real close attention to a lot of the things that my friends would not, like a lot of the non-verbal, so my responsibilities are real crucial.” (Participant 12, Female)

Multiple participants shared struggles with their own mental, physical, and behavioral health and how they influence how they parent. Of these participants, struggles with depression, anxiety, blood pressure, and metastatic breast cancer were shared, with a couple participants sharing the co-occurrence of these health concerns. One participant discussed how her cancer diagnosis led her to define the most important things in her life as elaborated by this quote,

“I’ve always had anxiety, especially now with my metastatic breast cancer... I just pray on it... I’m a loner, just now, I have breast cancer. So, now, I’m more focused on my house and focus on my children the most. Those are like the most important things- my health, my children, and my immediate family.” (Participant 01, Female)

Another participant discussed how her involvement with the child welfare system has triggered health issues,

“I was diagnosed by my doctor. You know... my [daughter] in courts and everything, so, yes, I do have a lot of stress. I do have a lot of, not a lot, of depression. So, I try to control myself, high blood pressure...So, I try, you know, to help myself being, you know, less

stressed trying to, you know, do what we're supposed to be doing and plus, you know, the class help us." (Participant 22, Female)

Additionally, one participant described how her husband's health concerns made it difficult for her to complete many parental responsibilities on her own and how she was not receiving as much social support as she had hoped.

"Because of my husband's situation, because he had a lot of issues because he's an Iraq veteran, and his family wasn't taken well, or really seen that he was actually fighting through it... I didn't get much attention from the family, I want to ask for a couple hours of break, even when I was pregnant. I mean, they were there, but it had to be on their turn, and this is why I kind of got into situation [being involved in the child welfare system] too, because nobody realized that I needed a lot of help, like mentally, physically. A break, you know, because I had three babies back-to-back. And the first one school homework, go and pick it up, make sure food is there, house clean, and my husband's nervous breakdowns, VA [Veterans Affairs] appointments, you know... The kids want to come back, we're still in the process of getting the kids back... So, it's all about, you know, the court dates...." (Participant 13, Female)

One participant in particular, was able to share how her vision of herself as a mother has changed after experiencing a variety of these challenges when she was parenting her daughter to how she is parenting her adopted granddaughter now. Many of the challenges she described facing were a culmination of some challenges previously described by participants,

"My daughter's father, I only have one child. My marriage to him failed miserably because he was abusive. I experienced domestic violence with him very early on in the marriage. And I fell out of that marriage very early. So, I raised my daughter by myself...

I was the sole breadwinner. I was the only one who was there to support her and take care of her and do everything for her...and, in retrospect, I could not have done that differently. So, I think, for her, I didn't give her what she needed because I had to work and put food on the table and pay the bills... Well, those rules have changed from when I had my own child to now. When I was younger, and that's the comparison that I was trying to make is that when I raised my own child... I wasn't able to fulfill that because the challenges I faced then, but today, raising my granddaughter as her mother, I believe that the responsibilities I have as a parent, just what I'm doing right now, making sure that she's safe, making sure that I'm always available for her and being patient. I think that when you're stressed and you're responsible for everything, patience is a thing you don't have. So, I've changed as far as, you know, my vision of what a mother is from then to now." (Participant 14, Female)

Supports

Many participants described at least one form of support they received. Participants identified receiving community supports as well as interpersonal supports, through family and community members. As mentioned earlier, many participants described barriers to being involved in the child welfare system. Conversely, a few participants discussed unexpected benefits due to their child welfare involvement, such as gaining access to multiple community organizations, including the organization that provided the parent education program as part of their family's case plan or recommended case plan.

More specifically, some participants described gaining a form of social support from other participants who were in the parent education program with them. Participants described enjoying the ability to be in a judgment-free zone with other parents who were in similar

situations as themselves. One mother described the parent education program as a way to hear the experiences of other parents,

“We all had our own troubles, and our own things that we could talk about and we actually, everybody else’s things, that they had going on in their life and what I have going on in my life, was our kids. They actually helped each other; we actually helped each other by hearing these things.” (Participant 20, Female)

Additionally, another participant discussed her use of community resources (and talking to peers in the program) rather than interpersonal resources such as her friends and family, to help support her,

“To be honest... I’m still working with DCF and stuff like that. And it’s like, I will reach out to a program, I’m a very resourceful person... So, I am that type of person that will make sure I can get what I need, if I can’t find it, I don’t rely on my family, friends, and none of that, because I know that I will rely on community resources to help me in some type of way. If I got to, I will take a group of somebody because they helped me and you allow the people in our class, we have bonded, we talk, I build friendships, we some people out of the class. I was able to try to help some people from out of the class... So, I feel like I got all the support that I needed like when I went there [attended the parent education program], I know where to get by.” (Participant 12, Female)

Many participants described receiving social support from individuals in their family. Among the most frequently cited sources of social support was the participants’ mothers. Specifically, participants shared that their mothers helped to take care of their children (both in temporary relative placement and prior to child welfare involvement) and providing their families with overall social support. Other sources of social support came from the participant's

spouses or co-parents, adult children, and the aunts and uncles of the participant's children. A few participants describe having this social support system prior to being child welfare-involved as well as after.

Aim 4: Assess How Childhood Experiences Influence Parenting Behaviors

The fourth aim was to assess how the childhood experiences of participants influenced parenting behaviors and outcomes. This aim was addressed through childhood experiences shared by participants as well as how these experiences influence their decisions to parent their own children.

Declined Participant Responses

Three participants declined to answer in-depth questions related to their own childhood. Of these three participants, two broadly shared they did not feel comfortable answering questions pertaining to their childhood while the third participant shared, she did not want to answer these questions as she was emotional when previously recalling her childhood as part of a different community program. As previously described in the methods, early on in the interview, all participants were asked if there were any elements from their own childhood that influenced their meaning of a parent. The three participants who declined to answer the in-depth questions about their own childhood described their own childhood in a poor light in response to this earlier question. One participant noting her own mother was not emotionally present while the other two participants described “not having a good childhood.” Another noted difficulty explaining the meaning of being a parent, due to her experiences in childhood and discussed the necessary extra steps she needs to do for herself to make up for this difficulty.

