Chapter One

Introduction

1.1 Background to the study

The early years of a child's life are foundational for their physical, emotional, and cognitive development. Parents play a central role in shaping a child's social and psychological well-being during this critical period. Parenting and the parent-child relationship are especially crucial during the early stages of childhood, as they directly influence a child's sense of security, self-worth, and ability to form future relationships[1]. Parents of young children are often tasked with navigating numerous challenges, including ensuring their child's physical health, emotional well-being, and academic development, all of which require a combination of nurturing, discipline, and guidance. These early years are also characterized by the development of attachment, emotional regulation, and social behaviour, with parents being the primary agents through which these processes unfold[2].

Parents of young-aged children face unique challenges and responsibilities as they navigate the developmental stages of their children's lives. Early childhood is a critical period, during which children undergo significant physical, emotional, and cognitive development[3]. Parents, therefore, play a crucial role in shaping their children's experiences, behaviours, and overall well-being during this time. For parents, this phase often involves a mix of emotional and physical demands, as young children are highly dependent on their caregivers for support, guidance, and care. Parents must balance providing their children's basic needs, such as food, shelter, and clothing, while also fostering emotional security, nurturing attachment, and offering socialization opportunities.

The parent-child relationship is one of the most important and influential relationships in a child's life. In the early years, this relationship lays the foundation for how children view themselves, others, and the world around them. Positive parent-child relationships are characterized by warmth, responsiveness, and consistent emotional support. When parents are nurturing and responsive to their children's needs, children tend to develop secure attachments, which provide them with a sense of safety and trust. Securely attached children are more likely to explore the world confidently, develop healthy social relationships, and exhibit higher levels of emotional regulation[4]. In contrast, negative or inconsistent interactions between parents and children, such as neglect or emotional unavailability, can result in insecure attachment styles, which may lead to challenges in emotional regulation, anxiety, and difficulties in relationships later in life[5].

The quality of the parent-child relationship is also influenced by the parent's emotional health and capacity for empathy. Parents who are emotionally available and attuned to their child's needs create an environment in which the child feels understood, supported, and safe. However, parents who struggle with their emotional challenges, such as depression or substance abuse, may have difficulty providing the emotional consistency that children require[6]. Furthermore, the dynamics between the parents themselves, particularly in the case of two-parent households, can also affect the parent-child relationship. Healthy co-parenting, where both parents share the responsibilities of raising the child and supporting each other emotionally, promotes a stable environment in which the child can thrive. Also, parental conflict or separation can have detrimental effects on the child's emotional well-being, leading to increased stress, insecurity, and behavioural issues[7].

The impact of the parent-child relationship extends beyond early childhood and influences the child's development well into adolescence and adulthood. A strong and positive relationship with parents in early childhood lays the foundation for healthy social and emotional development throughout the child's life. Children who grow up in nurturing and supportive environments are more likely to exhibit positive self-esteem, strong interpersonal skills, and resilience when faced with challenges[8]. They are also better equipped to form healthy relationships with peers and romantic partners later in life. Furthermore, children who experience strained or negative relationships with their parents may develop difficulties with trust, self-regulation, and emotional expression[9]. These children may struggle with emotional and behavioural issues such as depression, anxiety, and aggression, which can persist into adolescence and adulthood.

Moreover, the quality of the parent-child relationship can influence academic performance and career success[10]. Children who feel supported by their parents are more likely to succeed academically, as they develop a strong sense of motivation and a belief in their abilities. Parental involvement in the child's education and overall development fosters a love of learning, self-discipline, and a sense of responsibility. These qualities not only help children succeed in school but also contribute to their professional and personal achievements later in life. Conversely, children who lack parental support or experience negative relationships with their parents may develop lower academic aspirations, diminished self-confidence, and a higher likelihood of engaging in risky behaviours[11].

The parent-child relationship evolves and is influenced by several factors, including parenting style, family dynamics, socioeconomic status, and cultural norms. Moreover, parenting styles play a key role towards the children's development in all perspectives, such as social,

emotional and educational. Many studies advocate that the academic performance of a child can improve or decline depending upon the parental style[12, 13]. It is noted that parenting style has been related to the overall development i.e., cognitive, emotional, societal and academic of children, teens and adolescents[14]. An author in 1973 attempted to link family interaction to children's cognitive competence[15]. The author postulated three family parenting styles: authoritative, authoritarian, and permissive. These styles have consequences on the development and cognitive and social competence of the child. She added that these family types differ in values, behaviours, and standards of raising their children.

The author identifies two elements of parenting: responsiveness and demandingness. Parental responsiveness, or parental warmth or supportiveness, relates to the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children's special needs and demands[16]. Parental demandingness or behavioural control relates to the claims parents make on children to become integrated into the family whole, through their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys[17]. However, these two elements form the basis of parenting style. Categorizing parents according to whether they are high or low on demanding and responsive creates a study of four parenting styles. As demonstrated by Baumrind, studies rely on four parenting styles; authoritarian, authoritative, permissive, and uninvolved[18, 19, 20].

Authoritative parenting is characterized by a balanced approach that combines high demandingness with high responsiveness. Authoritative parents set clear expectations and standards for their children while simultaneously being supportive and nurturing. This parenting style fosters an environment where children feel safe to express their feelings and thoughts, promoting healthy communication and emotional development. Research has shown that

adolescents raised by authoritative parents are more likely to exhibit higher self-esteem, greater life satisfaction, and lower rates of depressive symptoms[21]. They are also equipped with better problem-solving skills and coping mechanisms, which help them navigate challenges effectively. Additionally, Children who live with authoritative parents seem to have an advantage in developing their social competence and social adjustment skills. They become capable of adapting to various adjustments in their lives by demonstrating greater self-esteem and positive attitude; children can socially interact with others because they have the confidence to relate with other people.

Authoritarian parenting is characterized by high demandingness and low responsiveness. Authoritarian parents enforce strict rules and expectations, often employing harsh discipline and little warmth or emotional support. While this parenting style aims to instil discipline and obedience, it can lead to negative outcomes for adolescents. Children nurtured by authoritarian parenting often develop less responsibility since their parents make their decisions for them to follow, hence the children only depend on their parents in almost everything. Therefore, since authoritarian parenting is demanding, harsh, and strict, the children from these families often develop delinquent behaviour[22]. Research indicates that children raised by authoritarian parents may develop anxiety, low self-esteem, and social withdrawal, which can increase their susceptibility to depression[23, 24]. The lack of emotional support and open communication in authoritarian households can create a sense of isolation for adolescents, making it challenging for them to seek help during times of distress.

Permissive parenting, characterized by low demandingness and high responsiveness, presents another dimension of child-rearing practices. Permissive parents are lenient and indulgent, allowing their children considerable freedom and autonomy with few rules or

expectations. While this approach may foster creativity and self-expression, it often leads to a lack of structure and guidance for adolescents. Research has shown that children raised in permissive parents may struggle with self-discipline, experience difficulties in academic performance, and exhibit increased behavioural problems[25]. The absence of clear boundaries and expectations can leave adolescents feeling lost and unsupported, increasing their vulnerability to mental health issues. Permissive parenting children show more dependence on others, uncontrolled impulses and unable to show courage and challenge acceptance when needed[26]. Therefore, the children nurtured by permissive parents often regulate and plan their activities at a younger age without much parental attention.

Neglectful parenting, which Maccoby and Martin added to Baumrind's original typology, is characterized by low demandingness and low responsiveness. Neglectful parents are often disengaged and uninvolved in their children's lives, failing to provide the necessary emotional and practical support. This lack of parental involvement can have severe consequences for adolescents, as they may feel abandoned, unloved, and unsupported. Adolescents from neglectful backgrounds may struggle to form healthy relationships, resulting in increased isolation, loneliness and vulnerability to self-harm. According to an author, uninvolved parenting styles present negative impacts on life satisfaction, depression, aggression, delinquency, antisocial behaviour, and attitudes[27]. The absence of a nurturing relationship with caregivers can lead to feelings of worthlessness and hopelessness[28].

Parenting cognition refers to the mental processes through which parents perceive, interpret, and respond to their child's behaviour, needs, and emotions[29]. It encompasses the attitudes, beliefs, and expectations that parents hold about their child and their role as caregivers, as well as the cognitive frameworks that shape their decision-making and parenting practices[30].

Parenting cognition is a critical aspect of parenting because it influences how parents interact with their children and how they perceive their child's development, temperament, and behaviour. The way parents think about their children impacts their parenting style, the strategies they employ in discipline, and their emotional responses to their child's actions. Parenting cognition also plays a role in shaping the parent-child relationship, as the parent's cognitive interpretations of their child's needs can influence the emotional climate of the home and contribute to the child's development of self-esteem and emotional regulation[31].

Central to the concept of parenting cognition is the role of parents' beliefs and perceptions. Parents tend to develop cognitive frameworks or mental models about their children based on their past experiences, cultural values, and individual beliefs. These frameworks affect how parents view their child's needs, temperaments, and behaviours, which in turn guides their responses. However, parent who believes in the importance of independence might encourage their child to take on more responsibility, while an overly protective parent might perceive the child's actions as needing supervision[32]. Such beliefs shape how parents react to a range of behaviours, from misbehaviour to accomplishments, and affect the emotional climate within the home.

Parenting cognition is also affected by cognitive biases, which are systematic patterns of thinking that can distort the perception of a child's behaviour or needs. Cognitive biases can lead to misinterpretations or overgeneralizations, influencing how parents respond to their children. Parents who are prone to the "confirmation bias" may focus on instances where their child is "acting out", reinforcing the belief that their child is difficult or uncooperative while overlooking positive behaviours that contradict this view[33]. Similarly, parents who are emotionally reactive or prone to anxiety may engage in "catastrophic thinking," expecting the worst outcomes from their

child's behaviour and responding in ways that exacerbate conflict[34]. These biases can undermine effective parenting, as they may lead to disproportionate emotional reactions, inconsistent discipline, or excessive control.

The way parents think about their children and respond to their behaviour can have significant implications for a child's emotional and cognitive development. Positive parenting cognition, characterized by empathy, responsiveness, and flexibility, is associated with healthier parent-child relationships and better outcomes in children, including higher self-esteem, better social competence, and greater emotional regulation[35]. Parents who can accurately interpret their child's behaviour and respond in a supportive and constructive manner help their child develop secure attachment bonds, which are foundational for emotional security and social competence[36]. Moreover, when parents hold positive, realistic beliefs about their children's capabilities, they are more likely to provide the encouragement and guidance necessary for their child to succeed in various domains, including academics and peer relationships.

Adverse Childhood Experiences (ACEs) refer to a range of stressful or traumatic events that occur during childhood, which can have long-lasting effects on a person's physical and mental health. These experiences may include physical, emotional, or sexual abuse, neglect, household dysfunction such as domestic violence, parental separation, or substance abuse[37, 38]. The concept of ACEs emerged from research conducted in the 1990s by the Centres for Disease Control and Prevention (CDC) and Kaiser Permanente, which found a direct correlation between the number of ACEs an individual experiences and the likelihood of experiencing various health and social problems later in life[37]. Children who experience high levels of adversity often develop maladaptive coping mechanisms in response to stress, which can lead to an increased

risk of mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD)[39].

Furthermore, ACEs have been linked to physical health problems, including heart disease, obesity, and substance use disorders, as these individuals may engage in risky behaviours such as smoking, alcohol consumption, and drug use as a means of self-medication[40, 41]. Thus, ACEs can contribute to a cycle of intergenerational trauma and health disparities, making it an important area of research in public health. The impact of ACEs is not only limited to individual health but extends to societal and economic costs[42]. Individuals with high ACE scores are more likely to experience difficulties in education, employment, and interpersonal relationships, which can affect their economic stability and social functioning[43]. The societal burden of ACEs is significant, as individuals who experience childhood adversity are more likely to engage in criminal behaviour, experience homelessness, or become involved in the child welfare system.

1.2 Statement of the Problem

The parent-child relationship plays a foundational role in shaping the emotional, social, and cognitive development of young children, influencing their ability to form secure attachments and navigate future relationships. Among parents of young children, nurturing a healthy parent-child relationship is crucial, as it significantly influences the child's sense of security, self-esteem, emotional regulation, and social behaviours. Research suggests that young children who experience strong, positive bonds with their parents are more likely to develop resilience, interpersonal skills, and a healthy self-concept. Conversely, strained or dysfunctional parent-child relationships during this sensitive period can lead to issues such as anxiety, behavioural challenges, and difficulties in future relationships.

Given the significance of early childhood development, it is imperative to explore how various sociodemographic and contextual factors impact the nature of these relationships. Numerous studies have explored the role of factors such as socioeconomic status, education, and family dynamics in influencing the quality of parent-child relationships. Research has consistently shown that low socioeconomic status and parental educational level can adversely affect the emotional quality of parenting, often resulting in insecure attachments and strained relationships between parents and children[44]. In Nigeria, similar patterns have been observed, with findings indicating that socio-economic challenges contribute to heightened parenting stress, which, in turn, affects the emotional warmth and responsiveness of parents.

Furthermore, studies have emphasized the role of family structure, particularly in cases of single-parent households, in shaping parent-child relationships. It has been found that children raised in single-parent households may face more challenges in terms of attachment and emotional security, as these children often experience higher levels of stress, instability, and inadequate emotional support[45]. However, since both nuclear and extended family structures are common, the effect of family composition on parent-child relationships has not been sufficiently investigated. Moreover, while research in other regions of Nigeria has documented the challenges of parenting in the face of social pressures such as poverty, unemployment, and community violence. Studies have pointed out that external social stressors often exacerbate parental difficulties in responding to the needs of their children, but research in Ibadan remains limited, particularly in understanding how these stressors specifically affect parent-child interactions.

This study seeks to address these gaps by investigating the factors influencing the parent-child relationship among parents of young children in Ibadan. Although various studies have focused on related factors like socioeconomic status, family structure, and external stressors, there is a lack of research that combines these elements considered in this research and particularly within the Ibadan context, especially regarding how these factors collectively influence the quality of parent-child relationships.

1.3 Aim and Objectives of the Study

The aim of this research is to examine the influence of parenting cognition, parenting styles and exposure to adverse childhood experience on parent-child relationship in Ibadan, Oyo state. The study aims to determine whether different parenting styles, the cognition of parents and adverse childhood experiences plays a role in parent-child relationships.

Specifically, the objectives of this study are as follows:

1. To determine if parenting styles significantly predicts parent-child relationship among parents in Ibadan, Oyo state
2. To examine if parenting cognition is a predicting factor of parent-child relationship among parents in Ibadan, Oyo state
3. To explore the influence of exposure to adverse childhood experiences on parent-child relationship among parents in Ibadan, Oyo state

4. To investigate the joint influence of parenting style, parenting cognition and adverse childhood experiences on parent-child relationship among parents in Ibadan, Oyo state
5. To examine the generational differences in parent-child relationship among parents in Ibadan, Oyo state.

1.4 Research Questions

1. How do parenting styles (authoritarian, authoritative, permissive and uninvolved) predict parent-child relationship on Ibadan, Oyo state?
2. How does parenting cognition influence parent-child relationship on Ibadan, Oyo state?
3. How does exposure to adverse childhood experiences influence parent-child relationship on Ibadan, Oyo state?
4. What is the joint influence of parenting style, parenting cognition and adverse childhood experiences on parent-child relationship on Ibadan, Oyo state?
5. What are the generational differences in parent-child relationship among parents in Ibadan, Oyo state?

1.5 Hypotheses

1. Parenting styles will significantly predict parent-child relationship among parents in Ibadan, Oyo state

2. Parenting cognition will significantly predict parent-child relationship among parents in Ibadan, Oyo state
3. Exposure to adverse childhood experiences will significantly predict parent-child relationship among parents in Ibadan, Oyo state
4. Parenting styles, parenting cognition and exposure to adverse childhood experiences will jointly influence parent-child relationship among parents in Ibadan, Oyo state
5. There will be generational differences in parent-child relationship among parents in Ibadan, Oyo state

1.6 Significance of the study

The outcome of the study holds immense practical and theoretical relevance, as it highlights the importance of parent-child relationship among parents in Ibadan, Oyo state. The findings from this work will inform parental education programs by identifying key elements that can be incorporated to promote healthy parent-child relationships and improve overall family dynamics. It will also identify potential intervention targets to promote positive parent-child relationships and mitigate the negative effects of ACEs. Programs that address both parenting styles and cognitive beliefs can help parents adopt more supportive and effective behaviours, leading to healthier parent-child relationships and better child developmental outcomes.

The findings of this study can inform preventive interventions aimed at improving children's mental health. For example, helping parents adopt nurturing parenting styles or challenge maladaptive parenting beliefs can foster children's emotional regulation and resilience.

Therapists and counsellors can use knowledge of this interplay to better understand family dynamics in cases of childhood behavioural issues or family stress. Interventions can be tailored to address not just behaviours but also underlying cognitions, thereby promoting more harmonious and supportive family environments. Policymakers and educators can use research findings to develop resources that promote healthy parenting. Public health campaigns and educational materials informed by these findings can advocate for parenting practices shown to foster positive parent-child relationships, potentially reducing negative outcomes like child aggression, anxiety, or academic struggles.

In addition to its practical relevance, the study contributes to the body of knowledge in developmental psychology and family studies. It deepens our understanding of how these factors interactively shape a child's social, emotional, and cognitive development. The study provides insights into attachment theory by explaining how different parenting styles and cognitive processes impact the emotional bonds formed between parents and children. It also advances parenting theories, helping to clarify the mechanisms by which parenting beliefs translate into behaviours that ultimately influence child outcomes. This area of study bridges concepts from developmental psychology and social-cognitive theories, enhancing the ability to predict and explain variations in parent-child relationships and their effects on children's well-being.

1.7 Scope of the Study

The focus of this study was on the exploration of how parent-child relationship is influenced by parenting styles, parenting cognition and exposure to adverse childhood experiences. The dependent variable was parent-child relationship while the independent variables were parenting styles, parenting cognition and exposure to adverse childhood

experiences. The study was restricted to parents with children between the ages of one and ten in Ibadan, Oyo State. Children within this age group are at imperative stage of development.

1.8 Limitation of the Study

Several limitations to this study could be addressed in new psychology or multidisciplinary studies to further illuminate parent-child relationship in Nigeria. Examining the influence of variables such as health behaviour (physical activities and diet), access to music therapy, resilience, social support and coping strategy could provide addition knowledge of mental well-being among chronic illness patients.

One limitation of this study is that the data collected was quantitative, which limits the ability to precisely define the extent of parenting styles, parenting cognition, and exposure to adverse childhood experiences on parent-child relationship. This quantitative approach may restrict the various ways a person can express their behaviour, making the research results context-bound and reflective of the assumptions made by the researchers. To overcome this limitation, qualitative methods such as an in-depth interview could have provided a more direct understanding of how parenting styles, parenting cognition, and exposure to adverse childhood experiences offering more profound insights into the underlying mechanisms and individual experiences. Parents may respond in ways that reflect socially accepted norms rather than their actual behaviours, especially when reporting on sensitive issues like parenting styles or adverse childhood experiences. This could limit the accuracy of the findings.

This study also had some limitation relating to the settings and generalization of the study findings. Since the research was carried out in Oyo state, it may be difficult to generalize the finding to other part of the country where cultural and ethnical differences may influence parent-

child relationship. Therefore, it is suggested this study be replicated in the various geopolitical zones of the country. More so, the study uses a cross-sectional design due to time and it captured data at one point in time, limiting the ability to infer causality. This design restricts conclusions about how parenting styles or parenting cognition influence parent-child relationships over time and makes it difficult to distinguish cause-and-effect relationships.

1.9 Operational Definition of Terms

Parenting styles: This refers to distinct patterns of behaviour, attitudes, and strategies that parents use to interact with and raise their children. These styles are typically classified into four primary types (authoritarian, authoritative, permissive and uninvolved) based on the level of responsiveness (warmth and support) and demandingness (control and expectations) exhibited by the parent. In this study, parenting style was measured using the participants' score on the parenting style four factor questionnaire (PS-FFQ) consisting 32 items rated on a 5-point Likert scale ranging from all of the time (1) to never (5). Lower scores on each subscale indicated stronger alignment with that specific parenting style[46].