“I didn’t have a very good experience in childhood. So, it’s been a little harder, I think, for me to have an idea of what parenting is because I don’t think I did have a good

structure. But, I think just reading and the hard work and therapy mostly.” (Participant 24, Female)

Participant Childhood Experiences

Participants shared a variety of positive and adverse events they had experienced as a child, both from within their family and external of their family. Typically, participants spoke in detail about positive events while briefly sharing adverse events. A few participants described feeling supported by their parents or caregivers, feeling supported by friends during childhood, having a strong sense of belonging in their community (i.e., church), having consistent family cookouts, and having a relationship with non-parent adults. Participants who felt supported by their own parents or caregivers described their parents always being by their side and consistently trying to bond with them through family outings or vacations.

One female participant in her late 30s described multiple positive experiences from her childhood, from her parents being present in her life, to being involved in her church to having weekly family cookouts.

“The fact that I had my mother and my father present, and they kept me in church, they kept me busy doing positive things... I think I had a good childhood. I was raised, like I told you, I was raised mainly in church and would always have different functions and parts of choirs and all of those things. So, I, my parents, they instilled a lot of good values into us. They made time for us. We always had our family activities and extended family activities. That was always a good thing, we included the extended family. Also made you have a bigger... like a village of people pouring things into you, you know? I mean, we would go, it was about church activities, or we would during the summer, we would go to bible camp... every now and then, we would go horseback riding with the church,

and things like that and we would have cookouts. We would always have family gatherings on Sundays. We all knew that that's what we would do. We have potlucks, different things like that. Always good things when we could be with our little cousins and our cousins around about our same age. So, no one never felt left out. That type of thing. Family trips, vacations, stuff like that.” (Participant 20, Female)

Many participants shared adverse experiences from their own childhood. The most common ACEs were shared by multiple participants, which included losing a parent to death, abandonment, or divorce during their childhood. In addition to losing a parent, participants shared exposure to domestic violence in the home, being sexually, mentally, and physically abused, as well as exposure to substance misuse in the home. A few participants also described being bullied in their childhood or being in foster care. Additionally, some noted exposure to multiple ACEs such as one participant who shared,

“My mom at one point, she was being abused. She didn't keep me away but, you know, people didn't have the knowledge and experience, all you know how to face kids, or whatever... I was molested as a child...And my mother died when I was 12. So, basically up until I was 12, I was raised by my mom.” (Participant 12, Female)

Influence of Participant Childhood Experiences on Parenting Behaviors

Participants described a variety of experiences from their own childhood and how they influence their parenting behaviors. All participants shared at least one thing they wanted to replicate with their own children from their own parents or one thing they wanted to avoid replicating. Approximately half of the participants described both experiences they wanted to replicate with from their own childhood as well as things they want to avoid replicating, with one

participant sharing, “[I want to replicate] most of it, not all of it... now I’m able to isolate the good from the bad.” (Participant 14, Female).

Replication of Upbringing. Many participants discussed various elements of their own upbringing they want to replicate with their own children. Participants discussed replicating experiences with their parents or caregivers they deemed as positive childhood experiences themselves. Many of these experiences include being supported by their own parents throughout life. Specifically, participants wanted to replicate bonding activities with their parents as well as integrate the importance of spirituality into their children’s lives. One participant shared how she is able to adapt family bonding activities from her own childhood to suit her own needs and interests with her family,

“My dad used to take me to the flea market. I would say drive-in movie theaters, but we don’t have any of those anymore, I can’t do that. However, I can actually, because we do have a screen, so you can watch movies and stuff on it. So I do that in the yard... My parents never took my camping, but I love camping, so I take them [her children] camping.” (Participant 05, Female)

In addition to replicating the support they felt from their parents for their own children, quite a few participants discussed they want to replicate the discipline and parenting styles they received from their own childhood upbringing, even though they did not view it as a positive experience as a child. Particularly, one male participant described being raised by his grandparents and shared the different discipline approaches between his grandfather and his grandmother and explained how he, himself uses a mix of their discipline approaches.

“My grandparents were my parents, so because I mean, they’re the ones who raised me... Even now, I guess, I’m still learning, right, because sometimes we look back at our

childhood and we're like, 'oh.' Maybe like how you're saying with the correlation between me having kids now and just kind of, I guess, understanding why my grandfather said this or why my grandmother said that but some things that I would, I always try to install as like my grandfather is, he was just unconditional love. Like, I mean, serious, like unconditional love, like to the point where it, he always reassured me that no matter what. I was a kid, you know, I would do messed up things or whatever but he never would like throw it in my face. He would discipline me... he would talk, like, he never hit me. My grandma will slap me, she'll slap me right now but my grandfather, he never put his hands on me... He was just tell me straight up, that hurt, you know, 'I don't like that you did this or you did that' or whatever the case... And, I think that helped me a lot because it showed me like, you don't always have to hit, you know, or you know it's a discipline, your child, you don't always have to put your hands on them. Sometimes, it is best that you just talk to them. But, at the same time, my grandma like, I think it was more so fear, I think it was, in a sense, it was respect too. Because, you knew, like you can't get away with nothing with grandma, like, she'll pop you, you know what I'm saying, so you better be careful... I didn't see it as a bad thing because it wasn't like she was abusing me, you know what I mean? She would like, and like, hit me during times that I probably needed to be hit, you know what I'm saying? And not hit like, you know, punch me in the face or nothing like that, you know... But at the end of the day, like, it gave you that discipline. I think personally, like in a psychological sense as a child, it puts you on a perspective of, you're not untouchable, you're not invincible, so don't think you are because you know, outside of this house, and you have the same approach, somebody may not be as forgiving as we are, you know, that's reality. You know, that's

just real life. So, I think it's good that you have that balance, you know? I feel like that's what it was, and that's what made them not only good for each other, but good for me... As far as like growing up, process and stuff like that, it was like my grandma was stern and my grandfather was a little softy, you know what I'm saying, and, but he was strict too, you know, in his own way, but it was just different. So, I passed that same... [I'm] the mix of them two... It's what I passed down to my kids. I let them know, 'Hey, I'm not your friend, I'm your father, number one, but at the end of the day, I want you to be just as comfortable enough to feel like I'm your friend in a way you don't feel like you have to hide anything from me or you have to lie to me,' or stuff like that." (Participant 26, Male)