Parenting cognition: This refers to the beliefs, thoughts, expectations, and attitudes that parents hold about parenting, child development, and their role as parents. These cognitions shape how parents interpret their child's behaviour, influence parenting decisions, and guide parenting practices. In this study, parenting cognition was determined using the participants' score on the parenting cognition scale consisting 30 items rated on a 6-point Likert scale ranging from always true (0) to never true (5). Higher score indicated greater dysfunction[47].

Exposure to adverse childhood experiences: This refers to the cumulative experience of traumatic or significantly challenging events during the first 18 years of life. These experiences

fall into various categories of adversity, including abuse, neglect, and household dysfunction, which can have lasting impacts on health, well-being, and development. In this study, exposure to adverse childhood experiences was determined based on participants' score on ACE-Q consisting of 10 items rated in a dichotomized format (yes/no), with respondents indicating whether they experienced each form of adversity during childhood. Higher score indicated higher childhood experiences[48].

Child-parent relationship: This refers to the ongoing pattern of interactions, communication, emotional closeness, and support exchanged between a parent and child, shaping both the child's development and the parent's caregiving behaviours. This relationship encompasses multiple dimensions, including emotional warmth, responsiveness, control, and communication. In this study, parent-child relationship was determined with participants' score on child-parent relationship scale consisting of 30 items on a 5-point Likert scale ranging from definitely does not apply (1) to definitely applies (5), with higher scores on the closeness subscale indicate a more positive, warm relationship, while higher scores on the conflict subscale indicate more tension and disagreement in the relationship[49]

Endnotes

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Chapter Two

Literature Review

2.1 Conceptual Review

2.1.1 Parent-Child Relationships

Family dynamics can exert significant effects on several facets of children's lives, encompassing their emotional, physical, and mental well-being[50]. For instance, a deficiency in familial communication might be linked to substance abuse, suicidal tendencies, depressive symptoms, diminished self-worth, and unhealthy eating habits. A study discovered a correlation between family conflicts, anger, and rejection and the subsequent diagnosis of depression[51]. There is a connection between deficits in family communication and substance use, suicidality, depression, low self-esteem, and maladaptive eating practices. Parent-child relationships characterised by conflict might result in difficulties within the family and negative emotional consequences[2]. These disputes are usually more intense in mother-daughter relationships because of their inherent closeness and interdependence[52].

While bad parent-child interactions can lead to undesirable results, establishing healthy parent-child ties can have a positive impact on children[53]. Establishing healthy parent-child ties is important for positive development in children, serving as a foundation for their social, emotional, and cognitive growth. Research highlights that supportive, warm, and responsive parenting provides children with a secure base, promoting self-esteem, emotional regulation, and resilience[54]. For instance, children who experience consistent emotional support from parents are often better equipped to handle stress, show empathy, and engage in positive peer relationships. In contrast, negative interactions, such as those characterized by neglect, harsh discipline, or inconsistency, can hinder these outcomes, potentially leading to anxiety, behavioural problems,

and poor social relationships. These children might struggle with trust, self-regulation, and forming secure relationships with others, as they have not learned healthy relational patterns within the family.

Healthy parent-child relationships offer a protective factor, buffering children against adverse effects of external challenges[55]. Children who feel supported by their parents are more likely to succeed academically and socially, with a solid framework to navigate life's obstacles. These interactions model positive communication and problem-solving skills, equipping children with tools to build strong relationships outside the home. The presence of parental warmth proved to be beneficial in safeguarding children against psychopathology and enhancing their overall well-being.

Research into the impact of parental warmth, particularly from mothers, on kindergartners reveals that the care and engagement shown by mothers significantly influence their children's early academic success[56]. Parental warmth, which includes behaviours such as positive reinforcement, attentiveness, encouragement, and emotional support, creates a nurturing environment where young children feel secure and motivated to explore and learn. When mothers show high levels of warmth and engagement, children tend to display greater cognitive and emotional readiness for learning. This warmth fosters a supportive atmosphere, encouraging children to take academic risks, ask questions, and engage in problem-solving. Studies have shown that children who experience such parental warmth are more likely to develop key academic skills, including early literacy and numeracy, and are better able to sustain attention and follow directions in classroom settings.

Lower levels of maternal warmth can create stress and anxiety in children, which may hinder cognitive development and limit engagement in learning activities[57]. Without a strong

foundation of emotional support, children may struggle with motivation, confidence, and academic persistence. In essence, a mother's level of warmth and involvement serves as a crucial predictor of academic outcomes for kindergartners. This relationship underscores the importance of nurturing parent-child interactions in early childhood, as these early experiences set the stage for lifelong learning attitudes and academic trajectories.

The impact of family relationships on risk-taking behaviours is an area of extensive research, particularly in adolescence, a period marked by increased exploration and vulnerability to risk. Studies consistently show that the quality of family relationships—characterized by aspects such as warmth, communication, monitoring, and conflict—significantly influences the likelihood of engaging in risky behaviours like substance use, delinquency, and unsafe sexual activities[58]. In families where strong, positive relationships are present, adolescents are generally less inclined toward risk-taking. Open communication and emotional closeness with parents can foster trust and a sense of security, which supports better decision-making. When adolescents feel supported and understood by their families, they often internalize family values, which can serve as a buffer against external pressures, such as peer influence, to engage in risky behaviour.

Conversely, families characterized by high conflict, low cohesion, or lack of effective communication may see higher instances of risk-taking in adolescents[59]. These environments often lack the emotional support and guidance that adolescents need, leading them to seek acceptance or identity validation elsewhere, sometimes through risky behaviours. Additionally, inconsistent discipline or lack of supervision can reduce the perception of consequences, increasing the appeal of risk-taking.

The quality of the parent-child relationship is fundamental to a child's emotional, social, and psychological development[60]. A high-quality parent-child relationship is often characterized

by warmth, consistent communication, trust, and responsiveness to the child's needs. These qualities lay the foundation for healthy attachment, which is associated with numerous positive developmental outcomes, including strong self-esteem, emotional regulation, social competence, and resilience. Children who experience a positive relationship with their parents are more likely to develop a secure attachment style, which fosters trust in others and confidence in navigating social and academic challenges. This secure attachment also helps children manage stress effectively and maintain better relationships with peers and other adults. High-quality parent-child relationships contribute to children's ability to form and maintain healthy, reciprocal relationships later in life, as these early bonds model constructive communication and problem-solving skills.

On the other hand, low-quality parent-child relationships, often marked by conflict, inconsistency, neglect, or a lack of emotional support, can negatively impact a child's well-being[61]. Children in such relationships may experience higher levels of anxiety, low self-esteem, behavioural issues, and difficulty with social interactions. These children may also be at greater risk for mental health challenges and difficulties in forming healthy relationships, as their early experiences do not provide a reliable framework for emotional connection and support. Ultimately, the quality of the parent-child relationship shapes not only the child's early experiences but also their long-term social, emotional, and psychological trajectory. Positive, supportive parent-child relationships are essential for nurturing well-adjusted, emotionally healthy individuals.

2.1.2 Parenting Styles

Parenting style is another significant factor that impacts parent-child connections[62]. Parenting style refers to the emotional atmosphere in which interactions between parents and children take

place. The parenting style can exert a significant impact on a child's development. Parenting style is an important factor that shapes the quality of parent-child connections and has lasting effects on a child's development. An author identified four primary parenting styles—authoritative, authoritarian, permissive, and uninvolved—each with distinct approaches to communication, discipline, and warmth[63]. These styles impact not only the immediate parent-child relationship but also the child's emotional, social, and behavioural development.

2.1.2.1 Authoritative Parenting

Authoritative Parenting is characterized by high responsiveness and high expectations[64]. Authoritative parents set clear boundaries and expectations but balance them with warmth, open communication, and support. Research consistently shows that authoritative parenting fosters secure parent-child connections, as children feel understood and valued, even within structured environments[65]. Children of authoritative parents often exhibit high self-esteem, strong social skills, and good emotional regulation, as they learn healthy relational patterns and self-discipline. Research has shown that children who grow up in authoritative households exhibit elevated levels of self-assurance and self-worth, as well as cultivate more favourable interactions with their peers[66]. Authoritative parenting has been shown to have a beneficial impact on college outcomes.

2.1.2.2 Authoritarian Parenting

Authoritarian parents are highly demanding but less responsive, emphasizing obedience, discipline, and control[67]. This style may create a more rigid or distant parent-child relationship, as children may feel pressured to conform without understanding the reasoning behind rules. Children of authoritarian parents may follow rules but can develop low self-esteem, fearfulness, and difficulties with social interactions, as they may lack opportunities to express themselves and

build self-confidence. Harsh parenting is the third most significant factor that affects conduct problems in children, after parent supervision and family time spent[16]. Children who are reared under these conditions exhibit decreased levels of security, increased hostility, or a tendency to revert to earlier, less mature behaviours when confronted with stressful circumstances. They may experience a decline in popularity and fail to develop beneficial peer connections[16].Children raised by parents who impose stringent rules and regulations tend to display dread, anxiety, and a tendency to conform. Additionally, these individuals may experience a decline in self-esteem, a sense of inadequacy, and harbour negative feelings towards people of authority.

2.1.2.3 Permissive Parenting

Permissive parents are very responsive but place few demands on their children, often avoiding discipline or setting minimal boundaries[68]. Permissive parenting can lead to a close but inconsistent parent-child relationship, as children may feel supported but lack structure and guidance. These children may develop high self-esteem but might struggle with self-regulation, responsibility, and adherence to rules, potentially leading to behavioural issues and difficulties in settings that require discipline. Permissive parents exhibit a lack of structure and readily comply with their children's desires[69]. They strive to make every endeavour to guarantee the youngsters are content. Permissive parents exhibit a lack of guidance and control. Children raised in such an environment may develop self-centred tendencies and a deficiency in empathy. They may necessitate a substantial amount of focus, exhibit high levels of neediness, and insist on having things done according to their preferences[15].

2.1.2.4 Uninvolved Parenting

Uninvolved parents offer minimal responsiveness and demands, often due to personal stressors, mental health challenges, or lack of awareness about the child's needs[70]. This style can

result in a weak or neglectful parent-child connection, leaving children feeling unsupported, which may lead to issues with attachment, self-worth, and social relationships. Children raised in uninvolved environments may exhibit behavioural problems and struggle with forming secure connections due to a lack of emotional foundation. Uninvolved parents exhibit a lack of active involvement in their children's growth and adopt a careless attitude towards their life. These parents exhibit a lack of concern for their children's activities, allowing the adolescents to establish their own regulations. Uninvolved parents lack the initiative to provide counsel or assert their authority. These children frequently become involved in significant misconduct, partake in hazardous activities, and engage in experimentation with drugs and alcohol. Additionally, they acquire deficient social skills and subsequently, inadequate parenting abilities[17].

Baumrind's parenting styles are widely recognised and utilised as the primary framework for distinguishing parental attitudes and behaviours. Therefore, they will serve as the guiding theory for this idea[71]. Authoritarian parents shape their child's behaviour by imposing strict norms and standards of behaviour that are often influenced by beliefs in a higher authority[19]. Compliance is deemed significant and sanctions are employed when deemed required to govern suitable conduct. The child's level of autonomy is restricted, and home responsibilities are assigned with the intention of instilling a strong work ethic. Structure is rigidly imposed and regulations are non-negotiable with the child. The study conducted by Baumrind in 1971 found that authoritarian parenting was linked to more hostile behaviours in boys and a decreased motivation for achievement in both boys and girls. Authoritative parents engage in reasonable discourse with their child, offering logical reasoning and justifications for the rules and standards they set[19].

Additionally, they provide the youngster with the opportunity to articulate their concerns within established guidelines. While autonomy is promoted, children are also expected to adhere to a strict level of discipline through the implementation of rigorous control. The youngster is afforded freedom and permitted to articulate his or her interests. The utilisation of power and logical thinking is employed to attain desired behaviours, while also acknowledging and validating the individuality of the child. Decisions are not determined by the child's personal preferences or influenced by collective expectations. Authoritative parenting was linked to children who exhibit autonomy, determination, and a strong sense of social responsibility. In her study conducted in 1971, Baumrind also reached the conclusion that parents who choose an authoritative parenting style are more inclined to produce children who demonstrate responsibility and competence.

Permissive parents demonstrate a high level of acceptance and affirmation towards their child's activities and wishes. They impose minimal expectations on the youngster in terms of obligations or suitable behaviours. In addition, they provide rationales for regulations and engage in discussions with the child regarding decisions. The parent is not perceived as an exemplar of good behaviours, but rather as a valuable asset to be utilised. The child is expected to autonomously govern their own behaviours and actions, with no explicit expectations imposed regarding adherence to norms outside of the home. Reasoning and manipulation are frequently employed as alternatives to using authority to attain the desired results from the youngster. Punishment is not perceived as essential for the welfare or upbringing of the child. According to Baumrind's[19] findings, children raised by permissive parents exhibit lower levels of independence compared to children raised by authoritarian parents, regardless of their gender.

Boys from authoritative parents were shown to have lower levels of purposefulness and achievement orientation.

2.1.3 Parental Cognition

Parenting cognitions encompass parental knowledge, contentment, and attributions[72]. Parenting cognitions influence parents' self-perception, assist in structuring parenting behaviours, and play a role in determining the amount of time, effort, and energy invested in parenting[23]. Parenting cognitions—parents' beliefs, attitudes, and perceptions about parenting—significantly influence their approach to parenting and affect both their self-perception and day-to-day parenting behaviours. These cognitions shape how parents view their roles, how they perceive their effectiveness, and ultimately guide the choices they make in raising their children. Parenting cognitions are essential in structuring behaviours, as they help determine the level of time, effort, and emotional investment parents dedicate to nurturing their child's development.

Parents' beliefs about their abilities—such as self-efficacy in parenting—impact their confidence in handling parenting challenges[73]. Parents with a strong sense of efficacy feel more competent and are generally more consistent, patient, and adaptive in their parenting practices. They are more likely to engage in supportive and positive interactions, which in turn fosters secure and warm parent-child relationships. On the other hand, parents with low self-efficacy may doubt their abilities, potentially leading to inconsistency, frustration, or detachment. Parenting cognitions shape how parents interpret and respond to their child's behaviour[74]. For instance, parents who believe in promoting autonomy may encourage independence and problem-solving, while parents who value obedience might prioritize rules and structure. These beliefs guide choices in setting boundaries, offering support, and managing discipline, directly influencing children's social, emotional, and cognitive development. By structuring their

behaviours according to their cognitions, parents create environments that either encourage exploration and self-expression or emphasize conformity and self-control. Parents' attitudes about the importance of parenting influence how much time and energy they are willing to invest. Parents who view parenting as a central and rewarding part of their identity are likely to dedicate more time and effort to engaging with their children, fostering closeness, and providing consistent support. On the other hand, parents who view parenting as a burdensome task may invest less effort, which can affect the quality of the parent-child bond and limit the support and encouragement children receive.

Parenting cognitions can be categorised into two dimensions: the inclination or aspiration to make changes and the belief that change is attainable[75]. According to motivational models, parents are more inclined to participate in intervention or treatment programmes when they acknowledge the presence of challenging behaviour in their children and/or ineffective parenting practices in themselves, and when they have confidence in their ability to make the necessary changes (known as parenting self-efficacy)[24]. The existence of complex child behaviour may indicate which individuals are most likely to experience significant behavioural enhancement through parenting interventions, but it does not necessarily foretell which parents would actively participate in the treatment.

A meta-analysis examined the associations between parent and child variables and parents' involvement in psychological treatment. The findings revealed that parents' own perceptions of their parenting had a stronger correlation with their engagement in treatment compared to the level of externalising problems exhibited by their children[76]. The findings indicate that parents' thoughts and beliefs, such as their ability to identify their child's challenging or problematic behaviour and their perception of themselves as either contributing to

or resolving the problem, may have a stronger influence on their willingness to participate in treatment compared to the mere existence of problematic behaviour in the child[25].

Past research has demonstrated that increased levels of parenting self-efficacy have a significant and positive impact on parents' participation in parenting intervention programmes[77, 78]. However, the findings in this field are inconsistent[79, 80]. In general, self-efficacy has been associated with parental behaviour, specifically, the actions parents take to find educational resources and programmes related to parenting[81]. Further research is required to examine the connections between parental thoughts and actions. This will help us gain a deeper understanding of how changes in parent and child behaviour happen, and guide us in promoting parental involvement in parenting intervention programmes.

2.1.4 Exposure to Adverse Childhood Environment

Adverse childhood experiences (ACEs) refer to any form of abuse, neglect, or other potentially traumatic events that occur in children below the age of 18 years[82].Adverse Childhood Experiences (ACEs) encompass a range of negative experiences such as emotional abuse, sexual abuse, physical abuse, neglect, abandonment, lack of affection, domestic violence, mental health disorders, substance misuse, and incarceration[83].Adverse Childhood Experiences (ACEs) are a contributing factor to the development of mental health issues and can result in detrimental effects, such as the manifestation of chronic stress responses[84]. Multiple researches have demonstrated that the likelihood of acquiring a mental disorder, such as anxiety, depressed mood, post-traumatic stress disorder, suicide attempts, and substance misuse, is most pronounced following Adverse Childhood Experiences (ACEs)[85,86].ACEs have a global presence and are seen as a significant issue in public mental health[87]. Approximately 46% of children in the United States have had at least one Adverse Childhood Experience (ACE).7Prior research has provided

evidence supporting the connection between adverse childhood experiences (ACEs) and unfavourable consequences, such as low academic performance, poverty, joblessness, disability, and premature mortality[88].

Children and adolescents who experience stress are prone to developing melancholy, anxiety, or maladaptive behaviour. They may also struggle with emotional regulation and interpersonal connections, which can negatively impact their school performance and learning abilities[89]. A research study investigated young children who were at risk of neglect and abuse and found that experiencing adverse childhood experiences (ACEs) over a period of four years increased the likelihood of developing the disease by three times after two years[90].Exposure to adverse childhood experiences (ACEs) might trigger a detrimental activation of the body's stress response systems in children and adolescents[91]. According to Slavich et al.[92], prolonged exposure to stress can cause young people to view their surroundings as uncertain and menacing. In order for children to undergo a reorganisation of their stress systems, it is necessary for them to feel secure in their surroundings[93].Thus, the adverse childhood experiences (ACEs) of children and stress might be regarded as intimately interconnected.

ACEs, or Adverse Childhood Experiences, are a significant clinical indicator that guides the development of strategies and interventions aimed at providing trauma-informed care[94]. Given that ACEs can result in detrimental health and psychological consequences, it is imperative to identify factors that can safeguard children and adolescents from experiencing ACEs[95].Moreover, empirical evidence has demonstrated that an individual's cumulative Adverse Childhood Experiences (ACE) score is significantly associated with a range of physical, social, and behavioural problems throughout their lifespan[96,97]. Prior research has shown that ACE assessments are crucial before initiating psychosocial interventions in children and adolescents.

The timing of ACE (Adverse Childhood Experiences) is crucial in both preventing and treating physical and psychological disorders that are linked to ACEs, as stated by Almuneef et al.[98]. Research focused on Adverse Childhood Experiences (ACEs) has the potential to prevent ACEs from occurring, alleviate the negative consequences of ACEs, and promote resilience in children and families.

The Adverse Childhood Experiences (ACEs) paradigm, widely utilised in the social sciences and public health, offers a conceptualization of adversity in an alternate dimension[99]. The ACEs framework, initially developed by Felitti and colleagues in 2015[100], has been utilised to establish a connection between childhood experiences and negative consequences in adulthood. The paradigm classifies negative events as either abuse, neglect, or household dysfunction. While these experiences are conceptually separate, research has shown that they rarely happen on their own[101]. Research has demonstrated a correlation between Adverse Childhood Experiences (ACEs) and several negative consequences in adulthood, including smoking, drug usage, sexually transmitted diseases, suicide risk, and overall personal health51.

The detrimental effects of Adverse Childhood Experiences (ACEs) can be quantified during the period of childhood and adolescence. Adolescents who report negative experiences are more prone to developing depression, substance addiction, and antisocial behaviour during their early adulthood, similar to findings in studies conducted on adults[102]. Furthermore, children who were documented to have encountered many Adverse Childhood Experiences (ACEs) exhibited a higher likelihood of facing challenges related to their behaviour and developmental tasks[103]. These individuals have also been demonstrated to have reduced rates of involvement at school[104]. According to Jaffee and Maikovich-Fong[105], the consistent presence of ACEs has more detrimental impacts on IQ and behaviour compared to infrequent occurrences. The complex and

interconnected character of challenges and their relationships to other environmental factors become evident in the early stages of a child's development[106].

ACEs measurement is typically done using a cumulative risk model, where individual ACEs are combined into a presence/absence indicator, and these indicators are added up to create a composite score. However, recent developments in the ACEs field have raised doubts about this approach. The cumulative risk practice limits the impact of individual ACEs to the same level of influence on the outcomes, while reducing the variability within the individual indicators[107]. The utilisation of a latent factor approach enables the preservation of the variability in the indicators and permits differential contributions by the indicators to the ACEs measure[108].

2.2 Theoretical Review

2.2.1 Ecological Systems Theory

Ecological systems theory, created by psychologist Urie Bronfenbrenner in 1979[109], elucidates the impact of many environmental systems on human development. Researchers, policy makers, and practitioners are concerned with the potential benefits and drawbacks of how young people choose to spend their free time outside of school hours. Organised activities, such as extracurricular activities, after-school programmes, and events at community-based organisations, are a major environment where young people spend their time outside of school. Ecological systems theory has been widely used in studies on out-of-school activities to examine how these activities promote positive and healthy development among kids from diverse backgrounds.

Contemporary theories of human development suggest that growth takes place gradually as a result of an intricate process that involves interactions within the individual and between the individual and their environmental surroundings. Bronfenbrenner's influential study in 1979 introduced the concept of ecological systems theory, which explains the child's environment as a series of interconnected levels60. In 2006, Bronfenbrenner made revisions to his initial theory, renaming it as the bio ecological systems theory, with a focus on highlighting the active participation of the individual in the process of evolution.

In relation to this study, this theory posits that the environment could have an impact on the relationship between the parent and the child, either directly or indirectly. By implication therefore, the when a child lived in a supportive environment, it tends to over-rule the impact which the parenting style has on the parent-child relationship, vice versa.

2.2.2 Attachment Theory

John Bowlby formulated his attachment theory over a span of 20 years following his initial research on the correlation between maternal deprivation and the subsequent delinquency of male offspring[110]. He observed the correlation between what would eventually be recognised as attachment and the negative long-term consequences, such as delinquency. In order to gain a deeper understanding of this phenomenon, he endeavoured to construct a theory of attachment. Attachment theory posits that the initial attachment bonds are established between the child and carer, as the vulnerable infant relies entirely on the carer for its survival**Error! Bookmark not defined.**.

Attachment theory posits that the caregiver's responsiveness and the quality of the attachment relationship, whether it is secure, anxious/ambivalent, anxious/avoidant, or

disorganised, will shape mental representations or "working models" that guide future thoughts and behaviours in relationships. This occurs through the internalisation of social norms[111]. Theorists have proposed that these working models can influence an individual's expectations for future relationships, drawing upon their early experiences of attachment with their care givers[112]. During infancy, stable attachment is demonstrated by the infant's capacity to utilise the parent as a reliable foundation, enabling them to go away without experiencing anxiety, in order to explore and gain knowledge about the surrounding environment. The secure base offers the infant a sense of comfort, assurance, and protection, enabling them to engage in exploration. According to this reasoning, a kid who has a solid attachment to a parent who responds to their needs is likely to develop a mental framework that believes others will provide support and care. Bowlby proposed that these initial working models establish the basis for future expectations in relationships.

In relation to this study therefore, it could be deduced that a child who receives the warmth and support from his or her parent would subsequently experience quality relationship with the parent, thereby strengthening the bond that exists between both of them.

2.2.3 Baumrind: two dimensions of parental behaviours

Baumrind formulated three parenting styles characterized by the degree of responsiveness and demandingness[113]. Parents who exhibit high levels of responsiveness and high to moderate levels of demandingness are classified as authoritative parents. On the other hand, parents who display low levels of responsiveness and high levels of demandingness are categorized as authoritarian parents. Lastly, parents who demonstrate high levels of responsiveness but low levels of demandingness are referred to as permissive parents.

Baumrind introduced four more parenting styles to account for the fact that not all parents fit neatly into the original three forms. These new styles are disengaged parenting, directive parenting, democratic parenting, and good enough parenting[114]. Disengaged parenting is characterized by a lack of both responsiveness and demandingness. Directive, democratic, and adequate parenting is characterized by moderate levels of attentiveness and/or demandingness. Psychological control is incorporated into Baumrind's parenting typology based on Schaefer's three dimensions[19]. Authoritarian parents exhibit strict behavioural control, psychological control, and rejection. Authoritative parents demonstrate optimal behavioural control, acceptance, and psychological autonomy. Permissive parents display lax behavioural control, psychological autonomy, and acceptance. Disengaged parents exhibit lax behavioural control and rejection. Baumrind's research determined that the most effective parenting style involves a combination of being sensitive and attentive to a child's needs, but also setting high expectations and boundaries[115]. The perfect balance between being responsive and challenging is linked to optimal outcomes for children[56]. This is corroborated by other researchers in their studies.

Baumrind's research involved the conceptualization of parenting actions based on two dimensions: attentiveness and demandingness.

2.2.3.1 Responsiveness

Responsiveness pertains to the emotional warmth and helpful behaviours exhibited by parents towards their children. This encompasses the active engagement and participation of parents in their children's activities, effective communication with children, and a deep comprehension of their emotions and requirements. Parents communicate their concern and set expectations for their children.

2.2.3.2 Demandingness

Demandingness/control refers to the manner in which parents oversee and manage their children's behaviour. Authoritative parenting primarily emphasises control through behavioural means. Authoritarian parenting is exerting control over children via both behavioural and psychological means. In Baumrind's introduction to the demandingness dimension of parental actions, two components of behavioural control are discussed: confrontive control and coercive control. Authoritative parents typically employ confrontive control. Confrontive control is characterised by being assertive, purposeful, and unwavering. The guidelines provide explicit duties and instructions for youngsters to adhere to. Authoritarian parents always exert coercive control. Coercive control is a form of manipulation that undermines autonomy and imposes restrictions. Children are obligated to comply with the directives given by their parents, as stated by Baumrind165. Therefore, there is a distinction between the behavioural control exerted by authoritative parents and the behavioural control exerted by authoritarian parents.

This theory posits that the kind of parenting style a child experience determines the extent to which they are able to relate with their parent. In addition, the kind of parenting style utilised by the parent also determines the amount of control which the parent will have on their relationship with the child. While the parenting styles differs in approach, the utilised ones are determined by the environment, culture or the temperament of the child.

2.2.4 The model of coping modes

The model of coping modes (MCM), like Miller's monitoring-blunting notion, focuses on variations in attention orientation and emotional-behavioural control among individuals in stressful situations[116]. The MCM expands upon the monitoring blunting notion, which is mostly descriptive, as well as the repression-sensitization method[117]. It does so by connecting the elements of vigilance and cognitive avoidance to an explanatory cognitive-motivational

foundation. It posits that the majority of stressful events, particularly those that induce anxiety, are defined by two key elements: the existence of unpleasant stimulation and a significant level of uncertainty. The experiential opposites of these situational traits are emotional arousal, which is primarily associated with negative stimuli, and uncertainty, which is linked to ambiguity. Arousal, in contrast, should trigger the inclination to mentally avoid (or suppress) the additional analysis of signals associated with the unpleasant experience, while uncertainty awakens watchful inclinations.

The hypothesis suggests that the habitual preference for avoidant or attentive coping methods is connected to personality through the conceptual link of individual differences in susceptibility to emotional arousal or ambiguity[118]. Individuals who are particularly prone to experiencing heightened emotional arousal as a result of stress are believed to regularly use cognitive avoidance as a coping mechanism. Avoidant tactics are generally used to protect individuals from experiencing heightened arousal, which is a coping mechanism driven by arousal. Individuals who are particularly impacted by the uncertainty commonly encountered in stressful situations are expected to consistently utilise alert coping strategies.

Therefore, the implementation of watchful tactics involves a deliberate plan to reduce the likelihood of unexpected negative events (coping behaviour driven by uncertainty). The MCM regards vigilance and cognitive avoidance as distinct personality traits that encompass habitual coping strategies. Therefore, when considering several stressful situations, the use of both alert and avoidant techniques can coexist without excluding one another. Therefore, four coping styles can be delineated. Sensitizers are individuals who exhibit high levels of attentiveness and low levels of cognitive avoidance. These individuals are primarily focused on minimising uncertainty by directing their attention towards information that is relevant to stress. (b) Individuals

exhibiting the contrasting pattern are classified as repressors. These individuals reduce the intensity of their emotional response by deliberately ignoring unpleasant information. (c) Non-defensives exhibit low scores on both aspects. These individuals are expected to adeptly adjust to the requirements of a challenging situation. Rather than constantly using attentive or avoidant coping techniques, they seem to prefer taking instrumental action in most situations. (d) Individuals who demonstrate elevated scores on both dimensions are referred to as very worried.

These individuals utilise watchful and avoidant coping methods to minimise both the subjective uncertainty and emotional arousal caused by stressful situations. Due to the inherent incompatibility of the two goals in most scenarios, individuals with high levels of anxiety are presumed to exhibit variable and hence less effective coping mechanisms. Krohne et al.67 provides descriptions of methods used to evaluate individual variations in alertness and cognitive avoidance.

In relation to this study, the model of coping model stresses the need for the parent to adopt the best approach in managing their relationship with the child. Specifically in an instance where the child had experienced negative experiences within the environment, utilising the warmth parenting style determines to a large extent, how much the parent will be able to cope with the child, thereby affecting the quality of their relationship with the child.

2.2.5 Cognitive Appraisal Theory of Stress

Following its initial appearance in Psychological Abstracts in 1944[119], psychologists quickly became more focused on the concept of stress. When researchers investigated the psychological origins of illnesses, they also took into account people's thoughts, feelings, and goals as potential causes of these disorders. Consequently, stress has emerged as a prominent subject of investigation in psychological, biological, and sociological study. The psychosomatic

tradition emphasised the correlation between stressful life circumstances and both physical and psychological ailments. The occurrence of a stressful life event triggers emotional responses and leads to alterations in physiological systems[120].

In 2009, an author categorised life events into two groups: normative events, which are anticipated and recurring in an individual's life, such as getting married or retiring; and nonnormative events, which are unpredictable, such as the loss of a spouse or unemployment[121]. According to Wolff[122], individuals' psychological well-being is influenced by how they see a life event as hazardous. These events induce feelings of anxiety and tension, prompting the body to develop a response in order to preserve equilibrium. The impact of a stressful life event on an individual's physical well-being is determined by its personal relevance.

In 1983, some researchers provided a concise summary of the benefits of assessing stressful life events[123]. To begin, it is beneficial to identify certain circumstances that can lead to the occurrence of illness risks. Furthermore, the evaluation of stress might be facilitated by quantifying significant life events. Furthermore, this strategy reduces the likelihood of subjective bias. However, a significant criticism of the theory of stressful life events arises due to its focus on objective life events rather than their interpretations[124]. As per some researchers, an individual's evaluation of occurrences holds greater significance than the actual occurrence of the event itself. Lazarus stated that psychology primarily emphasised the stimulus-response model (S-R), which is the foundation for the notion that science establishes universal principles.[125]. However, with the emergence of the stimulus-organism response (S-O-R) framework, individual differences became significant when researchers analysed the reactions to the stimulus. Individuals' attitudes, beliefs, and expectations influence their responses to a particular stimulus, and these responses differ among individuals. Consequently, a more personal interpretation of

human behaviours was presented.

Lazarus expressed disapproval of the inclination to perceive stress as a single-dimensional phenomenon [126]. Based on one-dimensional perspectives, individuals assess their own stress levels using a scale that ranges from minimal stress on one end of the spectrum to significant stress on the opposite end. He contended that this perspective is reductionist and that the experiences individuals undergo are a multifaceted process that varies from one person to another. Psychological stress is an intricate interaction between individuals and their surroundings. Therefore, the subjective nature of individuals' experiences holds great significance.

Lazarus identified four key characteristics that have a significant impact on stress levels: demands, limits, opportunities, and culture[77].

Demands refer to the implicit or explicit demands exerted by society. Demands necessitate individuals to conform to socially acceptable behaviour. When the demands of the environment are more than a person's available resources, these expectations are said to be stressful. Constraints are distinct from demands as they encompass the potential consequence of punishment. Individuals should refrain from engaging in certain actions due to the threat of punishment. Opportunities prove beneficial solely when individuals acknowledge and exploit them promptly. Ultimately, an individual's culture holds significance as the attributes of their culture have an impact on their judgements. An illustration of the significance of culture can be seen in the differing perceptions and coping strategies towards academic stress between American and international students[127].

Individual differences account for how individuals attribute significance to events. Subjective definitions of situations vary from person to person, resulting in differing perceptions of stress.

Therefore, a particular scenario may be deemed stressful by one individual but not by another. In order for an individual to experience an event as stressful, they must view it as a danger and have inadequate personal resources to effectively handle the situation. Therefore, stress is determined not only by the occurrence of an event, but also by several individual and environmental characteristics[128].

Undesirable events elicit tension. When individuals perceive themselves as incapable of meeting the demands of a new circumstance, such circumstance is deemed to be stressful. Therefore, stress is not caused by the incident itself, but rather by its effects. Novel circumstances necessitate fresh demands on individuals. These needs can encompass obligations, expectations, the ability to adjust to new situations, the establishment of new job definitions, or the re-evaluation of existing roles. Individuals who are unable to meet these criteria endure the consequences of a perceived lack of success, resulting in the sensation of stress. From this perspective, a favourable occurrence can nonetheless induce stress if it is deemed undesirable by the individual. There are three categories of situations in which an incident might be evaluated as causing stress: According to an author, an event may be perceived as undesired if it involves new obligations or expectations, and if individuals believe that they lack the necessary capabilities to meet the event's criteria [129].

In relation to this study, the theory emphasis on the need for the parent to adopt the best approach in managing their relationship with the child. Specifically in an instance where the child had experienced negative experiences within the environment, utilising the warmth parenting style determines to a large extent, how much the parent will be able to cope with the child, thereby affecting the quality of their relationship with the child.

2.2.6 Transactional model of stress and coping

This inquiry will utilise the transactional model of stress and coping, as suggested by Lazarus and Folkman in 1984, as its conceptual framework. As per the hypothesis, stress occurs when care givers perceive that their ability to cope with the demands of caregiving is insufficient[130]. The essential premise of the transactional model is that stress is not an external stimulus, a personal characteristic, or a mere reaction. Instead, it is a link between the expectations placed on an individual and their capacity to handle those demands without incurring excessive or disruptive consequences[81].

According to this idea, stress is defined as the interaction between an individual and their environment that the person views as overwhelming or surpassing their ability to cope, hence endangering their well-being[131]. The text identifies two mechanisms, cognitive assessment and coping, as crucial factors in difficult person-environment interactions and their immediate and long-lasting consequences. Cognitive assessment is the evaluation of an individual's perception of the significance of a particular encounter with the world and its impact on their overall well-being. According to Lazarus and Folkman82, there are three assessments that have a role in shaping and affecting the coping mechanism.

Primary appraisal is an individual's assessment of a scenario (such as their children having a seizure disorder) to determine its personal significance (i.e., how it will affect them) and their interpretation of the circumstance as being more difficult or frightening. The primary evaluation involves evaluating the external environment, specifically the public perception of children with seizure disorders, including any associated stigma. Secondary appraisal involves the individual's assessment of the resources required to mitigate or manage a major stressor and the resulting stress.

In essence, secondary assessment is the process of evaluating the available coping options and assessing their potential impact on the circumstance. This primarily pertains to the individual assessment of their attributes, such as personality qualities, perception of their condition, spirituality, and understanding of the illness. Both primary and secondary assessments are interdependent. For example, when a carer evaluates a situation where they feel threatened by the actions of the care givers, if the carer believes that there are enough resources to address the threat (secondary appraisal), they will feel minimal subjective burden. However, if the carer believes that resources are lacking, they may experience significant subjective burden.

As previously mentioned, load or stress is a subjective and interactive phenomenon that emerges from individuals' evaluations of external stresses and their available resources for coping. Stress arises when a person's ability to handle a challenging circumstance is overwhelmed by the demands of their surroundings, leading to a negative impact on their overall well-being[132]. Typically, perceiving a stressor as an opportunity (challenge appraisal) should decrease the perceived level of stress, resulting in a reduction in carer burden. Conversely, perceiving the stressor as a threat (threat appraisal) should increase the perceived level of stress, thereby increasing carer burden[133]. A prior study on Autistic Spectrum Disorder (ASD) discovered a correlation between the cognitive evaluation methods used by parents and the level of hardship they experience in caring for their child. This finding aligns with literature84. Parents who perceived their children's condition in a negative light experienced increased levels of personal, familial, and marital stress84. Additionally, younger pupils with Asperger syndrome who reported high levels of stress had lower levels of parental adaptation84.

In relation to this study, the theory emphasises on the need for the parent to adopt the best approach in managing their relationship with the child. Specifically in an instance where the

child had experienced negative experiences within the environment, utilising the warmth parenting style determines to a large extent, how much the parent will be able to cope with the child, thereby affecting the quality of their relationship with the child.

2.2.7 Social Exchange Theory

An individual's life is significantly influenced by the relationships they form with people around them[134]. Relationships have a crucial impact on relationship formation in different settings[135]. The environment can significantly impact the level of value, support, and identity that an individual experiences in their immediate environment84. The major theoretical framework employed to elucidate parent-child connections is social exchange theory[136]. Social exchange theory serves as a fundamental framework for various other theories, such as leader-member exchange theory, organisational support theory, transformational leadership, trust, and service-dominant logic87. Social exchange theory shares similar viewpoints with service-dominant logic, which is a cognitive paradigm that supports the exchange of value co-creation between organisations and their customers87.

Human interactions are the most extensively studied and implemented aspect of social exchange theory87. An environment with humans consists of several interdependent associations known as social exchange relationships. Social exchanges consist of a series of contacts between two individuals that result in personal obligations, gratitude, and trust[87]. Reciprocity is the most important attribute of social exchange. It refers to the pleasant and fair exchanges between two parties, whether they are people or groups, which lead to favourable behaviours and attitudes[87]. Family members engage in social exchange interactions with each other[8787]. Each of these interactions has cognitive, emotional, and behavioural consequences, as individuals reciprocate the socio-emotional benefits they get[87].

While the social exchange theory has being used mostly in the workplace environment, it will be applied in the parent-child relationships in this study. It is proposed that in order to record high quality parent-child relationship, it is important for both parties to reciprocate gestures, especially through communication.

2.2.8 Structural Family Theory

The research was guided by the theoretical framework of structural family theory. Minuchin[137] established structural family theory specifically for the purpose of applying it to families requiring family therapy. This theory examines the organisation of families, particularly their patterns, and aims to redefine the connections between family members. Structural family theory examines the impact of both internal and external systems on the family, such as community agencies and resources. According to the author, family structure refers to the rules and organisation that govern the relationships between family members, as well as the patterns of interactions that evolve over time[88]. The resilience of the family unit is determined by its capacity to adapt or modify itself in response to internal or external causes that necessitate change[138]. Healthy families possess the ability to adjust to challenging circumstances while upholding stability within the family unit, and are open to making changes if necessary[89].

According to author, families play a significant role in shaping a child's behaviours and their sense of identity[88]. Consistent patterns of interactions within the family facilitate the development of children's sense of belonging. The authors emphasised the significance of autonomy and suggested that necessary independence can be achieved when a child's development is supported[88]. The author posited that families must possess a hierarchical structure, wherein several levels of power are developed, with parents occupying the highest echelon of authority.

Parents of children with impairments have a multitude of issues and obstacles. Studies have demonstrated that these difficulties might create tension in the parent-child connection[139]. Vetere posited that the application of structural family theory in family therapy could prove advantageous for children with disabilities, including conduct disorder, ADHD, learning difficulties, obesity, and other conditions that contribute to cardiovascular risk, hostility, and physical ailments[90].

Structural family theory posits that the normalcy of a family cannot be determined solely by the existence or absence of problems. Dysfunctional behaviours are viewed as a maladaptive reaction to environmental changes or evolving developmental needs89. According to structural family theory, typical families encounter difficulties, but they possess the ability to adjust to changes and reorganise themselves as necessary[90]. Restructuring is frequently required for families who have children with impairments. According to an author, parents have reported the necessity to switch schools in order to better cater to their impaired child's requirements, seeking help from sources other than their home and school, and experiencing a loss of rest due to their attempts to fulfil the demands of their challenged child[140]. In addition, siblings frequently assume parental responsibilities to aid in the care of a disabled child. According to an author, sisters, in particular, tend to exhibit maternal behaviours and mature at a faster rate as they assume the role of providing assistance and support to their impaired sibling[91].