Along the same vein, one participant discussed her own parents as being overly protective over her as a child and how she currently reflects back on their parenting style and is grateful for them being protective over her. She shared how she now raises her kids in a similar fashion,

"I wasn't allowed to go outside after a certain time, we're all alone, especially as a teenager because I grew up in a Muslim family. So, there wasn't any fun to be around boys because they were trying to maybe hit on me... So, I didn't have much freedom... but then, you know, when I look back, I actually appreciated that... the safety side of my parents, you know, they were very protective... So, I, as a mother of girls, yes, I'm almost like that. But not so bad. But, I can be really rough too... We have a lot of kids taken away here in the states, you know, every other day, you see something in the news. So, I'm actually, I would say happy to be raised but very in control, but at the same time, it was like cut off your freedom." (Participant 13, Female)

Avoid Replication of Upbringing. Most participants also noted how they have parented (or how they plan to parent) deviates, at least partially, from how they were raised by their own parents or caregivers. The majority of these participants elaborated on experiences from their own childhood that they wanted to avoid replicating when parenting their own children. Most of these participants shared specific things they want to avoid replicating from how they were raised, with a couple indicating they preferred not to elaborate.

One participant in her 50s shared that she wants to parent her child the opposite of how she was raised,

“I don’t spank her unless she needs it, you know, which is very, very rare. I don’t punish her. I don’t scold her. I don’t holler at her. I don’t hit her. I don’t do anything to her. I spoil her basically, is what I do. Not to the point to where she is spoiled rotten, you know, but the complete opposite of how I was raised. I don’t use foul language toward her, nothing. I’m complete opposite of my parents. Anybody that’s around me can tell you.”

(Participant 06, Female)

Some participants shared they wanted to avoid emotionally neglecting the needs of their children and try to be present with them. One mother specifically noted she wants to emotionally be there for her children and be patient with them when they are having problems,

“One thing I would say I want to avoid with my kids is not acknowledging anything wrong with them, because a lot of my emotional trauma and things that happened when I was growing up with mom and dad... right now, my son, I have no idea what is wrong with him, like very upset, and for me, I have to be very patient with him and I don’t know what the problem is... I just let my kids have their moment... One thing that I would do

differently is let my kids have their moment and let them express whatever it is that they're feeling and not shut them down... it creates a lot of trouble.” (Participant 21)

Additionally, a few participants discussed, in detail, how their own parents/caregivers would use substances around them, such as drugs and alcohol. One female participant discussed her own mother's substance misuse coupled with leaving and reentering her life prompted her to not want to expose her children to excessive substance use and wanted to be in their lives consistently,

“My mom was a really bad alcoholic, and she was a good mom, but when she was drinking, it was bad. So, I drink occasionally, but not like how she did because I don't want to be like that towards the kids. I don't want my kids to be like resentful towards me. I'm trying to be better than her, than how she raised me... It makes me want to parent better, more efficiently and more effectively with more common sense... So, well, my mom abandoned me and my dad when I was like, 18 months or something, oh, wait, no, I was like a year and then she came back when I was 18 months... She abandoned us for like a year to go basically drink, do drugs, and like, sleep around. So, that's like one thing I would never want my kids to feel like they've ever been abandoned and not loved... I make sure to tell them I miss them. I love them. I always want my children to know that I love them, and I care about them, and that they are wanted. I don't want them to ever feel like they were abandoned.” (Participant 05, Female)

Influence of Non-Family Childhood Experiences. Approximately half of the participants expressed that non-family childhood experiences have influenced how they parent or plan to parent. Participants mentioned a variety of experiences from their childhood that occurred outside of their family. These experiences include being bullied, selling drugs, using drugs,

having difficulty in school, having friends, having mentors, and a sense of community through the church. These questions were asked in addition to the previous questions, which asked parents if they plan to replicate or avoid replicating parts of their own upbringings from within their family.

A few participants immediately discussed being bullied. These participants indicated they are going to raise their children with their own experiences of being bullied in mind. One participant noted she has already taught her children not to bully other children, while the other participant detailed the steps she would take as a parent if her own child were being bullied, as illustrated by the quote below.

“I was bullied in school and that’s why I am the way I am now... I was bullied in school. I never really trusted people, I still don’t... If my daughter gets bullied in school, I feel like she needs to go to an authority figure and say something and of course, myself if like they don’t do anything... I would feel like, if nobody in the school is doing anything about it [the bullying], I would probably file a police report or something because it really does shape your future when you’re bullied, because it definitely hurts your self-esteem that makes you feel like you’re not worth anything, like you don’t matter... So, I feel like bullying is a big issue and a problem and it does hurt you in the long run, maybe not always physically but mentally, it definitely, definitely hurt you in the long run and a lot of people don’t think about that... And when you’re a kid, that goes in your subconscious, so then when you’re older, that’s going to come up and you’re going to wonder like, ‘Okay, why am I acting like this?’ or ‘Why am I treating this person like this?’ or ‘Why am I doing this?’ and it’s because the things you would do as a child is in

your subconscious, like, you never forget about that. Like you might forget memories, but it's always in your subconscious.” (Participant 05, Female)

Additionally, a few participants discussed interaction with illicit substances during their childhood. In particular, a couple of participants shared using drugs while partying with friends, while one participant detailed selling drugs during his childhood. The participants who described using drugs during their childhood reflected back on their drug use, indicating they were harmful. Participants shared they plan to parent their children by keeping "a close eye" on them while they navigate through school.

One male participant in his late 30s shared he was selling drugs to others during his teenage years to make money for his family. This participant shared he has a couple of adult children who are graduating high school and moving on to go to college. This participant had indicated he did not graduate from high school; therefore, he is proud his adult children have been able to graduate high school and move on to college. This participant shared that he parented his adult children in a way to make sure they did not feel the need to sell drugs to others in the community.

Finally, a few participants discussed wanting to ensure their children have a non-family adult mentor in the form of a teacher, tutor, or coach and a community to go to, such as a church. A couple of participants described having a non-family adult mentor during their own childhood and described how this was extremely helpful to their own development. Additionally, one participant described not having a tutor or mentor, and she wants to ensure her children have one because she felt it would have helped her to navigate through school in an easier way.

One male participant shared a culmination of the many ways he plans to parent based on non-family childhood experiences. Particularly, this participant described wanting to ensure his

children have mentors, have a sense of community, and say true to themselves. He shares that his current adult mentor is also his son's mentor/godfather. He also shares experiences from his childhood, such as having friends and a community through church and how he is parenting his children to form these sorts of bonds.