Occasionally, the family's hierarchical structure is endangered. The challenges of raising a child with a disability frequently lead to tension in marital relationships between parents, resulting in conflict and opposition[91]. The dynamics of interactions within families who have children with disabilities can also contribute to increased strain on family connections. A study conducted on children diagnosed with autism spectrum condition revealed that parents frequently

assume the responsibilities of carer, mentor, or both[141]. Some researchers discovered that an excessive focus on the coach's position resulted in parents exhibiting decreased warmth and increased rigidity, leading to a detrimental effect on the parent-child interaction[91].

The utilisation of structural family theory in this research will facilitate the comprehension of how parental factors, such as their capacity to foster independence and uphold stability while coping with stress, can influence the establishment of a robust parent-child relationship that is essential for the well-being of a child with a disability. This theory facilitates the recognition of detrimental parenting behaviours that can lead to psychological stress experienced by the family, as well as the potential necessity for reorganising when parenting techniques fail to match the requirements of a kid with a handicap. The study inquiries pertain to the structural family theory as they examine the arrangement of families with children who have disabilities, encompassing their interaction patterns.

2.2.9 Social Cognitive Theory

The social cognitive theory is a refinement of Albert Bandura's social learning theory. Social cognitive theory offers a theoretical basis for understanding how individuals develop and sustain specific behavioural patterns, including addictive behaviours[142]. The Social learning hypothesis posits that individuals acquire knowledge and skills by actively observing, imitating, and emulating the behaviours exhibited by others. In 1986, Albert Bandura modified the social learning theory by incorporating cognitive factors, such as thoughts and feelings, which were absent in the original theory. This revised theory is known as social cognitive theory. Bandura asserts that individuals acquire both their behaviours and cognitive processes through the process of monitoring others' behaviour. Furthermore, he posits that these acquisitions can occur without the need for direct reinforcement[143].

Reciprocal determinism is the term used to describe the interplay between the social environment and cognitive components of learning in social cognitive theory[144]. A triadic reciprocal causation paradigm emphasises the interconnectedness, interaction, and impact of several factors. The elements that influence cognition and personal development include cognitive factors, such as values, goals, and beliefs; environmental factors; and behavioural factors. Personal factors, such as individual characteristics, influence how people imitate and reinforce behaviours they perceive in others. These factors ultimately define the behaviours that individuals display in learning situations. The social cognitive theory posits that individuals, upon witnessing a model engaging in a behaviour and experiencing the outcomes of this behaviour, retain the sequence of events and utilise it as a guide for their own future behaviour.

Social cognitive theory encompasses two fundamental components that pertain to the cognitive processes that shape an individual's behaviour: self-efficacy and outcome expectancies. The first factor pertains to an individual's conviction in their ability to exert control over the circumstances that impact their life. It encompasses a cognitive mechanism that plays a role in shaping the person's behavioural reaction to the stimuli they encounter. Self-assessment is the process by which an individual evaluates their own capability to accomplish a specific action in a given situation. Outcome expectations pertain to an individual's assumptions regarding whether their engagement in specific behaviours will lead to the intended results or not. Outcome expectancies are developed either via first-hand experience of a particular activity or from observation (which is the primary concept of social cognition theory) of other individuals' experiences with the results of that behaviour. These individuals could include family members, friends, and/or well-known figures who serve as influential role models for the person[96]. One can perhaps discover that alcohol use leads to relaxation by seeing the favourable impacts that occur

when their parents take alcohol after a demanding day at work. The idea of social cognitive learning is utilised in the domain of substance use, asserting that individuals develop favourable expectations and attitudes towards substances by seeing or emulating the positive statements or attitudes of their role models.

Social Cognitive Theory (SCT) highlights the significance of two cognitive domains in facilitating behaviour change, both of which can be influenced by seeing and imitating others[96]. Outcome expectancies refer to an individual's conviction that a specific activity will result in specific outcomes. According to the Social Cognitive Theory (SCT), beliefs about the anticipated outcomes of substance use have a significant impact on the patterns of consumption, addiction, and the effectiveness of treatment. Research conducted by some authors has demonstrated that expectancies can be used to forecast the misuse of prescription medications[145]. The presence of positive expectations for cannabis is expected to enhance the drive to use cannabis, while negative expectations are anticipated to diminish it.

Cognitive behavioural coping skills treatment is founded on the principles of social cognitive theory, which regards drug abuse as a maladaptive kind of learning. The cognitive behavioural coping skills therapy approach posits that the acquisition and continuation of substance addiction and dependence are significantly influenced by learning processes[146]. Put simply, persons who misuse prescription medicines have developed a dependency by observing others misuse these drugs and receiving frequent reinforcement or rewards for doing so. Cognitive behavioural coping skills treatment suggests that the same mechanisms of learning that are involved in acquiring drug use behaviour may be utilised to assist individuals in reducing their drug use and achieving abstinence.

The primary objective of CBST (Cognitive-Behavioural Skills Training) in addressing drug dependence is to develop strategies that facilitate the process of "unlearning" maladaptive behaviours and replacing them with adaptive behaviours. The underlying principle is that deficiencies in the capacity to handle life stressors in general, as well as drug-related stimuli (i.e., drug cues) specifically, contribute to the persistence of maladaptive drug use behaviour and the relapse of drug use after unsuccessful attempts at abstinence. Cognitive behavioural coping skills therapy utilizes personalized coping-skills training to target the patient's deficiencies. For instance, every CBST method imparts skills, employing a standardised set of approaches, to aid the patient in recognising particular scenarios when coping deficiencies commonly arise. In order to improve the client's ability to handle those situations, all Cognitive Behavioural Skills Training (CBST) programmes utilise various teaching methods such as instruction, modelling, role play, and behavioural rehearsal.

Bandura outlined four distinct types of learning effects. The first is observational learning, which involves acquiring new behaviour by observing a model. The second is response facilitation, which refers to the increased frequency of a learned behaviour when the model is reinforced for the same behaviour. The third is response inhibition, which describes the decreased frequency of a learned behaviour after observing a model being punished for that behaviour. Lastly, the fourth type is response disinhibition, which occurs when an inhibited response returns after observing a model engaging in that behaviour without adverse consequences. The idea posits that human functioning is a result of the interaction of intrapersonal influences, individual behaviour, and environmental pressures. Due to the presence of intrapersonal forces, individuals play a significant role in shaping events and the trajectory of their lives within this triadic interplay.

In relation to this study, the theory posits that the cognition of individuals in a relationship for instance could determine the nature, outcome or quality of the relationship in the first place. Therefore, a parent with high cognition regarding the needs and wants of their child(ren) is proposed to lead to quality parent-child relationship.

2.3 Review of Related Empirical Studies

2.3.1 Parenting Style and Parent-Child Relationship

Parenting style significantly influences the quality of the parent-child relationship, shaping children's emotional, social, and cognitive development. Styles like authoritative, authoritarian, permissive, and uninvolved impact attachment, communication, and behaviour patterns within families. Some researchers conducted a comparative study in Indonesia, examining differences in parenting styles and parent-child relationships between parents of children with ASD and those of typically developing children[147]. The study found that parents of children with ASD were more authoritarian, emphasizing obedience and control, whereas parents of typically developing children demonstrated a more authoritative style, which balances discipline with responsiveness. Additionally, parents of children with ASD reported lower positive qualities in the parent-child relationship and were more likely to use power assertion, reflecting increased stress and possibly lower adaptive coping skills. They also received less social support, which could contribute to the adoption of more authoritarian practices as a coping mechanism. This study highlights the importance of parenting style as it relates to both the quality of the parent-child relationship and the support systems available to parents.

In contrast, some authors explored how the quality of the parent-child relationship influences communication styles on sex-related matters between parents and adolescents in Ondo State, Nigeria[148]. They found that a significant portion of adolescents (56.6%) did not discuss sex

with their parents, indicating a gap in open, healthy communication on sensitive topics. However, a majority of adolescents (66.7%) reported a close relationship with their parents, which correlated with a higher likelihood of discussing intimate matters. This study emphasizes that the quality of the parent-child relationship is strongly associated with parental communication styles, particularly on sensitive topics. A supportive parent-child relationship fosters open dialogue and provides a foundation for effective communication, essential for adolescent development. The authors recommend integrating parents into intervention programs to strengthen communication skills, indicating a need for societal shifts toward more open discussions about adolescent development.

A paper examined the effects of the COVID-19 pandemic on parent-child relationships and parenting styles, focusing on the impact of parenting stress as a mediating factor[149]. Their study of Singaporean parents revealed that heightened parenting stress due to COVID-19 led to increased harsh parenting behaviours, such as yelling and spanking, and decreased closeness in the parent-child relationship. The study used structural equation modelling to demonstrate that perceived COVID-19-related challenges indirectly affected the parent-child relationship and parenting style through elevated stress levels. This research revealed the importance of recognizing and managing external stressors that can influence parenting behaviours and relationship dynamics, as increased stress may inadvertently reduce closeness and prompt more authoritarian or harsh parenting practices.

A study explored the influence of parental attachment style and child temperament on the parent-child relationship during early adolescence[150]. They found that attachment-related anxiety, rather than avoidance, was a significant predictor of relationship quality, indicating that anxious attachment may lead parents to adopt behaviours that could strain interactions with their children.

Furthermore, child temperament, specifically negative affect and affiliation, was also linked to relationship quality, suggesting that children with difficult temperaments may challenge parent-child interactions. When both attachment style and temperament were considered together, child temperament emerged as the primary predictor of relationship quality. This study revealed the importance of child temperament in shaping parent-child dynamics, particularly in adolescence, and suggests that focusing on temperament-specific interventions may be beneficial in enhancing relationship quality.

In a related vein, some authors examined how constructive parenting dimensions, such as parental acceptance and autonomy granting, contribute to fostering a creative climate in parent-child relationships[151]. Their findings suggest that constructive parenting is positively associated with several factors that nurture creativity, including encouragement to explore novelty, support for perseverance in creative endeavours, and stimulation of imagination. Notably, parents with vivid mental imagery also tended to exhibit higher acceptance and autonomy support, enhancing the creative climate in the parent-child relationship. Furthermore, the study found that mothers scored higher than fathers in acceptance, indicating potential gender differences in parenting. This research highlights the role of constructive parenting in promoting a creative environment for children, emphasizing that parental acceptance and autonomy support are essential for fostering creativity and adaptability in children.

A paper investigated the connections between parenting style, parent-child relationship quality, and student achievement at the elementary level[152]. Their study showed that the authoritative parenting style was the most commonly employed among parents and that this style was positively correlated with the parent-child relationship, as reported by students. However, a weak positive correlation was found between parenting style and parent-child relationship

quality, and a weak negative relationship was observed between parenting style and student achievement. These findings suggest that while authoritative parenting may foster a positive parent-child relationship, it does not necessarily translate into higher academic performance. This study reflects the nuanced impact of parenting style on children's academic outcomes, highlighting that while authoritative parenting is beneficial for relationship quality, its effects on achievement may be limited, calling for more research to investigate other contributing factors.

2.3.2 Parenting Cognition and Parent-Child Relationship

Parental cognition—the mental processes parents use to perceive, interpret, and respond to parenting situations—plays a crucial role in shaping parent-child relationships. Recent studies underscore how cognitive dimensions like stress regulation, self-efficacy, trauma history, and social context impact parenting behaviours and, consequently, the quality of parent-child interactions. Some authors explored the effects of Mindful Parenting Training (MPT) on parental stress, parent-child interactions, and cognitive emotion regulation among mothers of typically developing preschool children[153]. The study involved 40 high-stress mothers, divided into an MPT group and a control group, with assessments conducted before, after, and two months post-intervention. Results showed that mothers who underwent MPT experienced a substantial reduction in parenting stress and improved parent-child interactions. These mothers also demonstrated enhanced adaptive cognitive emotion regulation strategies, suggesting that MPT positively influences parental cognition by fostering self-regulatory mechanisms that help parents manage stress more effectively. Moreover, decreases in maladaptive emotion regulation and conflict in mother-child interactions were observed, emphasizing the enduring impact of mindfulness on parents' cognitive responses to stress, which, in turn, improves parent-child relationship quality

Some authors examined the impact of adoptive parents' acknowledgment of differences—an awareness and acceptance of adoption-related distinctiveness—on the attachment felt by adopted adolescents toward their adoptive parents[154]. Using structural equation modelling, the study utilized data from 189 adoptive families, spanning middle childhood to adolescence, as part of the Minnesota/Texas Adoption Research Project. Findings indicated that adoptive parents' acknowledgment of differences positively predicted adopted adolescents' attachment levels to their parents eight years later. Importantly, this relationship was moderated by adolescents' attitudes toward adoption-related communication during middle childhood and the family's openness level during that period. This study revealed how the cognitive acknowledgment of family dynamics and openness to communication shape attachment, suggesting that supportive, cognitively aware parenting can foster stronger parent-child bonds.

Similarly, a study focused on cognitive mediation in a digital environment, investigating parental approaches to online media activities among Nigerian families. Surveying 1,270 children (ages 13-18) and their parents (ages 25-55), they assessed the effects of restrictive and active mediation strategies[155]. Results revealed strong associations between parental and child reports of online behaviours, particularly for restrictive and active mediation approaches. Interestingly, increased mediation sometimes correlated with more risky online activities, suggesting a possible inverse relationship between parental control and child autonomy in digital spaces. This finding reflects the cognitive balancing act parents must perform, highlighting that overly restrictive approaches may inadvertently encourage riskier behaviours, while a cognitive emphasis on open communication could potentially mitigate such risks.

A paper further examined the bidirectional linkages between mindful parenting and parental cognitions, including a parent's sense of competence and self-centred attributions, and their influence on parent-child communication[156]. Findings revealed that mindful parenting and positive parenting cognitions, such as a stronger sense of competence and fewer self-blaming attributions, positively influence each other over time. For instance, greater mindful parenting at one-time point was associated with a stronger sense of competence later on, while more positive parenting cognitions were linked to increased mindfulness in parenting practices. This reciprocal relationship revealed how improvements in parenting cognitions can foster mindful parenting behaviours, which in turn promote better parent-child communication. Specifically, mindful parenting was found to mediate the relationship between positive parenting cognitions and parental solicitation, indicating that mindfulness strengthens a parent's ability to actively and positively engage with their child, further reinforcing the parent-child bond.

Some authors expand on the cognitive factors influencing parent-child interactions by incorporating a social cognitive theory (SCT) framework[157]. They examine how parents' self-concept, shaped by factors such as trauma history and social location, affects Parent-Child Socialization Communication (PCSC). SCT components—goals, outcome expectancies, self-efficacy, and observational learning—were applied to understand how a parent's identity, influenced by trauma and social factors like race, affects parenting behaviours and relationship quality with their child. They call for further investigation into how parents' social contexts and trauma histories affect their self-concept and PCSC behaviours, emphasizing the need to consider diverse social identities and experiences in parental cognition research. This approach highlights the importance of self-efficacy in parenting and how social location may influence a

parent's perception of their competence and authority, which can impact interactions and relationship dynamics with children.

2.3.3 Adverse Childhood Experiences and Parent-Child Relationship

Research indicates that adverse childhood experiences (ACEs) have significant implications for the parent-child relationship, affecting attachment, mental health, and behavioural outcomes. Previous studies focused on the impact of ACEs on adolescent alienation in Nigeria[158]. Examining the effects of ACEs alongside family type and socioeconomic status, they found that ACEs were a significant predictor of parental alienation among adolescents, while family type and socioeconomic status were not. This suggests that the experience of ACEs alone can be deeply alienating, potentially disrupting adolescents' ability to form secure attachments with their parents, regardless of the family's economic background.

A study further explored the impact of ACEs on maladaptive behaviours, specifically investigating the connection between ACEs, socio-sexuality, and tramadol use among Nigerian students[159]. They found that ACEs increased the likelihood of tramadol use and risky sociosexual behaviours, with socio-sexuality mediating the link between ACEs and substance use. These findings suggest that ACEs can lead to a cascade of risky behaviours that may, in turn, further strain the parent-child relationship, especially if parents lack awareness or support to address their child's trauma. The mediating role of sociosexual behaviours indicates that ACEs might foster feelings of disconnection from familial relationships, potentially prompting adolescents to seek fulfilment in high-risk activities.

A study investigated the influence of parent-child relationships on the association between childhood maltreatment and depressive symptoms in Chinese adolescents, considering moderating factors such as sex and sibling status[160]. Their findings suggest that a supportive

parent-child relationship can partially mitigate the impact of childhood maltreatment on depressive symptoms. However, the effect varied by sex and sibling status, with girls and adolescents with siblings showing stronger protective effects from a positive parent-child relationship. This study highlights how a nurturing parent-child relationship can serve as a buffer against the mental health repercussions of ACEs. Additionally, the differential impact based on sex and sibling presence suggests that these factors may shape the relational dynamics that influence mental health outcomes.

Some authors investigated whether the Attachment Video-feedback Intervention (AVI) could improve parent-child interaction quality in families with a history of maltreatment, and how parental childhood trauma moderated these effects[161]. Their findings showed that AVI significantly improved parent-child interactive quality compared to a psycho-educative intervention and a control group, but parents with more severe childhood trauma experienced smaller improvements. This outcome indicates that unresolved parental trauma may limit their responsiveness to interventions aimed at enhancing parent-child relational dynamics, potentially hindering the ability to establish secure attachment with their children. These findings discovered the importance of trauma-informed approaches in family interventions, particularly for parents with severe ACEs.

A paper explored how childhood maltreatment and parent-child relationship quality are associated with psychological symptoms in adolescents, with a focus on gender differences in moderating effects[162]. They found that a positive paternal relationship could buffer the psychological impacts of childhood maltreatment, particularly in girls, while maternal relationship quality moderated this effect for boys. This suggests that, depending on gender, certain parent-child bonds can play a protective role against the adverse psychological effects of

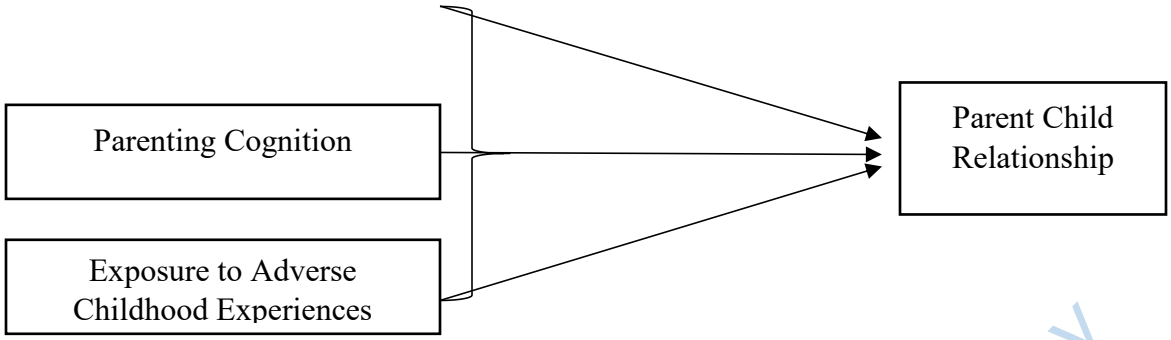
ACEs. The study highlights the need for differentiated, gender-sensitive support strategies in bolstering parent-child relationships that mitigate the psychological impact of childhood maltreatment.

Some authors examined interparental conflict resolution strategies and their impact on parenting and the parent-child relationship[163]. They identified that while constructive conflict resolution supports healthier family dynamics, destructive interparental conflict and intimate partner violence are associated with poor parenting outcomes and increased risk of child maltreatment. The review emphasizes that the way parents manage their conflicts directly influences the quality of the parent-child relationship and children's overall well-being. These findings suggest that interventions targeting interparental conflict, especially in families with ACEs, may improve the broader family environment, potentially reducing the intergenerational transmission of trauma.

` An author investigated the association between childhood traumatic experiences, attachment quality, parenting style, and psychopathic behaviours among inmates[164]. The findings indicate that childhood experiences of sexual abuse, poor attachment quality, and certain parenting styles, particularly those that encourage autonomy, are linked to psychopathy. These findings imply that childhood trauma and the resulting attachment disturbances can lead to emotional dysregulation and maladaptive behaviours patterns in adulthood. This study emphasizes the profound and lasting impact of childhood trauma on individuals' relational abilities and behaviours, further illustrating how disrupted parent-child relationships may contribute to severe psychopathological outcomes.

2.4 Conceptual Framework

Parenting Styles



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Chapter Three

Methodology

3.1 Research Design

The study utilized a cross-sectional research design. A cross-sectional survey research allows the utilization of data collected across different cohorts at a single point in time. The independent variables in this study are parenting style, parenting cognition and exposure to adverse childhood experiences, and the dependent variable is parent-child relationship. Parenting style has four dimensions including authoritarian, authoritative, permissive and involved. Parenting cognition has two factors including parent causal attributions and child responsible attributions. Parent-child relationship has three subscales including conflicts, positive aspects of relation and dependence.

3.2 Population of the Study

The targeted population for this study were parents of young children ages one to ten in Ibadan, Oyo state. Participants for the study comprised 65 male (27%) and 174 female (73%) from selected schools in Ibadan. Their ages ranged from 18 to 50+ years. The breakdown of their geopolitical zones was South South; 10% (n=23), South West; 67% (n=160), South East; 15% (n=37); North Central; 2% (n=5); North East; 5% (n=11); and North West; 1 (n=3). Their religious background breakdown was Christianity; 89% (n=212), Islam; 10% (n=25), and other religious beliefs; 1% (2).

3.3 Sample Size and Sampling Technique

A multi-stage sampling was used for this study. Stage one was convenience sampling to select the city for the study. Ibadan was selected based on proximity and accessibility of participants for the researcher. Ibadan is a metropolitan city in South-West Nigeria with 11 Local Government Areas (LGAs). Stage two involved random selection of two LGAs for the study using the simple random sampling method of balloting. The Ibadan North and Oluyole LGA were selected. Stage three involved targeted accessing of the schools in the selected LGAs. The researcher is affiliated with Organisation Mondiale pour L'Education Prescolaire (OMEP), an association of for Early Childhood Education. The researcher was able to get in touch with principals and proprietors of ten schools (five preschools and five elementary schools) through the help of OMEP. The researcher worked with a team of research assistants to obtain the data as well as the kind cooperation of the schools involved. With the help of the various class teachers, parents were given the questionnaire during pick up and were requested to bring it back the next day. The researcher and research assistants were in the selected schools every day for five days to retrieve the distributed questionnaires.

The sample size was determined using Slovin's Formula. Slovin's Formula is a simple and widely used method for calculating sample size, especially when the population size is unknown or finite[165]. Slovin's Formula for unknown population is shown below:

$$n = \frac{1}{e^2}$$

Where:

n = sample size

e = margin of error (as a decimal, e.g., 0.05 for 5%)

$$n = \frac{1}{0.05^2}$$

$$n = \frac{1}{0.0025}$$

$$n = 400$$

The researcher added 12.5% (50) to cover for error attribution. The total sample size was 450. Therefore, n = 450

3.4 Research Instrument

The instrument was a questionnaire divided into five sections. Section one requested participants to provide demographic information such as age, gender, geopolitical zone, marital status, religion, family background, educational qualification, family background, occupation, age of child and area of residence. Section two measured participants' parenting cognition. Section three measured participants' parenting style. Section four measured the participants' adverse childhood experience. Section five measured participants' parent-child relationship.

3.4.1 Independent Variables

Parenting Style

Parenting style was measured using the Parenting Style Four Factor Questionnaire (PS-FFQ) by T.Y. Shyny in 2017[166]. This scale measures different parenting styles, providing insights into the types of parenting behaviours and approaches parents use with their children. The Parenting Style Four Factor Questionnaire (PS-FFQ) consists of 32 items rated on a 5-point Likert scale ranging from all of the time (1) to never (5). The PS-FFQ is designed to measure four dimensions of parenting styles including authoritative, authoritarian, permissive, and uninvolved. Lower scores on each subscale indicate stronger alignment with that specific

parenting style. Some items include, "I want my child to follow my instructions because I am the authority to decide what to do or what not to do" and "Whenever the child comes with low marks, I will not give any punishments rather, I feel he/she will become better next time." The authors reported a high test-retest reliability with Cronbach's alpha coefficients .92[2].

Parenting Cognition

Parenting cognition was measured using the Parenting Cognition Scale developed by Snarr, Slep and Grande in 2009[167]. The PCS assesses parents' beliefs, attitudes, and thoughts about their parenting and their child's behaviours. The scale consists of 30 items rated on a 6-point Likert scale ranging from always true (0) to never true (5). The Parent Cognition Scale is designed to measure two factors including parent causal attribution (CPA) and child responsible attributions (CRA). The items for the scale include "my child wants what he/she wants when he/she wants it" and "my child likes to see how far he/she can push me. All the items are reverse scored and higher score indicate greater dysfunction. The PCS demonstrates strong internal consistency, with Cronbach's alphas ranging between 0.81 and 0.90 across different subscales[3].

Exposure to Adverse Childhood Experiences

Exposure to adverse childhood experiences was measured using the Adverse Childhood Experiences Questionnaire (ACE–Q) developed by Felitti, and, Nordenberg, Williamson, Spitz, Edwards, Koss and Marks in 1998[168]. This questionnaire evaluates exposure to adverse childhood experiences (ACEs), which are potentially traumatic events occurring before the age of 18. The ACE-Q consists of 10 items rated in a dichotomized format (yes/no), with respondents indicating whether they experienced each form of adversity during childhood. Questions include "Did you live with anyone who was a problem drinker, or alcoholic or who

used street drugs?" and "Was a household member depressed or mentally ill or did a household member attempt suicide?" A score of four and above is considered clinically significant, therefore, a higher score on the ACE-Q indicates more adverse childhood experiences the client has had and a higher risk for social, mental, or other well-being problems. The ACE-Q has a reported Cronbach's alpha of 0.64, indicating moderate reliability[4].

3.4.2 Dependent Variable

Child-Parent Relationship

Child-parent relationship was measured using the Child-Parent Relationship Scale (CPRS) developed by Robert Pianta in 1992[169]. This scale assesses the quality of the relationship between parents and their children. The CPRS has two dimensions, including closeness and conflict. The CPRS includes 30 items on a 5-point Likert scale ranging from definitely does not apply (1) to definitely applies (5). The CPRS has three subscales, including conflicts, positive aspects of relationships (closeness) and dependence, with higher scores on the closeness subscale indicating a more positive, warm relationship, while higher scores on the conflict subscale indicate more tension and disagreement in the relationship. Typical Items for the CPRS include "My child remains angry or is resistant after being disciplined" and "My child spontaneously shares information about himself/herself". The CPRS has Cronbach's alphas ranging from 0.64 to 0.84 for its items, showing acceptable to good reliability across different dimensions[5].

3.5 Validity of Research Instrument

The study used tested scales developed by professional researchers that have been utilized by other researched in other studies and have been rated valid[2, 3, 4, 5]. The validity measures face, construct, content, internal, external, and criterion validity. The PCRS has

demonstrated good concurrent and retrospective validity. It also demonstrates convergent and divergent validity in earlier studies by authors of the scale and other researchers[5, 170]. The scales utilized in this study were subjected to validation by their respective developers and obtained statistical coefficient results as stated in their reports and in this study.

3.6 Reliability of Research Instrument

The subscales of the PCRS have yield adequate reliability score of above .60 in previous studies[5, 6]. The authors of the PCS reported a test-retest reliability of above .80 in all the dimensions[3, 171]. The PS-FFQ has shown satisfactory reliability alpha of .92 in measuring parenting style[2, 172]. The ACE-Q has a reported Cronbach's alpha of 0.64, indicating moderate reliability[4, 173]. In this study, the researcher found a Cronbach's alpha of 0.95 for parenting cognition, .66 for authoritative, 53 for authoritarian, .53 for permissive, .85 for uninvolved, .71 for parent-child relationship, and 67 for exposure to adverse childhood experience

3.7 Data Collection

A multi-stage sampling was used for this study. Stage one was convenience sampling to select the city for the study. Ibadan was selected based on the proximity and accessibility of participants for the researcher. Ibadan is a metropolitan city in South-West Nigeria with 11 Local Government Areas (LGAs). Stage two involved a random selection of two LGAs for the study. The researcher used a ballot to randomly select the two LGAs. The Ibadan North and Oluyole LGA were selected. Stage three involved the accidental sampling of participants. The researcher is affiliated with Organisation Mondiale pour L'Education Prescolaire (OMEP), an association for Early Childhood Education. The researcher was able to get in touch with principals and proprietors of ten schools (five preschools and five elementary schools). The researcher worked

with a team if research assistants to obtain the data. With the help of the various class teachers, parents were given the questionnaire during pick up and were requested to bring it back the next day. The researcher and research assistants were in the selected schools every day for five days to retrieve the distributed questionnaires.

3.8 Data Analysis

Data was analysed on IBM-SPSS version 26 using descriptive statistics as applicable for socio-demographic characteristics. Preliminary analysis was performed using a zero-order correlation. Hypothesis 1, 2 and 3 were tested using Hierarchal Regression. Hypothesis 4 was tested using Multiple Regression. Hypothesis 5 was tested using a One-way ANOVA. Decisions on all statistical analysis were determined using a significant level of $p \leq 0.05$ (95% CI)

3.9 Ethical Considerations

The study adhered to the ethical principles of research. Consent, autonomy, and confidentiality were all considered when conducting the study. Participants were asked for their consent to participate in the study. They were informed about the purpose of the study and their right to withdraw from the study at any point. The confidentiality of participants was ensured by not requesting their identities.

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Chapter Four

Results and Discussion of Findings

Section 4.1.1: Socio-demographic Profile of Respondents

Demographic Profile (N= 239)	Mean	(SD)	Range	Frequency	Percent
Age of Child	6.42	3.02	1 – 10		
Age					
18-25				7	2.9
26-30				27	11.3
31-35				45	18.8
36-40				63	26.4
41-45				61	25.5
46-50				20	8.4
50+				16	6.7
Gender					
Male				65	27.2
Female				174	72.8
Marital Status					
Single				14	5.9
Separated				2	.8
Divorced				9	3.8
Married				213	89.1
Widowed				1	.4
Family background					
Monogamous Family				179	74.9
Polygamous family				37	15.5
Single Parent Family				6	2.5
No response				17	7.1

Source: Fieldwork, 2024

The frequency analysis was performed on the demographic characteristics of the participants. Two hundred and thirty-nine (239) respondents participated in the study. The age of child range was 1 to 10 years (Mean = 6.42, SD = 3.02). Participants' gender analysis shows that 65 males (27.2%) and 174 females (72.8%) participated in the study. Analysis of the age of participants revealed that 7 (2.9%) were between 18-25, 27 (11.3%) were between 26-30, 45 (18.8) were between 31-35, 63 (26.4%) were between 36-40, 61 (25.5%), were between 41-45, 20 (8.4%) were between 46-50, and 16 (6.7%) were 50 years of age and above. Marital status shows that 14 (5.9%) were single, 2(0,8%) separated, 213 (89.1%) were married, 9 (3.8%) were divorced, and while 1(0.4%) were widow.

The result of family background shows that 179 (74.9%) are from monogamous family, 37 (15.5%) are from polygamous family, 6 (2.5%) are from single parent family, while 17 (7.1%) did not indicate their family background.

Section 4.1.2: Socio-demographic Profile of Respondents

Demographic Profile (N= 239)	Frequency	Percent
Educational Qualification		
Secondary School	5	2.1
ND	44	18.4
BSc or equivalent	93	38.9
Masters	73	30.5
Doctoral	18	7.5
Other	6	2.5
Religion		
Christian	212	88.7
Islam	25	10.5
Others	2	.8
Geopolitical	Frequency	Percent
South South	23	9.6
South West	160	66.9
South East	37	15.5
North Central	5	2.1
North East	11	4.6
North West	3	1.3

Source: Fieldwork, 2024

The educational qualifications show that 5 (2.1%) had secondary education, 44 (18.4%) had Ordinary National Diploma, 93 (38.9%) were had first degree, 73 (30.5%) had master education, 18 (7.5%) had doctoral education, while 6(2.5%) had other educational qualification. 212 (88.7%) of the respondents were Christians, 25 (10.5%) were Muslims and 1 (0.4%) practice other religion. Analysis based on geopolitical zones shows that 23 (9.6%) are from South South, 160 (66.9%) are from South West, 37 (15.5%) are from South East, 5 (2.1%) are from North central, 5 (2.1%) are from North East, and 3 (1.3%) are from North West.

Test of Hypotheses

Hypothesis One: Parenting style will significantly predict parent-child relationship among parents of young children in Ibadan was analysed with multiple regression.

The result is presented in Table 4.2.

Table 4.2: Summary of multiple regression analysis showing the prediction of parenting styles on parent-child relationship

Predictors	β	t	p	R	R^2	F	P
Authoritative	.234	3.226	< .01	.476	.227	17.13	< .01
Authoritarian	.316	5.041	< .01				
Permissive	.128	1.840	> .05				
Neglectful	-.024	-.306	> .05				

Source: Fieldwork, 2024

The results in Table 4.2 shows that authoritative (β = .234; t = 3.226, p < .01) and authoritarian (β = .316; t = 5.04,1 p < .01) had significant prediction on parent-child relationship. However, permissive (β = .128; t = 1.840 p > .05) and neglectful (β = -.024; t = -.306, p > .05) had no significant prediction on parent-child relationship. Also, there is significant joint prediction of authoritative, authoritarian, permissive, and neglectful on parent-child relationship and accounted for 22.7% variance on parent-child relationship.

Hypothesis Two: Parenting cognition will significantly predict parent-child relationship among parents of young children in Ibadan was analysed with linear regression.

The result is presented in Table 4.3.

Table 4.3: Summary of Linear regression analysis showing prediction of parenting cognition on parent-child relationship among parents of young children in Ibadan

Model		SS	df	MS	β	F	p
1	Regression	26.858	1	26.858	-.029	.202	> .05
	Residual	31464.933	237	132.763			
	Total	31491.791	238				

Source: Fieldwork, 2024

The results in Table 4.3 shows that there is no significant parenting cognition on predict parent-child relationship among parents of young children ($\beta = -.029$; $F = .202$, $p > .05$).

This indicates that parenting cognition alcohol does not significantly predict parents of young children.

Hypothesis Three: Adverse childhood experience of parents will significantly predict parent-child relationship among parents of young children in Ibadan was analysed with linear regression. The result is presented in Table 4.4.

Table 4.4: Summary of Linear regression analysis showing prediction of adverse childhood experience of parents on parent-child relationship among parents of young children in Ibadan

Model		SS	df	MS	β	F	p
1	Regression	.383	1	.383	.003	.004	> .05
	Residual	31491.408	237	132.875			
	Total	31491.791	238				

Source: Fieldwork, 2024

The results in Table 4.4 shows that there is no significant adverse childhood experience of parents on predict parent-child relationship among parents of young children (β = .003; F = .004, p > .05). This indicates that parenting cognition alcohol does not significantly predict parents of young children.

Hypothesis Four: Parenting style, cognition, and exposure to ACEs will jointly predict parent-child relationship among parents of young children in Ibadan was analysed with multiple regression. The result is presented in Table 4.5.

Table 4.5: Summary of stepwise regression analysis showing joint prediction of Parenting style, cognition, and exposure to ACEs on parent-child relationship among parents of young children in Ibadan

Model	Source	β	T	p	R	R^2	R^2	F	P
1	Authoritarian	.385	6.430	< .01	.385[a]	.149		41.345	< .01
2	Authoritarian	.358	6.164	< .01					
	Authoritative	.259	4.464	< .01	.464[b]	.215	.066	32.287	< .01
	Permissive	.120	1.857	> .05					
	Neglectful	.027	.376	> .05					
	Adverse childhood experience	-.033	-.561	> .05					

Source: Fieldwork, 2024

The results stepwise regression in Table 4.5 shows that in model one, only authoritarian (β = .385; t = 6.430, p < .01) had significant prediction on parent-child relationship. In the second model, both authoritarian (β = .358; t = 6.164, p < .01) and authoritative (β = .259; t = 4.464, p < .01) had significant prediction on parent-child relationship, and contributed R^2 .066 in the model making it accounted for 6.6% variance in parent-child relationship.

However, permissive (β = .120; t = 1.857 p > .05), neglectful (β = .027; t = -.376, p > .05), and adverse childhood experience (β = -.033; t = -.561, p > .05) had no significant prediction on parent-child relationship.

Hypothesis Five: There will be generational differences in parent-child relationship among parents of young children in Ibadan was analysed with One-way analysis of variance. The result is presented in Table 4.6.

Table 4.6: Summary of One-Way ANOVA showing significant difference among generational on parent-child relationship among parents of young children in Ibadan

	SS	df	MS	F	p
Between Groups	1227.603	3	409.201	3.177	< .05
Within Groups	30264.188	235	128.784		
Total	31491.791	238			

Source: Fieldwork, 2024

The result from table 4.6 shows that there is significant generational difference parent-child relationship, F (3,235) = 3.18, p < .05. This indicates that generation each parent belongs significantly predict parent-child relationship, hence the need to conduct post hoc analysis using Scheffe test to determine the specific generation that predict parent-child relationship.

Table 4.7: Multiple comparisons with Scheffe test showing generational differences on parent-child relationship

	Groups	1	2	3	4	Mean	SD
1.	18-25		6.77	6.52	11.89*	85.29	10.78
2.	26-35			-.25	5.12	78.51	10.60
3.	36-45				5.37	78.77	11.99
4.	46+				-	73.38	10.53

*. The mean difference is significant at the 0.05 level.

Source: Fieldwork, 2024

The result of Scheffe multiple comparisons test shows that participants who are between age 18-25 ($\bar{x}$ = 85.29) significantly reported higher parent-child relationship than those who are 46 years of and above ($\bar{x}$ = 73.38) with mean difference of (11.89, $p < .05$). However, there are no significant difference among other age group on parent-child relationship.

4.3 Discussion of Findings

The findings of the first hypothesis confirmed that parenting styles predicting parent-child relationship among the parent of young children. The results indicate that both authoritative and authoritarian parenting styles significantly predict the quality of the parent-child relationship, while permissive and neglectful styles do not show significant effects. This aligns with existing literature on parenting styles and their impact on child development. Authoritative parenting, characterized by high responsiveness and high demands, has consistently been linked to positive outcomes in parent-child relationships. Studies show that children raised in authoritative households tend to exhibit better social skills, higher self-esteem, and more effective emotional regulation[1,2]. And suggesting that children benefit from the balance of support and structure that authoritative parents provide. Authoritarian parenting style can lead to compliance and obedience, it often comes at the cost of emotional warmth and open communication, which can negatively affect the parent-child relationship in the long run[3]. The finding suggests that while authoritarian parents may enforce rules effectively, the lack of emotional support can create distance in the relationship. In contrast, permissive and neglectful parenting styles did not show significant predictions. Research has shown that permissive parenting can lead to difficulties in self-regulation and academic performance due to a lack of boundaries[4]. Neglectful parenting, which is low in both responsiveness and demands, is often linked to the most negative outcomes in child development, including issues with attachment and social behaviours[5]. The absence of significant effects from these styles indicates that they may not contribute positively to the parent-child relationship.

The findings of the second hypothesis failed to confirm parenting cognition predicting parent-child relationship among the parent of young children. The results indicating that

parenting cognition does not significantly predict the parent-child relationship among parents of young children and suggesting a complex interplay between parental beliefs and their actual influence on child relationships. This finding is noteworthy and aligns with several recent studies that explore the role of parental cognition in child development. Some studies emphasize the importance of these cognitive aspects in shaping parenting behaviours, the lack of significant predictive power in your results raises questions about the direct influence of parenting cognitions on parent-child relationships. Research has shown that parenting cognition can influence parenting practices, however, its effect on the parent-child relationship is not always straightforward, that while parental beliefs about child-rearing impact parenting styles, they do not always translate into improved child outcomes or stronger parent-child bonds[6]. In contrast to another study parents' beliefs about alcohol do affect their drinking behaviours but may not necessarily translate into perceptions of their parenting effectiveness or the quality of their relationship with children[7]. The finding that parenting cognition does not significantly predict the parent-child relationship suggests that other variables might play more critical roles in shaping these dynamics. While cognitive beliefs about parenting are important, their direct influence on relational outcomes may be less significant than previously thought[8].