“There’s maybe like one person out here who really stands out to me in that mentor... yes, like in a mentor way because he teachers me stuff that because he’s older, he’s like 50 and basically like my youngest son’s godfather. And he teaches me stuff like in an adult home stuff that, because my grandfather’s not here, because I don’t know my father... He teaches me how to be cool in certain situations and how to level of my emotions and stuff like that. So, you know, as a kid, I had a couple people like that in my life.... I guess what you would consider a normal childhood, is you know, you can go to school, hang out with your friends, right, you go to class, you know whatever you’re going to lean, lunch, you know what I mean, like the social period, basically... I want to give them [his kids] the insight, to be like, ‘hey, don’t be afraid to be you.’ You know, don’t be a follower, always be a leader...I think that’s something that from my experiences, is people will always teach me that the best way to be is be yourself because at the end of the day, that’s what we all fall asleep with. No matter what happened throughout the day, those moments before you close your eyes, you know, no matter who’s next to you, you’re stuck there with your thoughts, with your everything, with your essence, your being. You know, I let them know, ‘be yourself man.’...When I moved out here [as a teenager] I was involved with this church... and I used to go there like every Sunday... I definitely feel like the people at the time, the youth pastor, the senior pastor, everybody wo was, you know, in the congregation at the time, they definitely made me

accepted...So, yes, they taught me how to look at stuff kind of differently and not in the sense of like, turning to god, or anything, it was more for me, personally, it was just more so the community, the unity... It was a judgment-free zone... All this stuff I'm saying is basically what I instill in my children though my experiences, I just want to give them that knowledge, pass down the knowledge that I've obtained through all these different people and experiences. And, I want to give it to them and just let them know like, 'you are in control of your life for sure, no matter what I say, what your mom says, what anybody in this world says, you have the choice to your life in the palm of your hands, You are the controller.'" (Participant 26, Male)

CHAPTER FIVE:

DISCUSSION

The purpose of the current study was to better understand the meaning and responsibilities associated with serving the role of a parent as well as to explore and assess how various factors across the life course influence parenting behaviors and outcomes. Particularly, this study highlights the perspectives and experiences among child welfare-involved adults who have recently participated in a local parent education program to seek reunification with their children. This study fills a gap in the literature by focusing on various past and present factors which impact the meanings and responsibilities of child welfare-involved parents and their subsequent parenting behaviors.

Review of Findings

Aim 1: Understand What it Means to be a Parent

The first aim was to understand what it means to be a parent while looking deeper into meanings ascribed to common terminology associated with parenthood. To better understand perceptions of specific terminology (e.g., parent, caregiver, mother, and father), this research assessed the definitions, roles, and responsibilities ascribed to each term. This aim targeted how participants in this sample defined common terminology and terminology that resonated most with them. The results from this aim can especially serve organizations working with families and aid in the recruitment process.

Participants often described a parent as an individual who raises their own child, while participants often described caregivers as individuals who fulfill the role of a parent, either paid

or unpaid, while some participants felt the term was synonymous with the term parent. There is a lack of consensus on what the term caregiver means, as it often is written in the context of caregiving for someone with cancer (American Psychological Association [APA], 2020). Studies investigating the terminology of the term caregiver in the context of caring for children in general, with or without a health condition, are lacking. A recent qualitative study conducted in the United Kingdom examined the needs of informal carers for individuals with health conditions (carers is the term used in the UK and is similar to the US term caregiver) (Chan et al., 2020). Among the sample, those caregiving for their own children had described also being a parent and fulfilling their “parental duties” as a carer for their children.

Recent research has also begun to investigate the meaning-making of motherhood specifically, rather than parenthood (Bastos & Almeida, 2015). Such studies tend to focus on the transition to motherhood. The current study, however, focuses on the meaning of a parent, including gendered terms such as mother and father, among a vulnerable population in which their identity as a parent may feel challenged due to parental responsibilities being taken away from them. Participants often described mothers as loving, nurturing, caring, and helping children navigate through their emotions, as well as being leaders of the family, powerful, sacrificing for the family, and having high expectations of them. Biological mothers were also brought up for their inherent bond with their children due to gestation. Participants often described fathers as individuals who provide financially for the family, strong, respectable, tough, dominant, and the protector. A few female participants described difficulty defining the meaning of a father due to their lack of a father figure in their own life or the life of their children. It is interesting to note that none of the male participants described this same difficulty.

Many participants cited a source contributing to their meanings of common terminology without prompting. Most based the meanings and definitions on their own parents, grandparents, partner, co-parent of their children, or themselves. The few studies that exist with regard to parental meaning focus on how individuals make meaning of being a parent in the face of adversities such as through the death of a child (Nuss, 2014), parental substance use (To et al., 2021), of child behavioral problems (Ringer et al., 2019). Thus, the current research adds to the body of knowledge on parental meaning-making by discussing parental meaning in general, among a child-welfare-involved group.

Additionally, participants were asked to share if the term parent or the term caregiver resonated more with their experience. The majority of participants identified more with the term parent, reiterating their point that they believe a parent is someone who raises a child. It is interesting to note, however, that diversity did exist and some participants, particularly a couple biological parents used different terminology. Additionally, some women (six out of 20 female participants) explicitly stated they were mothers and differentiated between this term and the term parent. However, none of the six male participants shared the term father resonated more with them when asked the question about the terms parent and caregiver. As many parenting programs aim to recruit non-traditional families, the nuanced understanding of this language is vital and may help social service organizations to better connect with potential participants. Thus, additional research should delve into participant preferences in a more diverse sample. Future research should also investigate whether female participants prefer the term mother over the terms parent or caregiver, as well as whether male participants exert preference as well.

Aim 2: Assess the Salient Roles and Responsibilities of Parents

The second aim of this study was to assess the salient roles and responsibilities of parents. This aim of the study contributed to the body of work on parental responsibilities while also highlighting how participants in this sample perceive parental. Participants were asked to list responsibilities that generally apply to parents. Most participants mentioned parental responsibilities to provide food and to provide shelter. Additionally, participants mentioned protecting their children, loving their children, providing clothing, managing schooling, ensuring their children are healthy, providing financially, and raising their children as other parental responsibilities. Many of the responsibilities listed by parents align with research on parental responsibilities with regard to defining the terms of parental custody (Marcus, 2017).