The findings of the third hypothesis also failed to confirm that adverse childhood experiences predicting parent-child relationship among the parent of young children. The parents who have adverse childhood experiences does not predict quality of parent-child relationship. The results indicating that adverse childhood experiences (ACEs) of parents do not significantly predict the parent-child relationship among parents of young children present an intriguing perspective on the complexities of parenting and child development. This finding suggests that the direct effects of parents' past traumatic experiences may not translate into observable impacts

on their parenting styles or the quality of their relationships with their children. Adverse childhood experiences encompass a range of traumatic events, such as abuse, neglect, or household dysfunction, experienced during childhood. Research has established a strong link between ACEs and various negative outcomes, including mental health issues and maladaptive parenting practices[9]. However, the lack of significant prediction in the results raises questions about the effects of these experiences. Studies have shown mixed results regarding how ACEs affect parenting. ACEs can lead to negative parenting behaviours, this relationship is often mediated by factors such as parental mental health, social support, and resilience[10]. This suggests that not all parents with ACEs will necessarily exhibit adverse behaviours toward their children. The finding is contrast to other study which highlighted that many individuals with ACEs develop coping strategies and protective factors that enable them to parent effectively despite their histories. This could explain the lack of significant predictive power in this finding; parents may utilize their experiences to foster positive relationships with their children. Again, research indicates that while ACEs can impact parenting, the quality of parent-child relationships may be influenced by additional factors such as parental warmth, communication, and external support systems, which can buffer against negative effects[11].

The findings of the fourth hypothesis confirmed that parenting style, cognition, and adverse childhood experiences predicting parent-child relationship among the parent of young children. The findings from the stepwise regression analysis indicate distinct dynamics in how different parenting styles predict the quality of the parent-child relationship. The results show that authoritarian parenting consistently demonstrates a strong predictive ability, while authoritative parenting also plays a significant role when included in the model. In contrast, permissive, neglectful, and adverse childhood experiences (ACEs) do not significantly predict

the parent-child relationship. This result aligns with previous research indicating that authoritarian parents, characterized by high demands and low responsiveness, often maintain control through strict discipline[12]. While this can lead to compliance in children, it may also create a relationship marked by fear rather than warmth. The authoritative style, which balances responsiveness and demands, is widely associated with positive developmental outcomes in children. Research indicates that authoritative parenting can foster secure attachments and enhance social[13, 14].

The findings of the fifth hypothesis confirmed that generational differences in parent-child relationship among the parent of young children. This finding highlight how parental generational cohorts can influence the dynamics of relationships with their children, suggesting that the generational context in which parents were raised significantly impacts their parenting styles and the quality of their interactions with their children. Generational differences in parenting are often shaped by socio-cultural, economic, and technological changes that influence beliefs about child-rearing practices. These differences can affect communication styles, expectations of children, and the overall approach to parenting. Research has shown that different generations adopt varying parenting styles based on the societal norms prevalent at the time of their upbringing. Millennials and Gen Z parents often emphasize emotional intelligence and open communication, contrasting with the more authoritarian approaches prevalent among Baby Boomers[15]. This shift can significantly impact the quality of parent-child relationships, as children raised in more open and communicative environments may feel more secure and supported. The significant generational differences in parent-child relationships underscore the importance of understanding how the context of upbringing affects parenting practices.[16] As societal norms continue to evolve, the implications for parent-child relationship will also change.

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Chapter Five

Conclusion

51. Summary of Findings

The study examined parenting style, cognition, and adverse childhood experience as predicting factors of parent-child relationship. The study revealed significant insights into the dynamics of parent-child relationships among parents of young children. The findings underscore the importance of parenting style in parent-child relationship. The study also revealed that parenting cognition does not significantly predict parent-child relationships, suggesting a complex interplay between parental beliefs and actual relational dynamics. While parenting cognitions can influence behaviours, their direct impact on the quality of relationships may be less significant than previously thought.

It is also revealed that adverse childhood experiences (ACEs) of parents do not predict the quality of parent-child relationships. This finding raises questions about how past trauma translates into current parenting behaviours, suggesting that resilience and support systems can mitigate negative effects. The finding supported the predictive role of parenting styles while reinforcing that ACEs do not significantly impact parent-child relationships. Finally, the finding highlighted significant generational differences, indicating that the contexts in which parents were raised shape their parenting approaches. These findings emphasize the evolving nature of parenting and the importance of understanding various influencing factors, including societal norms and personal histories.

5.2 Conclusion

This study highlights the complex dynamics of parent-child relationships among parents of young children, revealing several key factors that influence these interactions. The significant predictive power of authoritative and authoritarian parenting styles underscores the importance of parenting approaches in shaping relationship quality, while permissive and neglectful styles appear less impactful. Additionally, the lack of significant influence from parenting cognition and adverse childhood experiences suggests that other contextual factors, such as resilience and support systems, play critical roles in parenting effectiveness.

Furthermore, the identification of generational differences indicates that the socio-cultural context in which parents were raised significantly shapes their parenting practices and relationships with their children. As societal norms continue to evolve, so too will the approaches

to parenting, emphasizing the need for ongoing research to understand these changes. These findings contribute to the understanding of parenting dynamics and provide valuable insights for practitioners and educators aiming to support families. By recognizing the influence of various factors, including parenting styles, cognitive, exposure to adverse childhood experience and generational contexts, stakeholders can better tailor interventions to enhance parent-child relationships and promote positive developmental outcomes for children.

5.3 Recommendations

Based on the results of the study, several recommendations can be made to promote quality of parent-child relationship and address factors that can enhance it.

i. Programs should focus on encouraging authoritative parenting styles, which balance responsiveness with high expectations. Workshops and resources can provide parents with strategies to foster open communication and emotional support while maintaining clear boundaries.
ii. Educational initiatives should include training on the impact of different parenting styles and the importance of emotional intelligence in parenting.
iii. Develop targeted support programs for parents with ACEs, emphasizing resilience-building and coping strategies. Counselling and support groups can help these parents process their experiences and apply positive parenting practices.

iv. Encourage parents to reflect on their parenting beliefs and cognitions. Programs that facilitate discussions about parenting philosophies can help bridge the gap between beliefs and practices, improving the quality of parent-child interactions.

5.4 Contribution to Knowledge

This study contributes to the existing body of knowledge on parenting and child development in several significant ways:

i. By examining the predictive power of different parenting styles on parent-child relationships, this research reinforces the established understanding that authoritative and authoritarian styles significantly impact relational quality.

ii. The findings regarding parenting cognition challenge the assumption that parental beliefs significantly influence relational outcomes. This further encourages exploration into the complexities of how cognitive factors interact with parenting behaviours.

iii. The study emphasizes the need for resilience and support systems, suggesting that not all individuals with ACEs will exhibit negative parenting behaviours. This insight can inform future interventions aimed at supporting parents with traumatic backgrounds.

iv. The study's findings provide a foundation for developing targeted interventions and educational programs aimed at improving parenting practices.

v. This research lays the groundwork for further studies into the intricate dynamics of parenting. It opens avenues for investigating how various factors - such as socio-cultural contexts, parental mental health, and external support systems - interact with parenting styles and cognitions to influence child development.

5.5 Suggested Areas for Further Research

i. Conduct longitudinal research to explore how parenting styles evolve over time and their long-term effects on child development. Understanding the trajectory of parenting practices can provide insights into the sustainability of different styles and their impact on children as they grow.

ii. Investigate how cultural and socioeconomic factors influence parenting styles and parent-child relationships. Comparative studies across different cultural contexts could reveal variations in parenting practices and their effectiveness.

iii. Examine the impact of community and social support networks on parenting practices. Understanding how external support influences the quality of parent-child relationships can provide insights into effective intervention strategies.

iv. Investigate the interplay between parental mental health and parenting styles. Understanding how mental health challenges affect parenting approaches and child outcomes could lead to more effective support for families.

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Appendices

Appendix A

QUESTIONNAIRE

Parenting Dynamics and the Parent Child Relationship; A Research Survey

Dear Respondent,

I am a postgraduate student in the Department of Psychology at Lead City University, Ibadan, Oyo State, in the Faculty of Social Sciences. I am conducting a research study on the above-named topic.

The research questionnaire aims to understand how certain parenting dynamics (parenting styles and cognitions) are affected by the rate of exposure to adverse childhood experiences when the now parent was a child and how the interplay of the resulting parenting dynamics shape the quality of the perceived relationship said parents have with their own children.

This questionnaire consists of seven sections and will take roughly about 20 minutes of your time. Your participation in this study is voluntary and all information provided will be kept highly confidential and used solely for research purposes.

I would be very grateful if you could kindly complete the questionnaire in full and share with other people that fit the target audience although, your response to this survey is completely voluntary and you may withdraw at any point during the process.

Also, please note that there are no right or wrong answers.

The survey is targeted at individuals who are parents of at least one young child between ages 1-10.

In case of any clarification about the survey, feel free to contact:
The Principal Investigator
Delphine Ibeneme
delphineugwu@gmail.com

Thank you very kindly for your participation.

SECTION A

1. Gender: Male [ ] Female [ ]

2. Age: 18-25 [ ] 26-30 [ ] 31-35 [ ] 36-40 [ ] 41-45 [ ] 46-50 [ ] 50+ [ ]

3. Geopolitical Zone: South South [ ] South west [ ] South East [ ] North Central [ ] North East [ ] North West [ ]

4. Marital Status: Single [ ] Separated [ ] Divorced [ ] Married [ ] Widowed [ ]

5. Religion: Christian [ ] Islam [ ] Traditional [ ] others (specify)… .

6. Family background: Monogamous Family [ ] Polygamous family [ ] Single Parent Family [ ]

7. Educational Qualification: None [ ] FSLC [ ] SSC [ ] OND [ ] HND [ ] BSC [ ]

	Always True	Frequently True	Some times True	Occasionally True	Rarely True	Never True
I was not as firm as I usually am	1	2	3	4	5	6
My child won't listen	1	2	3	4	5	6
I'm not structured enough with my child	1	2	3	4	5	6
My child cannot understand the rules	1	2	3	4	5	6
My child thinks that he/she is the boss	1	2	3	4	5	6
I don't know how to handle my child	1	2	3	4	5	6
I don't give my child enough attention	1	2	3	4	5	6
My child is headstrong	1	2	3	4	5	6
It's hard for me to set limits	1	2	3	4	5	6
My child is in a stage (do you think this could have	1	2	3	4	5	6

MSC [ ] PhD [ ]

8. Occupation …

9. Age of Child … .

10. What area of Ibadan do you live in? …

SECTION B

Instructions: At one time or another, all children misbehave or do things that could be harmful, that are wrong, or that parents don't like. Examples include: hitting someone, whining, not cleaning room, not doing homework, lying, refusing to go to bed, talking back, taking things that aren't theirs, having a tantrum etc. Parents have many different ways of thinking about these types of problems, and may think differently about problems depending on their specific children. Please rate how much you would agree, in general, that the following **reasons** are true for the **target child** concerning some of his/her notable misbehaviours) in the **past two months on a scale from 1-6** from always true, frequently true, sometimes true, occasionally true, rarely true, to never true. PS: For the more specific questions, think of the most prominent misbehaviour in the last two months and use that as the context for them

been the reason for said notable target misbehaviour)						
My child wants what he/she wants when he/she wants it	1	2	3	4	5	6
I was tired at the time (of some notable past misbehaviour within the last 2 months)	1	2	3	4	5	6
I handle my child in a non-confident way	1	2	3	4	5	6
My child purposely tries to get me angry	1	2	3	4	5	6
My child feels like there is no time for him/her	1	2	3	4	5	6
I'm not patient	1	2	3	4	5	6
My child tries to get my goat or push my buttons	1	2	3	4	5	6
My child wants things his/her way	1	2	3	4	5	6
It's difficult for my child to do what I want	1	2	3	4	5	6
I can't control my child	1	2	3	4	5	6
I couldn't respond quickly enough at the time	1	2	3	4	5	6
I'm not able to be clear	1	2	3	4	5	6
My child is very demanding	1	2	3	4	5	6
I handled things in an unusual way	1	2	3	4	5	6
My child likes to see how far he/she can push me	1	2	3	4	5	6
I was busy with something at the time	1	2	3	4	5	6
I don't do the right thing	1	2	3	4	5	6
My child tires easily	1	2	3	4	5	6
I have a hard time really listening to my child	1	2	3	4	5	6
My child refuses to do what I think he/she should do	1	2	3	4	5	6

SECTION C

Please rate the extent to which you agree or disagree with each of the following statements from 1-6. Strongly Disagree, Somewhat Disagree, Disagree, Agree, Somewhat Agree, Strongly Agree

	Strongly Dis	Somewhat Disa	Disagr	Agree	Somewhat	Strongly

	agr ee	gree	e e		Ag ree	Ag ree
The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired	1	2	3	4	5	6
Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age	1	2	3	4	5	6
I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot	1	2	3	4	5	6
I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated	1	2	3	4	5	6
My mother/father was better prepared to be a good/father mother than I am	1	2	3	4	5	6
I would make a fine model for a new mother/father to follow in order to learn what she/he would need to know in order to be a good parent	1	2	3	4	5	6
Being a parent is manageable, and any problems are easily solved	1	2	3	4	5	6
A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one	1	2	3	4	5	6
Sometimes I feel like I'm not getting anything done	1	2	3	4	5	6
I meet by own personal expectations for expertise in caring for my child	1	2	3	4	5	6
If anyone can find the answer to what is troubling my child, I am the one	1	2	3	4	5	6
My talents and interests are in other areas, not being a parent	1	2	3	4	5	6
Considering how long I've been a parent; I feel	1	2	3	4	5	6

thoroughly familiar with this role						
If being a parent of a child were only more interesting, I would be motivated to do a better job as a parent	1	2	3	4	5	6
I honestly believe I have all the skills necessary to be a good parent to my child	1	2	3	4	5	6
Being a parent makes me tense and anxious	1	2	3	4	5	6
Being a good parent is a reward in itself	1	2	3	4	5	6

SECTION D

Read the following statements carefully and indicate your single response on a scale of 1-5. 1= never 2= rarely 3=sometimes 4= most of the time 5= all of the time

	Never	Rarely	Some times	Most of the time	All of the time
I want my child to follow my instructions because I am the authority to decide what to do or what not to do	1	2	3	4	5
I would like to be a friend, philosopher and guide to my child	1	2	3	4	5
I am very soft with my child so that I cannot correct him/her at proper time by punishment	1	2	3	4	5
I do not have any demand or control on my child and I give total freedom	1	2	3	4	5
I have little patience to tolerate any misbehaviour of my child or to listen to the excuses in any kind of mistakes	1	2	3	4	5
I used to understand the feelings of my child in any situation and always try to get the opinion of my child whenever I buy something for him/her	1	2	3	4	5
Whenever the child comes with low marks, I will not give any punishments rather I feel he/she will become better next time	1	2	3	4	5
As I am very sad and depressed, I cannot show much care and deep emotional tie up with my child	1	2	3	4	5

I strongly believe that my child's future is in my hand and so there is a strict time table for my child to follow	1	2	3	4	5
Important decisions of the family are done together and I give full freedom to my child to share everything with me	1	2	3	4	5
I give valuable reward to my child for obeying me or behaving well	1	2	3	4	5
As I am very busy with my household and office duties, I get less time to involve my child's studies or to listen his/her needs and wishes	1	2	3	4	5
I have clear expectations regarding my child's behaviour and I am not much bothered about the likings of my child regarding his/her future	1	2	3	4	5
As I understand the strength and weakness of my child, I set some appropriate rules for him/her and give friendly corrections whenever necessary	1	2	3	4	5
Though I have definite goal and planning about my child's future I cannot follow it strictly because of my leniency	1	2	3	4	5
I have enough stress and strain myself and hence I cannot take care of my child's welfare	1	2	3	4	5
I usually like to give physical punishment than giving advices to my child because I am sure he/she will not listen to it	1	2	3	4	5
I will not force my child in any of his/her future career and I also help him/her to set a realistic goal	1	2	3	4	5
As I was brought up by strictly disciplined parents, I am very liberal with my child	1	2	3	4	5
I usually give more important to my own likes and wishes but not bother much about needs or misbehaviours of my child	1	2	3	4	5
I believe that only through punishment a child can be corrected and I also do not like to give any financial freedom to my child	1	2	3	4	5
Whenever my child fails to follow the time table given to him/her, I remind the consequences with a touch of love and affection	1	2	3	4	5

I like to be a very affectionate parent towards my child and also, I take the responsibility of my faulty parenting on my child	1	2	3	4	5
As I am busy and get little time to care my child, he/she is quite free to move in their own way to take decisions	1	2	3	4	5
The punishment I give to my child depends upon my mood	1	2	3	4	5
My child talks me out of being punished after he/she has done something wrong	1	2	3	4	5
I always threaten my child with punishment but do not actually do it because of my leniency	1	2	3	4	5
As I am bounded with severe life problems, I ignore my child's misbehaviour and I have no idea about his/her life outside the home	1	2	3	4	5
Whenever my child shows disobedience, I scold and criticise him/her with bursting anger	1	2	3	4	5
Even though I am busy I have enough time to visit my child's school & to meet teachers to know his/her progress	1	2	3	4	5
Because of the excessive love and sympathy, I have shown towards my child, he/she has no self discipline	1	2	3	4	5
I never like to tell my child where I am going or why I am late	1	2	3	4	5

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child and rate your answer on a scale of 1-5. 1= Definitely does not apply 2=Not really 3=Neutral/Not sure 4= Applies somewhat 5= Definitely applies

	Definitely doesn't apply	Not Really	Neutral/ Not sure	Applies Somewhat	Definitely Applies
I share an affectionate, warm relationship with my	1	2	3	4	5

child					
My child and I always seem to be struggling with each other	1	2	3	4	5
If upset, my child will seek comfort from me	1	2	3	4	5
My child is uncomfortable with physical affection or touch from me	1	2	3	4	5
My child values his/her relationship with me	1	2	3	4	5
My child appears hurt or embarrassed when I correct him/her	1	2	3	4	5
My child does not want to accept help when he/she needs it	1	2	3	4	5
When I praise my child, he/she beams with pride	1	2	3	4	5
My child reacts strongly to separation from me	1	2	3	4	5
My child spontaneously shares information about himself/herself	1	2	3	4	5
My child is overly dependent on me	1	2	3	4	5
My child easily becomes angry at me	1	2	3	4	5
My child tries to please me	1	2	3	4	5
My child feels that I treat him/her unfairly	1	2	3	4	5
My child asks for my help when he/she really does not need help	1	2	3	4	5
It is easy to be in tune with what my child is feeling	1	2	3	4	5
My child sees me as a source of punishment and criticism	1	2	3	4	5
My child expresses hurt or jealousy when I spend time with other children	1	2	3	4	5
My child remains angry or is resistant after being disciplined	1	2	3	4	5
When my child is misbehaving, he/she responds to my look or tone of voice	1	2	3	4	5
Dealing with my child drains my energy	1	2	3	4	5

I've noticed my child copying my behaviour or ways of doing things	1	2	3	4	5
When my child is in a bad mood, I know we're in for a long and difficult day	1	2	3	4	5
My child's feelings toward me can be unpredictable or can change suddenly	1	2	3	4	5
Despite my best efforts, I'm uncomfortable with how my child and I get along	1	2	3	4	5
I often think about my child when at work	1	2	3	4	5
My child whines or cries when he/she wants something from me	1	2	3	4	5
My child is sneaky or manipulative with me	1	2	3	4	5
My child openly shares his/her feelings and experiences with me	1	2	3	4	5
My interactions with my child make me feel effective and confident as a parent	1	2	3	4	5

SECTION F

Questions in this section are sensitive so feel free to withdraw your consent by closing this form, if not kindly respond very honestly. Remember, any information provided in this questionnaire is strictly confidential and will only be accessed by the researcher. If this section or any other sections in this survey cause you any psychological discomfort or stirs up any past trauma, feel free to reach out to the principal investigator via mail at delphineugwu@gmail.com

While you were growing up, during your first 18 years of life;

	Yes	No
Did a parent or other adult in the household often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?		
Did a parent or other adult in the household often… Push, grab, slap, or throw something at you?		

or Ever hit you so hard that you had marks or were injured?		
Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?		
Did you often feel that; No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?		
Did you often feel that; You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
Were your parents ever separated or divorced?		
Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		

Did you live with anyone who was a problem drinker? or alcoholic or who used street drugs?		
Was a household member depressed or mentally ill? or did a household member attempt suicide?		
Did a household member go to prison?		