When separating out the data by gender, a higher frequency of males discussed providing financially as a parental responsibility, while a higher frequency of females discussed loving their children as a parental responsibility. It is interesting to note that no male participant listed "to love their children" as a parental responsibility. Previous research has typically defined parental responsibilities in terms of emotional, community connecting, and moral responsibilities, all noted through a variety of tasks completed by parents (Doucet, 2015). Doucet (2015) defined and categorized parental responsibilities through this lens, while in the current study, participants were asked to list parental responsibilities themselves. Research from Doucet (2015) also found it difficult for fathers to fit into stereotypically female-oriented roles as a parent. This could support the reasoning why love is not listed as a responsibility by men in the sample. These results separated out by gender should be interpreted carefully as only six participants were male and 20 were female; therefore, future research should investigate gender differences in responsibilities with congruent samples.

Participants were also asked to discuss their own parental responsibilities. Many participants shared responsibilities that aligned with what they noted as general parental responsibilities. Additionally, participants noted how their current responsibilities include age-appropriate caretaking and child-specific responsibilities.

A few participants noted how they are unable to complete some of their parental responsibilities due to not having custody of their children. This finding mirrored research previously mentioned with regard to redefining parental meaning doing and after the process of a parent's child' passing away from cancer (Nuss, 2014). Research from Nuss (2014) suggests defining a new normal and learning to live with regret as two themes that occur after parents lose their child to death. Results from the current study found there to be difficulty in defining a new normal in the lives of child welfare-involved parents who had custody of their children taken away from them. A few participants discussed living with regret regarding things they did that prompted their children to be removed from the home. As mentioned in the results, a couple of participants, in particular, discussed regret for talking to people too much about their family life and shared they were going to limit what they share with people in their lives as well as with people they interact with in the child welfare system.

Participants were also asked to share what others expect of them as parents to gather the multiple sources that may influence their parenting responsibilities. Approximately an equal number of responses discussed expectations from others in society, in their community/the institutional level, and their friends and family. Participants often expressed frustration due to their perceived unrealistic community and institutional expectations from the Florida Department of Children and Families regarding the removal of their children. Additionally, participants

expressed a combination of frustration and gratitude related to expectations from their friends and family, citing these expectations as frustrating and guiding, respectively.

Aim 3: Explore Factors that Influence Parenting Behaviors and Outcomes

The third aim was to explore factors that influence parenting behaviors and outcomes. The current study is able to fill a gap in the scant literature focused on child welfare-involved participants and their involvement in parent education programs. Particularly, the current study connected previously discussed participant parental responsibilities and the variety of barriers to fulfilling their parental responsibilities in addition to a few supports across multiple levels of the socioecological model.

Multiple participants discussed the difficulty in completing their parental responsibilities after the removal of their children from the home which included the idea of role strain. Additionally, some participants noted the various obstacles they had to go through to get their children back, which in return, made it more challenging for them to complete parental responsibilities. One example discussed in the results section is of a mother who describes having to take random drug tests to regain custody of her child. She details that these random drug tests interfere with her employment which then interferes with her ability to provide financially for her children, which is a parental responsibility listed by participants. Research suggests that many child welfare-involved parents are required to take random drug testing, even without prior suspicion of drug use, in order to regain custody of their children (Lloyd & Brook, 2019).

Multiple participants shared their children had autism or developmental delays in addition to later sharing their own childhood adversities. This aligns with recent research, and research has shown an association between higher parental ACE scores and developmental

delays among their children (Miccoli et al., 2022). Additionally, a few participants described having sufficient social support from their family and peers from the parent education program.

Aim 4: Assess How Childhood Experiences Influence Parenting Behaviors

The fourth aim was to assess how the childhood experiences of parents influence parenting behaviors and outcomes. Childhood experiences include both experiences inside and outside (i.e., school, friends, mentors, church) of the family unit. The current study expands beyond the body of knowledge on the intergenerational transmission of abuse as participant agency and their ever-evolving definition of situations allows for them to decide to replicate pieces from their childhood or avoid replication. Additionally, the current study went beyond the childhood family and allowed participants to share how non-family childhood experiences influenced how they parent or plan to parent their own children.

Three participants declined to answer questions about their childhood, citing they were not comfortable doing so. In different parts of the interview, all three participants broadly shared they had negative experiences in childhood. These findings may add to an insight into the reasoning behind participant non-responses on sensitive questionnaires, particularly relating to childhood.

Of the participants who shared, there were instances of positive and ACEs. Positive childhood experiences shared by participants include feeling supported by their own parents and friends, having a strong sense of belonging in their community (i.e., church), having consistent family cookouts, and having a relationship with non-parent adults. More participants described ACEs than positive childhood experiences, yet participants often shared more about their positive childhood experiences. A recent study found an association between positive childhood

experiences and a positive trajectory for lifelong family health, regardless of an individual's ACEs (Daines et al., 2021).

These adverse experiences include losing a parent due to death, abandonment, or divorce, exposure to domestic violence and substance use in the home, being sexually, mentally, and physically abused, being in foster care for a period of time, and being bullied. Recent research has associated ACEs and positive childhood experiences (also known by other names such as protective and compensatory experiences) with parenting attitudes, behaviors, and outcomes (Morris et al., 2021). Quantitative research suggests that ACEs of parents were associated with harsh parenting attitudes (Morris et al., 2022) and parenting stress (Lange et al., 2019), while positive childhood experiences were able to buffer negative parenting attitudes (Morris et al., 2021). Additionally, research by Morris and colleagues (2021) found that parental ACEs correlated with more nurturing attitudes among parents. The authors suggest this may be due to parents attempting to compensate for their own experience and attempts at being more nurturing than their own upbringing. The results of the current study support this finding from Morris and colleagues (2021), as multiple parents suggested they parent and plan to parent differently from their own parents.

Participants were also asked if they wanted to replicate or avoid replicating parenting behaviors from their own parents during their upbringing. Many parents shared they wanted to replicate the feeling of being supported by their parents as well as family bonding activities. Quite a few participants also shared they wanted to replicate how their parents disciplined them and were protective of them as a child, though they did not find it positive during their childhood. Recent research supports the idea of redefining childhood events as research by Anagnostaki and Zaharia (2022) has investigated how adults will reflect back on parts of their

childhood and be able to redefine them after gaining more knowledge and context of the issue at hand.