Appendix B

Reliability

Scale: Parenting cognition

Case Processing Summary

		N	%
Cases	Valid	239	100.0
	Excluded	0	.0
	Total	239	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.946	34

Item Statistics

	Mean	Std. Deviation	N
B1	3.95	1.543	239
B2	4.19	1.407	239
B3	4.75	1.403	239
B4	4.63	1.319	239
B5	4.82	1.482	239
B6	5.31	1.154	239
B7	5.08	1.265	239
B8	4.57	1.447	239
B9	4.82	1.356	239
B10	3.90	1.620	239
B11	3.83	1.663	239

B12	4.52	1.511	239
B13	5.33	1.176	239
B14	4.70	1.441	239
B15	4.82	1.450	239
B16	4.37	1.585	239
B17	4.31	1.605	239
B18	4.12	1.595	239
B19	4.72	1.509	239
B20	5.25	1.288	239
B21	4.64	1.425	239
B22	4.80	1.385	239
B23	4.51	1.486	239
B24	4.82	1.298	239
B25	4.86	1.326	239
B26	4.50	1.423	239
B27	5.06	1.343	239
B28	4.87	1.360	239
B29	5.15	1.239	239

B30	4.64	1.428	239
B31	4.28	1.602	239
B32	4.11	1.650	239
B33	4.30	1.487	239
B34	4.33	1.395	239

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
B1	152.94	816.723	.476	.946
B2	152.70	814.161	.560	.945
B3	152.14	805.514	.673	.944
B4	152.26	816.733	.566	.945
B5	152.07	809.147	.590	.945
B6	151.58	817.774	.636	.944
B7	151.82	816.403	.596	.945
B8	152.32	807.723	.623	.944

B9	152.08	808.784	.654	.944
B10	153.00	812.508	.498	.945
B11	153.06	806.504	.549	.945
B12	152.37	811.410	.551	.945
B13	151.56	815.541	.658	.944
B14	152.19	808.568	.616	.944
B15	152.07	802.239	.691	.944
B16	152.52	800.990	.642	.944
B17	152.58	795.648	.694	.944
B18	152.77	799.733	.652	.944
B19	152.17	797.611	.718	.943
B20	151.64	806.231	.727	.944
B21	152.26	807.636	.635	.944
B22	152.09	804.941	.690	.944
B23	152.38	808.891	.592	.945
B24	152.07	810.260	.665	.944
B25	152.03	812.415	.621	.944
B26	152.39	810.600	.598	.944

B27	151.83	809.543	.651	.944
B28	152.02	812.294	.606	.944
B29	151.74	809.943	.704	.944
B30	152.25	805.222	.665	.944
B31	152.61	834.786	.257	.948
B32	152.78	845.888	.130	.949
B33	152.59	842.293	.192	.948
B34	152.56	840.954	.225	.948

```
RELIABILITY
  /VARIABLES=D1 D5 D9 D13 D17 D21 D25 D29
  /SCALE('Authoritative') ALL
  /MODEL=ALPHA
  /STATISTICS=DESCRIPTIVE
  /SUMMARY=TOTAL.
```

Reliability

Scale: Authoritative

Case Processing Summary

		N	%
Cases	Valid	239	100.0
	Excluded	0	.0
	Total	239	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.657	8

Item Statistics

	Mean	Std. Deviation	N
D1	2.53	1.122	239
D5	3.10	1.305	239

D9	2.38	1.339	239
D13	2.33	1.171	239
D17	2.22	1.285	239
D21	2.55	1.208	239
D25	2.41	1.198	239
D29	1.50	1.103	239

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
D1	16.49	22.562	.389	.617
D5	15.92	23.468	.221	.660
D9	16.64	22.594	.282	.645
D13	16.69	21.112	.510	.585
D17	16.80	20.859	.465	.594
D21	16.47	21.502	.447	.601
D25	16.61	22.978	.309	.636

D29	17.52	24.637	.193	.661

Reliability

Scale: Authoritarian

Case Processing Summary

		N	%
Cases	Valid	239	100.0
	Excluded	0	.0
	Total	239	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.526	8

Item Statistics

	Mean	Std. Deviation	N
D2	3.55	1.067	239
D6	3.78	1.173	239
D10	4.08	1.123	239
D14	3.72	1.489	239
D18	3.63	1.173	239
D22	2.36	1.102	239
D26	3.85	1.193	239
D30	1.83	1.068	239

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
D2	23.26	17.042	.281	.482
D6	23.03	15.671	.389	.439

D10	22.73	16.249	.347	.457
D14	23.09	14.459	.352	.446
D18	23.18	16.425	.300	.473
D22	24.45	19.064	.039	.559
D26	22.96	16.608	.270	.484
D30	24.98	19.575	-.006	.570

Reliability

Scale: Permissive

Case Processing Summary

		N	%
Cases	Valid	239	100.0
	Excluded	0	.0
	Total	239	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.529	8

Item Statistics

	Mean	Std. Deviation	N
D3	3.33	1.259	239
D7	3.65	1.146	239
D11	2.37	1.222	239
D15	2.90	1.244	239
D19	3.51	1.375	239
D23	2.79	1.145	239
D27	1.74	1.130	239
D31	4.22	1.197	239

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
D3	21.18	16.675	.370	.448
D7	20.86	18.582	.220	.505
D11	22.14	17.795	.269	.488
D15	21.62	15.860	.470	.409
D19	21.00	17.256	.256	.493
D23	21.72	17.663	.321	.470
D27	22.77	20.783	.001	.573
D31	20.29	19.635	.094	.548

Reliability

Scale: Neglectful

Case Processing Summary

		N	%
Cases	Valid	239	100.0
	Excluded	0	.0
	Total	239	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.850	8

Item Statistics

	Mean	Std. Deviation	N
D4	1.85	1.087	239
D8	2.08	1.166	239
D12	1.61	1.113	239
D16	1.72	1.150	239

D20	1.94	1.165	239
D24	1.59	1.069	239
D28	1.89	1.199	239
D32	1.86	1.244	239

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
D4	12.68	33.243	.545	.837
D8	12.45	32.668	.543	.837
D12	12.92	32.233	.616	.828
D16	12.81	30.943	.703	.817
D20	12.59	31.588	.635	.826
D24	12.94	31.194	.747	.813
D28	12.64	32.441	.541	.838
D32	12.67	33.829	.406	.855

Reliability

Scale: Parent-child relationship

Case Processing Summary

		N	%
Cases	Valid	239	100.0
	Excluded	0	.0
	Total	239	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.708	26

Item Statistics

	Mean	Std. Deviation	N
E1	4.48	1.122	239
E2	2.69	1.299	239
E3	2.02	1.183	239
E4	3.70	1.503	239
E5	3.50	1.369	239
E6	4.15	1.122	239
E7	3.11	1.377	239
E8	1.93	1.079	239
E9	3.50	1.270	239
E10	2.04	1.226	239
E11	2.34	1.325	239
E12	3.74	1.338	239
E13	1.75	1.157	239
E14	2.59	1.387	239
E15	2.29	1.273	239
E16	3.89	1.316	239
E17	2.33	1.317	239

E18	3.82	1.194	239
E19	2.33	1.292	239
E20	2.36	1.334	239
E21	1.86	1.292	239
E22	3.91	1.283	239
E23	2.86	1.480	239
E24	2.15	1.336	239
E25	4.20	1.115	239
E26	4.52	.991	239

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
E1	73.59	126.453	.183	.704
E2	75.38	121.776	.309	.695
E3	76.05	126.258	.175	.705
E4	74.37	127.192	.085	.715

E5	74.57	121.801	.286	.697
E6	73.92	126.381	.185	.704
E7	74.96	119.826	.352	.691
E8	76.14	125.960	.215	.702
E9	74.57	122.170	.304	.696
E10	76.03	124.331	.237	.701
E11	75.73	122.535	.274	.698
E12	74.33	124.592	.199	.704
E13	76.32	125.873	.197	.704
E14	75.48	119.175	.371	.690
E15	75.78	123.602	.251	.700
E16	74.18	123.848	.230	.701
E17	75.74	121.445	.315	.695
E18	74.25	122.869	.303	.696
E19	75.74	120.060	.374	.690
E20	75.71	122.670	.266	.699
E21	76.21	124.656	.208	.703
E22	74.16	128.104	.088	.712

E23	75.21	119.437	.331	.693
E24	75.92	121.376	.311	.695
E25	73.87	126.984	.163	.706
E26	73.55	128.458	.128	.708

Reliability

Scale: Adverse childhood experience

Case Processing Summary

		N	%
Cases	Valid	239	100.0
	Excluded	0	.0
	Total	239	100.0

Reliability Statistics

Cronbach's	N of Items

Alpha	
.673	10

Item Statistics

	Mean	Std. Deviation	N
F1	.31	.462	239
F2	.29	.454	239
F3	.19	.395	239
F4	.13	.341	239
F5	.06	.235	239
F6	.14	.350	239
F7	.11	.312	239
F8	.05	.227	239
F9	.05	.219	239
F10	.03	.157	239

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
F1	1.05	2.035	.396	.640
F2	1.07	2.058	.388	.641
F3	1.17	2.190	.361	.645
F4	1.23	2.344	.296	.657
F5	1.30	2.548	.221	.668
F6	1.22	2.339	.287	.659
F7	1.25	2.256	.444	.629
F8	1.31	2.448	.378	.647
F9	1.31	2.475	.357	.651
F10	1.33	2.551	.386	.655

Factor Analysis

Communalities

	Initial	Extraction
B1	1.000	.420
B2	1.000	.413
B3	1.000	.609
B4	1.000	.495
B5	1.000	.747
B6	1.000	.644
B7	1.000	.693
B8	1.000	.648
B9	1.000	.636
B10	1.000	.548
B11	1.000	.589
B12	1.000	.574
B13	1.000	.670
B14	1.000	.568
B15	1.000	.644
B16	1.000	.520
B17	1.000	.634
B18	1.000	.643
B19	1.000	.768
B20	1.000	.739

B21	1.000	.634
B22	1.000	.685
B23	1.000	.639
B24	1.000	.689
B25	1.000	.500
B26	1.000	.528
B27	1.000	.646
B28	1.000	.619
B29	1.000	.676
B30	1.000	.629
B31	1.000	.430
B32	1.000	.660
B33	1.000	.677
B34	1.000	.664

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %
1	13.367	39.314	39.314	13.367	39.314	39.314	4.643	13.656	13.656
2	1.975	5.809	45.122	1.975	5.809	45.122	3.978	11.699	25.355
3	1.730	5.089	50.212	1.730	5.089	50.212	3.959	11.645	37.000
4	1.547	4.550	54.761	1.547	4.550	54.761	3.927	11.551	48.550
5	1.146	3.371	58.132	1.146	3.371	58.132	2.372	6.977	55.528
6	1.112	3.270	61.402	1.112	3.270	61.402	1.997	5.875	61.402

7	.969	2.849	64.252						
8	.960	2.822	67.074						
9	.890	2.619	69.693						
10	.794	2.336	72.029						
11	.743	2.186	74.214						
12	.739	2.172	76.387						
13	.638	1.877	78.264						
14	.614	1.806	80.069						
15	.596	1.752	81.821						
16	.542	1.595	83.417						
17	.497	1.463	84.879						
18	.472	1.387	86.266						
19	.458	1.348	87.615						
20	.425	1.249	88.864						
21	.410	1.206	90.070						
22	.396	1.164	91.234						
23	.371	1.092	92.326						
24	.321	.944	93.270						
25	.311	.916	94.186						
26	.293	.861	95.047						
27	.272	.799	95.847						
28	.250	.735	96.581						
29	.235	.691	97.272						
30	.216	.634	97.906						
31	.205	.603	98.509						

32	.192	.565	99.074						
33	.169	.498	99.572						
34	.146	.428	100.000						

Component Matrix

	Component					
	1	2	3	4	5	6
B20	.766	-.114	.275	.137	.085	-.196
B19	.746	.142	-.063	-.195	-.094	-.374
B29	.740	-.121	.320	.075	.016	-.079
B22	.734	-.149	.234	-.133	-.086	.213
B17	.727	.021	-.107	-.108	-.222	-.179
B15	.718	.022	.205	.091	-.228	-.160
B3	.704	.043	-.227	.033	.229	.079
B13	.703	-.136	.203	.180	.083	-.278
B27	.701	-.252	.260	.023	.148	.013
B24	.698	.060	-.114	-.340	.249	-.091
B9	.690	-.076	-.217	.027	.299	.127
B30	.685	.176	.134	-.301	.049	-.135
B21	.680	-.184	.222	-.237	-.044	.171
B16	.680	-.066	.118	-.094	-.175	.004
B18	.680	.134	-.301	-.224	-.031	-.147
B6	.677	-.115	-.016	.365	.185	-.069
B8	.654	-.030	-.127	.145	-.202	.375

B14	.649	-.012	.111	.211	-.120	-.276
B28	.648	-.104	.265	-.196	-.279	.036
B25	.645	.124	-.120	-.222	.063	.042
B26	.643	-.145	-.010	-.237	-.119	.151
B23	.630	-.056	-.186	-.337	-.039	.298
B7	.629	-.137	.136	.433	-.024	.270
B5	.621	.126	-.308	.196	.438	-.146
B4	.588	.183	-.260	.028	.155	.152
B2	.586	.038	-.103	.126	-.129	.156
B11	.575	.059	-.329	.224	-.273	.149
B12	.575	.119	-.176	.377	-.209	-.115
B10	.535	-.031	-.426	.261	-.100	.035
B1	.502	.209	-.106	-.306	.139	-.010
B32	.113	.767	.097	.131	-.156	-.088
B33	.170	.723	.314	.059	.090	.121
B34	.205	.607	.379	.067	.109	.307
B31	.295	-.220	.353	.115	.376	.122

Rotated Component Matrix

	Component					
	1	2	3	4	5	6
B24	.722	.236	.281	.077	.164	.020
B18	.631	.303	.236	.291	-.110	.007
B5	.613	.245	-.197	.401	.330	.052

B1	.572	.112	.227	.064	.018	.154
B3	.552	.157	.158	.423	.273	.040
B25	.547	.175	.325	.220	.069	.107
B9	.542	.103	.175	.402	.370	-.052
B30	.526	.391	.382	.007	.095	.210
B4	.496	.049	.128	.431	.144	.153
B13	.231	.629	.179	.206	.383	-.007
B14	.161	.626	.171	.303	.159	.061
B20	.247	.608	.284	.198	.431	.058
B19	.552	.601	.258	.158	-.078	.069
B15	.156	.599	.384	.280	.122	.142
B29	.194	.524	.401	.181	.404	.083
B17	.402	.483	.365	.317	-.075	-.008
B22	.236	.256	.649	.217	.305	.056
B28	.155	.392	.646	.118	.086	.052
B21	.283	.229	.641	.111	.281	-.005
B26	.343	.173	.560	.228	.102	-.071
B23	.500	-.040	.551	.282	.050	-.043
B16	.247	.382	.493	.233	.116	.039
B11	.194	.173	.222	.682	-.074	.030
B10	.274	.180	.047	.653	.007	-.108
B8	.165	.068	.455	.620	.139	.076
B12	.132	.434	.042	.596	.004	.108
B7	-.034	.234	.295	.564	.472	.099
B2	.211	.186	.295	.478	.099	.093

B6	.244	.404	.049	.461	.454	-.010
B31	.046	.092	.141	-.042	.630	.020
B27	.244	.379	.400	.155	.506	-.045
B33	.111	.051	.005	-.012	.049	.812
B34	.052	-.054	.141	.027	.184	.777
B32	.067	.191	-.123	.113	-.267	.721

Component Transformation Matrix

Component	1	2	3	4	5	6
1	.515	.477	.463	.451	.284	.095
2	.231	-.030	-.230	.029	-.336	.883
3	-.441	.300	.339	-.514	.427	.393
4	-.497	.206	-.473	.602	.331	.120
5	.468	-.244	-.442	-.255	.679	.021
6	-.144	-.762	.446	.323	.232	.205

Communalities

	Initial	Extraction
D1	1.000	.541
D2	1.000	.576
D3	1.000	.725
D4	1.000	.549
D5	1.000	.646

D6	1.000	.551
D7	1.000	.641
D8	1.000	.624
D9	1.000	.685
D10	1.000	.470
D11	1.000	.612
D12	1.000	.611
D13	1.000	.504
D14	1.000	.592
D15	1.000	.654
D16	1.000	.699
D17	1.000	.522
D18	1.000	.582
D19	1.000	.617
D20	1.000	.602
D21	1.000	.617
D22	1.000	.646
D23	1.000	.462
D24	1.000	.753
D25	1.000	.727
D26	1.000	.580
D27	1.000	.655
D28	1.000	.594
D29	1.000	.755
D30	1.000	.489

D31	1.000	.707
D32	1.000	.640

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %
1	7.144	22.326	22.326	7.144	22.326	22.326	5.120	16.000	16.000
2	3.402	10.631	32.956	3.402	10.631	32.956	2.103	6.573	22.573
3	1.797	5.614	38.571	1.797	5.614	38.571	1.883	5.885	28.458
4	1.436	4.488	43.059	1.436	4.488	43.059	1.857	5.802	34.259
5	1.351	4.222	47.281	1.351	4.222	47.281	1.856	5.801	40.060
6	1.213	3.789	51.071	1.213	3.789	51.071	1.847	5.773	45.833
7	1.171	3.659	54.729	1.171	3.659	54.729	1.821	5.690	51.523
8	1.107	3.461	58.190	1.107	3.461	58.190	1.584	4.950	56.473
9	1.008	3.150	61.340	1.008	3.150	61.340	1.557	4.867	61.340
10	.959	2.998	64.338						
11	.936	2.924	67.261						
12	.819	2.558	69.820						
13	.800	2.500	72.320						
14	.709	2.216	74.536						
15	.700	2.186	76.723						
16	.649	2.030	78.752						
17	.621	1.940	80.693						
18	.606	1.895	82.587						

19	.572	1.786	84.374						
20	.525	1.642	86.016						
21	.512	1.599	87.614						
22	.496	1.550	89.165						
23	.476	1.488	90.652						
24	.446	1.395	92.048						
25	.409	1.277	93.325						
26	.408	1.274	94.599						
27	.363	1.135	95.734						
28	.345	1.078	96.813						
29	.309	.965	97.778						
30	.273	.852	98.629						
31	.237	.739	99.369						
32	.202	.631	100.000						

Component Matrix

	Component								
	1	2	3	4	5	6	7	8	9
D24	.814	.016	-.072	-.005	.154	-.035	-.090	-.005	.227
D16	.761	.058	-.166	-.051	.144	-.057	.028	-.229	.100
D27	.749	.043	.021	.071	.200	.043	-.065	-.137	.147
D12	.709	-.037	-.006	-.026	.100	-.273	.144	.034	-.008
D20	.661	.154	-.237	-.080	-.015	-.199	-.131	-.112	.095
D28	.643	-.147	-.172	.161	.315	-.049	-.004	.013	.029

D4	.606	.144	.060	.108	-.175	-.306	-.128	-.073	.014
D8	.602	.060	-.115	-.172	-.347	-.140	.017	-.239	-.134
D17	.587	.133	.228	.087	.044	.060	.063	-.280	-.113
D13	.583	.199	.162	-.032	.035	.153	.162	-.199	-.083
D29	.550	-.388	-.061	-.033	.218	.325	-.172	.338	-.004
D30	.491	.223	.194	.097	-.029	.383	-.040	-.028	.036
D32	.490	.221	-.061	-.285	-.102	.476	-.118	-.059	.107
D31	-.445	.442	.121	-.055	-.166	-.226	.013	-.421	-.202
D22	.433	.321	-.037	.338	-.388	-.098	-.281	.013	-.037
D26	-.356	.355	-.209	.198	.341	-.076	.275	-.014	.213
D3	-.096	.547	-.427	-.146	-.002	.297	.301	-.124	-.131
D6	-.380	.543	.032	.017	.257	.016	-.205	-.013	-.047
D15	.091	.528	-.527	.188	.174	.060	.087	.012	-.109
D19	-.057	.521	.035	-.264	-.267	-.052	-.197	.385	.103
D2	-.144	.500	.286	-.180	.206	-.154	-.146	.014	.322
D7	-.207	.460	.118	-.012	.406	-.268	-.266	.112	-.231
D10	-.340	.453	.039	.054	.001	.293	.196	-.006	-.143
D23	.379	.408	-.106	.163	-.147	.106	-.125	.255	.014
D21	.388	.156	.509	.179	-.267	.112	.119	.192	-.127
D1	.358	.250	.430	-.116	.044	-.050	.360	.012	.133
D5	.121	.310	.415	-.240	.333	.112	-.319	-.048	-.279
D11	.378	.250	-.398	.096	-.066	-.168	.008	.331	-.313
D9	.386	.175	-.046	-.549	-.053	-.143	.294	.251	-.174
D14	-.288	.390	-.015	.485	-.165	.129	-.152	-.099	.212
D25	.307	.107	.361	.474	.120	-.117	.404	.258	-.088

D18	-.170	.422	-.002	-.191	-.142	-.095	.170	.125	.515

Rotated Component Matrix

	Component								
	1	2	3	4	5	6	7	8	9
D16	.793	.085	.018	.174	.028	.109	-.067	-.040	.113
D24	.765	-.054	.114	.168	.083	.328	-.028	.067	.057
D27	.721	-.022	.021	.235	.152	.232	.031	-.032	-.036
D20	.705	.036	.258	.074	-.098	.041	-.026	.058	.127
D12	.654	-.065	.098	-.060	.247	.143	-.063	-.043	.280
D28	.623	.058	.007	-.043	.099	.385	-.030	-.202	.020
D4	.591	-.177	.362	.019	.163	-.100	-.007	.015	.029
D8	.538	-.079	.278	.229	-.022	-.239	-.224	-.102	.285
D17	.523	-.029	.007	.320	.322	-.100	.065	-.166	.007
D13	.470	.086	.001	.395	.310	-.046	.024	-.072	.123
D3	-.069	.756	.052	.254	-.109	-.201	-.016	.095	.143
D15	.182	.728	.259	-.045	-.071	.007	.110	-.002	-.066
D26	-.103	.540	-.202	-.308	.059	-.048	.121	.272	-.219
D10	-.374	.432	.003	.201	.155	-.203	.159	.081	-.075
D22	.344	-.042	.654	.133	.118	-.123	-.030	-.013	-.225
D11	.241	.321	.561	-.143	.046	.142	.010	-.148	.268
D23	.210	.196	.522	.202	.144	.152	.060	.128	-.050
D32	.296	.102	.126	.678	-.101	.166	-.026	.120	.119
D30	.284	.043	.137	.527	.275	.146	.046	-.001	-.105

D25	.141	.058	.084	-.159	.806	.126	.006	-.060	-.051
D21	.063	-.214	.289	.312	.621	-.009	-.002	-.006	.042
D1	.265	-.036	-.116	.190	.530	-.077	.063	.293	.207
D31	-.198	.138	-.006	-.042	-.053	-.757	.247	.068	-.071
D29	.257	-.165	.045	.230	.004	.728	-.057	-.237	.132
D7	-.058	.152	.106	-.229	.012	-.097	.734	.053	.001
D5	.068	-.102	-.038	.329	.086	-.030	.704	-.071	.114
D6	-.218	.305	.041	-.014	-.082	-.166	.550	.185	-.192
D18	-.072	.157	.034	-.010	.010	-.119	-.048	.731	.006
D2	.025	.004	-.058	.017	.041	-.133	.482	.559	-.086
D19	-.174	.033	.483	.130	-.054	-.045	.230	.496	.179
D9	.204	.094	.127	.102	.108	.022	.009	.165	.754
D14	-.176	.213	.226	.035	.047	-.189	.031	.180	-.626

Component Transformation Matrix

Component	1	2	3	4	5	6	7	8	9
1	.811	-.090	.239	.291	.243	.260	-.105	-.110	.207
2	.070	.537	.364	.205	.162	-.338	.453	.428	-.056
3	-.149	-.594	-.205	.235	.611	-.157	.337	.113	-.055
4	.031	.142	.234	-.277	.413	.074	-.137	-.301	-.750
5	.206	.277	-.551	-.230	.025	.415	.582	-.105	-.036
6	-.307	.253	-.140	.792	-.016	.349	-.118	-.146	-.196
7	-.059	.417	-.374	-.120	.551	-.133	-.470	.091	.344
8	-.371	-.030	.445	-.216	.232	.653	.064	.222	.289

9	.192	-.122	-.228	-.019	-.113	.224	-.271	.782	-.384

Factor Analysis

Communalities

	Initial	Extraction
E1	1.000	.612
E2	1.000	.529
E3	1.000	.596
E4	1.000	.618
E5	1.000	.558
E6	1.000	.507
E7	1.000	.642
E8	1.000	.504
E9	1.000	.558
E10	1.000	.701
E11	1.000	.581
E12	1.000	.612
E13	1.000	.609
E14	1.000	.633
E15	1.000	.532

E16	1.000	.549
E17	1.000	.554
E18	1.000	.561
E19	1.000	.531
E20	1.000	.457
E21	1.000	.620
E22	1.000	.586
E23	1.000	.611
E24	1.000	.544
E25	1.000	.559
E26	1.000	.659

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %
1	5.607	21.565	21.565	5.607	21.565	21.565	3.425	13.174	13.174
2	3.253	12.512	34.076	3.253	12.512	34.076	2.496	9.600	22.774
3	1.672	6.430	40.506	1.672	6.430	40.506	2.111	8.119	30.893
4	1.217	4.682	45.188	1.217	4.682	45.188	1.940	7.461	38.354
5	1.132	4.355	49.544	1.132	4.355	49.544	1.861	7.156	45.510
6	1.084	4.169	53.713	1.084	4.169	53.713	1.665	6.405	51.915
7	1.060	4.075	57.788	1.060	4.075	57.788	1.527	5.873	57.788
8	.975	3.750	61.538						
9	.865	3.327	64.865						

10	.822	3.162	68.027						
11	.767	2.951	70.978						
12	.734	2.824	73.802						
13	.707	2.719	76.520						
14	.684	2.632	79.153						
15	.650	2.499	81.652						
16	.603	2.318	83.970						
17	.583	2.242	86.212						
18	.539	2.074	88.286						
19	.477	1.835	90.120						
20	.465	1.787	91.907						
21	.441	1.695	93.602						
22	.377	1.449	95.051						
23	.352	1.355	96.405						
24	.351	1.350	97.756						
25	.304	1.167	98.923						
26	.280	1.077	100.000						

Component Matrix

	Component						
	1	2	3	4	5	6	7
E13	.702	.176	.173	-.062	.109	.055	.193
E1	-.646	.369	.067	-.079	.165	-.143	-.006
E21	.629	.203	-.226	.099	.088	.293	-.169

E12	-.605	.385	-.020	.050	-.052	.248	.177
E26	-.603	.294	-.244	-.030	.306	-.210	-.101
E25	-.590	.328	-.184	.163	.182	-.096	-.012
E3	.553	.161	.031	.297	.187	.279	.250
E24	.529	.342	-.154	.288	-.169	.084	-.072
E17	.512	.358	-.178	.036	-.062	-.307	.180
E6	-.504	.351	.209	-.130	-.133	.214	.074
E10	.493	.263	.181	-.368	.404	-.196	-.140
E16	-.490	.425	-.128	-.222	-.021	.035	.249
E19	.487	.429	-.233	-.123	.062	-.008	.191
E8	.449	.217	.299	-.106	.387	.044	-.054
E22	-.441	.213	-.347	.215	.341	-.016	-.251
E20	.430	.310	-.275	-.194	.196	.038	.149
E15	.408	.308	-.198	-.250	-.219	.020	.348
E7	.016	.504	.061	-.243	-.190	.286	-.455
E9	-.206	.476	.053	-.312	-.276	.242	-.233
E18	-.425	.476	-.304	.056	-.043	-.107	.211
E14	.224	.473	.290	.098	-.369	-.351	-.081
E23	.286	.420	-.358	.378	-.179	-.055	-.218
E5	-.225	.412	.516	.013	.179	.166	.108
E4	-.382	.209	.442	.360	-.063	-.058	.310
E2	.174	.383	.319	.423	.160	.163	-.141
E11	.266	.353	.300	-.006	-.083	-.507	-.179

Rotated Component Matrix

	Component						
	1	2	3	4	5	6	7
E26	.789	-.113	-.144	.005	.019	.052	-.006
E25	.706	-.112	.005	.176	-.122	.038	-.017
E22	.690	-.206	.193	-.097	.010	.008	-.147
E1	.639	-.137	-.243	.292	.012	.182	.082
E18	.613	.256	-.008	.182	-.268	.101	.060
E16	.504	.239	-.251	.274	-.153	.270	-.064
E12	.476	.004	-.049	.451	-.255	.289	-.178
E15	-.163	.694	.021	-.025	-.039	.116	.086
E19	-.006	.645	.233	-.077	.211	.047	.094
E20	.029	.568	.157	-.156	.285	.020	-.050
E17	-.036	.561	.231	-.108	.097	-.138	.380
E13	-.418	.448	.219	.072	.403	-.084	.106
E23	.157	.223	.635	-.189	-.140	.084	.268
E24	-.163	.329	.601	-.069	.003	.064	.197
E21	-.223	.316	.572	-.238	.252	.107	-.106
E2	.004	-.100	.532	.373	.274	.052	.141
E3	-.271	.349	.495	.197	.232	-.204	-.146
E4	.152	-.164	-.018	.704	-.163	-.121	.178
E5	.139	-.069	-.021	.637	.281	.215	.047
E6	.270	-.056	-.176	.449	-.128	.425	-.044
E10	-.080	.265	-.031	-.144	.740	.057	.228
E8	-.171	.151	.152	.100	.643	.004	.068
E7	.063	.020	.203	-.021	.144	.750	.112

E9	.149	.074	-.022	.108	-.039	.715	.076
E14	-.083	.152	.166	.184	-.008	.181	.713
E11	-.022	.066	.053	.026	.262	.036	.709

Component Transformation Matrix

Component	1	2	3	4	5	6	7
1	-.625	.443	.394	-.279	.361	-.147	.169
2	.464	.448	.329	.344	.185	.454	.343
3	-.416	-.386	-.194	.645	.356	.084	.301
4	.087	-.301	.719	.271	-.289	-.468	.090
5	.386	-.074	.020	.010	.756	-.381	-.359
6	-.247	-.011	.309	.241	-.026	.445	-.766
7	-.066	.599	-.293	.506	-.228	-.451	-.199

Factor Analysis

Communalities

	Initial	Extraction
F1	1.000	.693
F2	1.000	.705
F3	1.000	.376

F4	1.000	.506
F5	1.000	.302
F6	1.000	.558
F7	1.000	.426
F8	1.000	.561
F9	1.000	.534
F10	1.000	.589

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %	Total	% Of Variance	Cumulative %
1	2.769	27.689	27.689	2.769	27.689	27.689	1.953	19.533	19.533
2	1.437	14.374	42.063	1.437	14.374	42.063	1.735	17.346	36.879
3	1.043	10.426	52.489	1.043	10.426	52.489	1.561	15.610	52.489
4	.953	9.534	62.023						
5	.929	9.294	71.318						
6	.838	8.380	79.697						
7	.663	6.630	86.327						
8	.521	5.208	91.535						
9	.456	4.558	96.093						
10	.391	3.907	100.000						

Component Matrix

	Component		
	1	2	3
F10	.618	-.340	-.301
F8	.611	-.401	.164
F9	.610	-.365	.167
F7	.588	.267	.096
F3	.556	-.149	-.212
F1	.482	.678	.034
F2	.459	.672	-.207
F6	.464	-.108	-.576
F4	.454	.087	.540
F5	.350	-.061	.419

Rotated Component Matrix

	Component		
	1	2	3
F10	.751	.031	.152
F6	.694	.190	-.200
F3	.572	.158	.155
F2	.133	.828	-.051
F1	.011	.817	.158
F7	.234	.502	.345
F4	-.028	.233	.671
F5	.034	.067	.544

F8	.512	-.077	.541
F9	.494	-.046	.536

Component Transformation Matrix

Component	1	2	3
1	.694	.476	.540
2	-.450	.872	-.192
3	-.563	-.110	.819

Frequencies

Statistics

	Age	Gender	Marital Status	Family background	Educational Qualification	Religion	Geopolitical

N	Valid	239	239	239	222	239	239	239
	Missing	0	0	0	17	0	0	0

Frequency Table

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	7	2.9	2.9	2.9
	26-30	27	11.3	11.3	14.2
	31-35	45	18.8	18.8	33.1
	36-40	63	26.4	26.4	59.4
	41-45	61	25.5	25.5	84.9
	46-50	20	8.4	8.4	93.3
	50+	16	6.7	6.7	100.0
	Total	239	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	65	27.2	27.2	27.2
	Female	174	72.8	72.8	100.0
	Total	239	100.0	100.0	

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	14	5.9	5.9	5.9
	Separated	2	.8	.8	6.7
	Divorced	9	3.8	3.8	10.5
	Married	213	89.1	89.1	99.6
	Widowed	1	.4	.4	100.0
	Total	239	100.0	100.0	

Family background

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Monogamous Family	179	74.9	80.6	80.6
	Polygamous family	37	15.5	16.7	97.3
	Single Parent Family	6	2.5	2.7	100.0
	Total	222	92.9	100.0	
Missing	System	17	7.1		
Total		239	100.0		

Educational Qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secondary School	5	2.1	2.1	2.1
	ND	44	18.4	18.4	20.5

	BSc or equivalent	93	38.9	38.9	59.4
	Masters	73	30.5	30.5	90.0
	Doctoral	18	7.5	7.5	97.5
	Other	6	2.5	2.5	100.0
	Total	239	100.0	100.0	

Religion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Christian	212	88.7	88.7	88.7
	Islam	25	10.5	10.5	99.2
	Traditional	1	.4	.4	99.6
	Others	1	.4	.4	100.0
	Total	239	100.0	100.0	

Geopolitical

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	South South	23	9.6	9.6	9.6
	South West	160	66.9	66.9	76.6
	South East	37	15.5	15.5	92.1
	North Central	5	2.1	2.1	94.1
	North East	11	4.6	4.6	98.7
	North West	3	1.3	1.3	100.0
	Total	239	100.0	100.0	

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age of Child	239	1	10	6.42	3.016
Valid N (listwise)	239				

Regression

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	Neglectful, Authoritarian, Permissive, Authoritative	.	Enter

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.476	.227	.213	10.20282

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7132.976	4	1783.244	17.131	.000
	Residual	24358.815	234	104.097		
	Total	31491.791	238			

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	38.516	4.890		7.877	.000
	Authoritative	.509	.158	.234	3.226	.001
	Authoritarian	.926	.184	.316	5.041	.000
	Permissive	.328	.178	.128	1.840	.067
	Neglectful	-.042	.138	-.024	-.306	.760

/MISSING LISTWISE

/STATISTICS COEFF OUTS R ANOVA

/CRITERIA=PIN (.05) POUT (.10)

/NOORIGIN

/DEPENDENT PCR

/METHOD=ENTER Parent Cognition.

Regression

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	Parenting cognition	.	Enter

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

1	.029	.001	-.003	11.52230

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	26.858	1	26.858	.202	.653
	Residual	31464.933	237	132.763		
	Total	31491.791	238			

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	79.867	4.062		19.661	.000
	Parenting cognition	-.011	.025	-.029	-.450	.653

Regression

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	Adverse childhood experience	.	Enter

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.003	.000	-.004	11.52715

ANOVA

Model		Sum of	df	Mean	F	Sig.

		Squares		Square		
1	Regression	.383	1	.383	.003	.957
	Residual	31491.408	237	132.875		
	Total	31491.791	238			

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	78.038	.964		80.975	.000
	Adverse childhood experience	.024	.449	.003	.054	.957

Regression

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	Authoritarian	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	Authoritative	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.385	.149	.145	10.63669	.149	41.345	1	237	.000
2	.464	.215	.208	10.23583	.066	19.927	1	236	.000

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4677.789	1	4677.789	41.345	.000
	Residual	26814.002	237	113.139		
	Total	31491.791	238			
2	Regression	6765.563	2	3382.782	32.287	.000
	Residual	24726.228	236	104.772		
	Total	31491.791	238			

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	49.703	4.465		11.132	.000
	Authoritarian	1.130	.176	.385	6.430	.000
2	(Constant)	41.036	4.715		8.703	.000

	Authoritarian	1.048	.170	.358	6.164	.000
	Authoritative	.563	.126	.259	4.464	.000

Excluded Variables

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics Tolerance
1	Parenting cognition	-.088	-1.452	.148	-.094	.978
	Authoritative	.259	4.464	.000	.279	.988
	Permissive	.197	3.137	.002	.200	.879
	Neglectful	.172	2.918	.004	.187	1.000
	Adverse childhood experience	-.004	-.067	.947	-.004	1.000
2	Parenting cognition	-.015	-.244	.807	-.016	.899
	Permissive	.120	1.857	.065	.120	.786
	Neglectful	.027	.376	.707	.025	.639
	Adverse childhood	-.033	-.561	.575	-.037	.988

experience					

One-way

Descriptives

Parent-child relationship

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
18-25	7	85.2857	10.78138	4.07498	75.3146	95.2568	72.00	102.00
26-35	72	78.5139	10.60161	1.24941	76.0226	81.0051	44.00	117.00
36-45	124	78.7661	11.99872	1.07752	76.6333	80.8990	49.00	114.00
46+	36	73.3889	10.52691	1.75449	69.8271	76.9507	38.00	88.00
Total	239	78.0711	11.50298	.74407	76.6053	79.5369	38.00	117.00

ANOVA

Parent-child relationship

	Sum of Squares	df	Mean Square	F	Sig.

Between Groups	1227.603	3	409.201	3.177	.025
Within Groups	30264.188	235	128.784		
Total	31491.791	238			

Post Hoc Tests

Multiple Comparisons

Dependent Variable: Parent-child relationship

	(I) Age_group	(J) Age group	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
Scheffe	18-25	26-35	6.77183	4.49292	.519	-5.8796	19.4232
		36-45	6.51959	4.40866	.536	-5.8946	18.9337
		46+	11.89683	4.68775	.095	-1.3032	25.0969
	26-35	18-25	-6.77183	4.49292	.519	-19.4232	5.8796
		36-45	-.25224	1.68144	.999	-4.9869	4.4825
		46+	5.12500	2.31646	.183	-1.3978	11.6478
	36-45	18-25	-6.51959	4.40866	.536	-18.9337	5.8946
		26-35	.25224	1.68144	.999	-4.4825	4.9869

		46+	5.37724	2.14847	.102	-.6725	11.4270
	46+	18-25	-11.89683	4.68775	.095	-25.0969	1.3032
		26-35	-5.12500	2.31646	.183	-11.6478	1.3978
		36-45	-5.37724	2.14847	.102	-11.4270	.6725
Bonferroni	18-25	26-35	6.77183	4.49292	.799	-5.1828	18.7265
		36-45	6.51959	4.40866	.843	-5.2109	18.2500
		46+	11.89683	4.68775	.071	-.5762	24.3699
	26-35	18-25	-6.77183	4.49292	.799	-18.7265	5.1828
		36-45	-.25224	1.68144	1.000	-4.7262	4.2217
		46+	5.12500	2.31646	.167	-1.0386	11.2886
	36-45	18-25	-6.51959	4.40866	.843	-18.2500	5.2109
		26-35	.25224	1.68144	1.000	-4.2217	4.7262
		46+	5.37724	2.14847	.078	-.3394	11.0938
	46+	18-25	-11.89683	4.68775	.071	-24.3699	.5762
		26-35	-5.12500	2.31646	.167	-11.2886	1.0386
		36-45	-5.37724	2.14847	.078	-11.0938	.3394

Homogeneous Subsets

Parent-child relationship

	Age group	N	Subset for alpha = 0.05	
			1	2
Scheffe	46+	36	73.3889	
	26-35	72	78.5139	78.5139
	36-45	124	78.7661	78.7661
	18-25	7		85.2857
	Sig.		.508	.299

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