More participants discussed things they wanted to avoid replicating from their own upbringing than things they wanted to replicate. Participants often discussed ACEs from within their childhood home and wanting to parent the opposite as their own parents. Specifically, these include avoiding neglect, abuse, and cases of household dysfunction.

Finally, participants also shared experiences from their own childhood outside of their family unit, such as their school, friends, mentors, and community. They mentioned experiences that influenced how they parent or plan to parent, such as being bullied, selling and using drugs, having difficulty in school as well as having friends and mentors, and a sense of belonging in a community such as their church. Research has suggested that adults who were bullied as children are at an increased risk of poor health and social-relationship outcomes (Wolke et al., 2013). Participants described planning to raise their children not to be bullies or to report being bullied and to avoid selling drugs or using illicit substances. Additionally, parents shared they planned to find their children a tutor, mentor, or connect them with a community such as a church, either because they had good experiences with these things or because they feel having these experiences in their own childhood would have helped them.

Alignment with Theoretical Underpinnings

Many studies utilize social cognitive theory to draw an association between the actions of an adult and how they are transferred to a child. After conducting the current study, the use of both the socioecological model and the theory of symbolic interaction serves to capture the nuances present within the transfer of actions from one person to another. For example, the theory of symbolic interactionism allows us to see that parents are able to define the meanings

and responsibilities of being a parent from their own childhood experiences as well as constantly redefine this meaning and responsibilities with the help of social interactions from their friends and family, as well as social interactions between individuals who represent segments of the child welfare system.

Noting these interactions and reappraisals in other terms, a combined model was developed, as seen in Figure 1, to demonstrate the flow from one event to another. Results from the current study indicate that parenting outcomes are based on a variety of individual, interpersonal, community, and societal level factors.

At the individual level, the factors of parents include parental childhood experiences. Parental childhood experiences can be split between family and non-family experiences, with parents having experienced both positive and ACEs in both domains. These parental childhood experiences serve as the building blocks for parental meaning-making and the development of personal parental responsibilities.

Additionally, as parents move through the motions and interact with others in society, they are able to re-interpret and evaluate their own childhood experiences. This consistent reinterpretation of experiences contributes to the constant redefinition of one's own meaning of being a parent and the responsibilities that come along with that and thus influence their own parenting behaviors and outcomes.

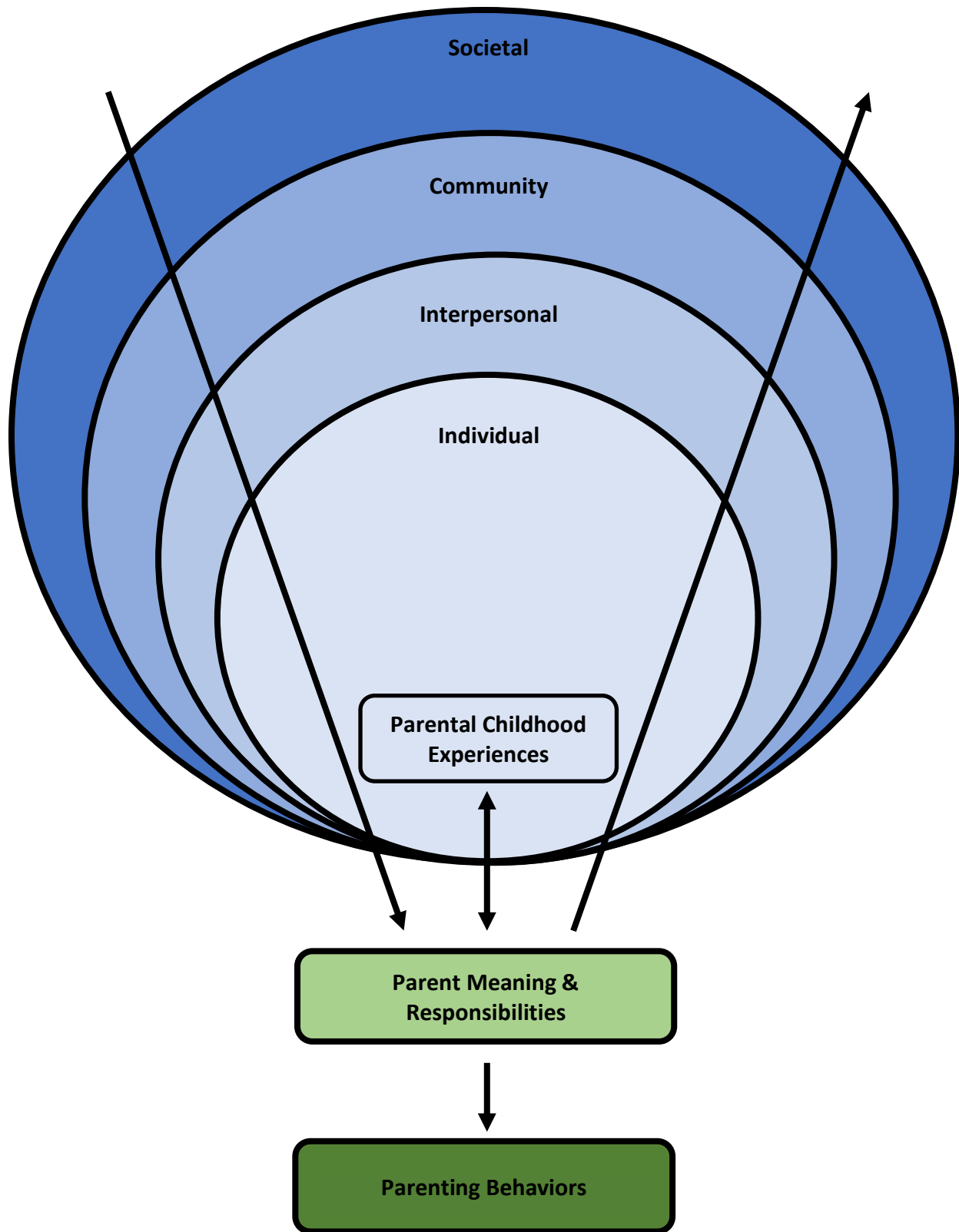


Figure 1: Applied Model of Study Aims

Study Limitations

Due to the study being qualitative in nature, results may not be generalizable to the population of child welfare-involved parents. Additionally, the current study revolved around a few sensitive topic areas, including adverse experiences in childhood; therefore, recall and observation bias may have evaded sections of the study. Interviewers were trained in interviewing sensitive populations such as child welfare-involved parents, as well as training on probing to aid in memory recall. Nevertheless, no study of this nature is able to confidently account for all instances of these biases. As a reminder, the current study sample consists of 6 male participants and 20 female participants; therefore, results comparing male and female participants should be interpreted as preliminary.

Public Health Implications and Recommendations

In the field of public health, it is vital to understand beliefs and intentions about a behavior in order to address it in an appropriate manner. The meaning one attributes to a role attached to a behavior will impact how the behavior is performed. It is important to understand the meanings individuals ascribe to being a parent and other common terminology associated with parenthood when creating and modifying parent education interventions. This understanding can be enhanced by assessing the sources for parental meaning-making from both the past to the present, including childhood and adulthood experiences, and how they impact meaning-making and, thus, impact parenting behaviors and outcomes.

Program Level

As previously mentioned, the setting of this study was a local non-profit agency that offered an evidence-based parent education program. All participants in this study were required or recommended to participate in this parent education program, with most seeking to reunify

with their children. Additionally, participants shared how interactions with friends and family, community members, and societal norms played a part in shaping parenting responsibilities and, thus, influencing parenting behaviors and outcomes.

Community agencies that deliver parent education programming can benefit from the variety of information gleaned from study participants. First, many participants identified with the term, parent rather than the term, caregiver and multiple female participants shared they believe the term mother resonated most with them due to the responsibilities they fulfill. Though this same phenomenon was not mentioned by male participants, males referred to themselves as fathers rather than parents periodically throughout the interviews. Future recruitment tools for community organizations may want to use gendered terminology when reaching out to particular audiences to garner more attention which may resonate more with potential program participants. Community organizations may want to advertise parent education program services by using the term parent in conjunction with the term caregiver, as some individuals did identify with both terms, though if one term were to be used over the other, organizations should use the term parent as all individuals either identified with the term or had used the term to describe themselves at least one point in the interview.

Another benefit of the program is the ability to learn more about the lives and perspectives of child welfare-involved participants. The current study revealed that many participants had experienced adversities in their childhood, including physical abuse, sexual abuse, and neglect. Many participants described wanting to parent differently from their own parents and to avoid replicating events from their upbringing. Additionally, some participants discussed how talking about their own parenting had brought up unresolved trauma from their own childhood. Program staff within community organizations who deliver parent education

programming should be aware of this potential result and may want to develop a community resource guide to send to participants, which the local non-profit community organization already does.

Additional results suggest that many participants have encountered challenges related to fulfilling their own parental responsibilities. One of the few things participants identified as something that helped them to overcome challenges to complete their parental responsibilities was social support. Quite a few participants discussed the social support they received from their peers when participating in the parent education program. Participants noted relief when hearing about other participants' challenges and stories, which helped them to have confidence in themselves and their ability to fulfill their perceived parenting responsibilities. Greater social support, especially among vulnerable populations, has been associated with increased self-efficacy and satisfaction with fulfilling parental responsibilities (Anglely et al., 2015).

Within community organizations that deliver parent education programming to child welfare-involved populations, staff should craft a judgment-free environment that allows participants to talk about their challenges and situations in addition to delivering educational content. Crafting this judgment-free environment may also help child welfare-involved participants to feel more autonomy and allow them the opportunity to share their experiences and important responsibilities they perceive they have as a parent that is integral to their own identity as a parent. This is especially important for this population as some participants described the power imbalance experienced between them and DCF, where DCF has the power to dictate the legally proper way to parent and shape the meaning of parenting and parenthood, rather than have it shaped by the parents themselves. Community organizations that deliver parent education programming as part of individual DCF case plans are in a unique position as they serve as an

external community resource utilized by DCF while not being part of DCF. Therefore, the deployment of parent education programs as part of case plans through these community organizations is a perfect way to help to rebuild any lost autonomy among this population. Potential additional activities to craft a judgment-free environment may include a space to allow program participants to share contact information with one another after the educational materials are taught in order to help them build a social support system that can help them during and after graduation from the program. Additionally, the program staff of these community organizations may want to provide a space for participants to feel comfortable sharing their own experiences with navigating their case plans.

Policy Level

The results from this study support additional policies to support and fund trauma-informed communities and care. The participants in this study were all involved in the child welfare system and, thus, many had their children removed from their custody by the Florida Department of Children and Families and related organizations. As demonstrated through the results, many of these parents experienced traumatic experiences in their childhood as well as throughout their adulthood. Quite a few parents discussed unresolved trauma from their childhood and how it impacts their ability to parent in times of stress. The support of additional policies to address ACEs among individuals with the potential to care for children can aid in the prevention movement of ACEs, as being in the foster care system, a common result of a child being removed from the home is considered an ACE. Furthermore, additional policies aimed at ensuring evidence-based parent education programming rather than non-evidence-based, programming is recommended to child welfare-involved individuals to satisfy their case plan with the Department of Children and Families. The deployment of evidence-based programming

is especially important as evidence-based parent education programming has years of research dedicated to the development and improvement of programming to ensure it is effective across multiple populations (Frank et al., 2014; Lewis et al., 2016).

Research Level

Future research should explore differences (or the lack of differences) between parents who are child welfare-involved and parents who are not. Differences between the meaning-making of parenthood and the responsibilities that come along with being a parent are of particular interest. Additionally, exploring differences among childhood and adulthood factors that influence parenting behaviors and outcomes would be interesting to note.

Previous research has shown that ACEs can negatively impact the life of an individual throughout their life course (Felitti et al., 1998). The current study talks to participants about their own ACEs as well as current challenges they face when completing parental responsibilities, which include mental and physical health challenges, among others. Future research should investigate if the correlation between parental ACEs and physical and mental health concerns compound on their impact on parenting behaviors and outcomes. The current study also discussed positive and protective experiences in the lives of participants from their childhood and present day. Future research should also include the investigation of the impact of positive childhood experience among child welfare-involved adults as well as consider how these experiences may buffer adverse childhood experiences.

Future research should consider the use of strain theory when dealing with parents who are child welfare-involved as well as the use of frameworks that highlight the nuances between different cultures and experiences of people. Future research should also investigate hidden populations within the already stigmatized population of child welfare-involved parents. One

participant in the current study shared multiple unique aspects of her middle eastern background, yet she self-identified as White, which was likely due to the erasure of persons with a middle eastern background in the United States as they are classified as White on official documents such as the US census. Future research should dive deeper into capturing the nuances between individuals of different backgrounds and cultures, especially among child welfare-involved adults, to understand how their backgrounds influence meaning-making and parenting outcomes.

CHAPTER SIX:

CONCLUSION

The COVID-19 pandemic has highlighted and revealed existing concerns present within families related to the occurrence of family violence. The continuation of programs aimed at preventing instances of family violence (i.e., ACEs and child maltreatment) is necessary to address the increase in cases. Teaching parents about the establishment of safe, stable, and nurturing relationships with their children through parent education programs can aid in addressing the issue of family violence in the community.

The current study was an exploratory qualitative study aimed at understanding the meanings, responsibilities, and experiences of parents who recently participated in an evidence-based parent education program. More specifically, 26 recent program participants who were seeking reunification with their children after their removal from the home from the Florida Department of Children and Families were included. The current study was guided by the theory of symbolic interactionism as well as grouped using the socioecological model.

Participants shared their own childhood experiences, including both experiences from inside and outside the home. They shared both positive and negative experiences and how these experiences served as the backbone for the meaning and responsibilities of a parent. Additionally, participants discussed the interference of childhood trauma in their current lives as parents. Participants also shared a range of challenges they are currently experiencing that impact their ability to parent their children, which include the current inability to parent their children and the navigation through the child welfare system hindering their ability to provide. The results

from this study support the need to develop and maintain evidence-based parent education programming and trauma-informed systems in the community.

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APPENDIX A:

INTERVIEW GUIDE

Say: Thank you. First, we are going to cover some general questions that are not directly related to the program but will allow for us to better understand the thoughts and experiences of program participants, such as yourself. If you need to skip any of the questions, please let me know and we can move on to the next question. Now, let's begin.

- 1) Please tell me, to you, what does it mean to be a parent?
 - a. Looking back to your own childhood, what elements do you think shaped how you describe what it means to be a parent?

- 2) Now, I am going to ask you to define four terms. Your definitions may or may not be similar to what you have just shared with me.
 - a. How would you define what it means to be a parent?
 - b. How would you define what it means to be a caregiver?
 - c. How would you define what it means to be a mother/father? [select participant's gender first]
 - d. How would you define what it means to be a mother/father? [select remaining gender]

- 3) Out of the terms parent and caregiver, which resonates more with your experience?

Probe: How so?

- 4) Now, for the next few questions, we would like for you to provide answers that apply to parents in general and may not be specific to you as a parent.
 - a. Please list the responsibilities parents generally have?
 - b. Which of these responsibilities is the most important?

Probe: Why is it the most important?

- 5) Now, the next few questions are going to be specific to you as a parent.
 - a. Can you tell me about some of the responsibilities that YOU have as a parent?
 - b. Do you receive help with any of these responsibilities?
 - c. Is there anything that makes it difficult for you to complete these responsibilities?

6) What do others expect you to do as a parent?

[Use the following probes to gather each of the levels of the socioecological model. If the participant describes expectations from their mother and grandmother (interpersonal level), only ask the community and societal probes.]

Probe [interpersonal]: What do your friends or family expect of you as a parent?

Probe [community]: What do others in your community expect of you as a parent? These can be your neighbors, your child's school, your workplace, or faith-based organizations?

Probe [societal]: What do others in society expect of you as a parent? This can include the social or cultural influences around you.

a. How do these expectations affect you?

Say: In the next section, I am going to ask you a few questions about your own childhood. Please remember, if you do not feel comfortable answering any of the following questions, we can skip them and move on.

7) Can you please share with me how you feel about how you were raised as a child?

a. Can you tell me a little bit about your family life during your childhood? Such as family activities.

8) How do you think these experiences affect how you parent now or plan to parent?

a. Are there things your parents or caregivers did that you try or want to replicate with your own child/children?

Probe: Can you please share with me these things?

b. Are there things your parents or caregivers did that you try or want to avoid with your own child/children?

Probe: Can you please share with me these things?

Say: Thank you for sharing with me some experiences about your family and how you were raised. Now, for the next few questions we want to learn more about your non-family childhood experiences.

9) Can you share with me how you feel about your own childhood experiences such as your school, friends, mentors?

Probe: Can you please share with me any particular experiences that stand out?

10) Are there things you do now as a parent, or plan to do, that are the result of something that happened in your childhood outside of family experiences?

Probe: Can you please share with me these things?

APPENDIX B:

IRB EXEMPT APPROVAL LETTER



EXEMPT DETERMINATION

July 22, 2021

*This letter supersedes the letter dated July 15, 2021

Jaime Corvin
12901 Bruce B. Downs Blvd
Tampa, FL 33612

Dear Jaime Corvin:

On 7/15/2021, the IRB reviewed and approved the following protocol:

Application Type:	Initial Study
IRB ID:	STUDY002964
Review Type:	Exempt 5
Title:	Positive Parenting & Partnership (P3): An integrated and holistic approach to strengthening relationship and families
Funding:	Office of Family Assistance
Protocol:	• P3 IRB Template_6_25_2021v4.docx;

The IRB determined that this protocol meets the criteria for exemption from IRB review.

In conducting this protocol, you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Please note, as per USF policy, once the exempt determination is made, the application is closed in BullsIRB. This does not limit your ability to conduct the research. Any proposed or anticipated change to the study design that was previously declared exempt from IRB oversight must be submitted to the IRB as a new study prior to initiation of the change. However, administrative changes, including changes in research personnel, do not warrant a modification or new application.

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a new request to the IRB for a determination.

Sincerely,

Jennifer Walker
IRB Research Compliance Administrator

Institutional Review Boards / Research Integrity & Compliance

FWA No. 00001669

University of South Florida / 3702 Spectrum Blvd., Suite 165 / Tampa, FL 33612 / 813-974-5638

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