



The Relationship Between Trauma Symptoms and the Quality of the Parent-Child Relationship in Adoptive Families

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Abstract

Children who are adopted often experience early-life trauma, resulting in dysregulation and trauma-related emotional and behavioral problems. When these children are brought into adoptive homes, these trauma-related symptoms could negatively affect the attachment relationship by adversely impacting the parent’s perspective on the parent-child relationship. The current study examined the relationship between trauma symptoms in children who were adopted and the quality of the parent-child relationship within these families. Participants included adoptive families who were participating in a therapeutic camp intervention. The data analyzed was baseline data from a larger study prior to any intervention being done. Trauma symptoms of the adopted child, including anxiety, depression, anger, and post-traumatic stress arousal, were significantly correlated with parenting communication, confidence, and frustration. Specifically, the more trauma symptoms an adopted child exhibited, the poorer the quality of the parent-child relationship.

Method

Participants include families participating in a therapeutic camp intervention. The families in the intervention have at least one adopted child. The data included in the study is baseline data from a larger study before any intervention had been done. Before the intervention, parents completed the Trauma Symptoms Checklist for Young Children (TSCYC) and the Parenting Relationship Questionnaire (PRQ). Adopted children completed family drawings.

- Participants:
- 47 participants (15 families)
 - 31 parents (45.2% fathers, 54.8% mothers); 16 adopted children
 - Gender of Children: Female (36.8%), Male (63.2%)
 - Race of Children: Caucasian (47.4%), Hispanic (15.8%), African (21.1%), Mixed (10.5%), Indian (5.3%)
 - Adoption Type: Foster Care (73.7%), International (26.3%)

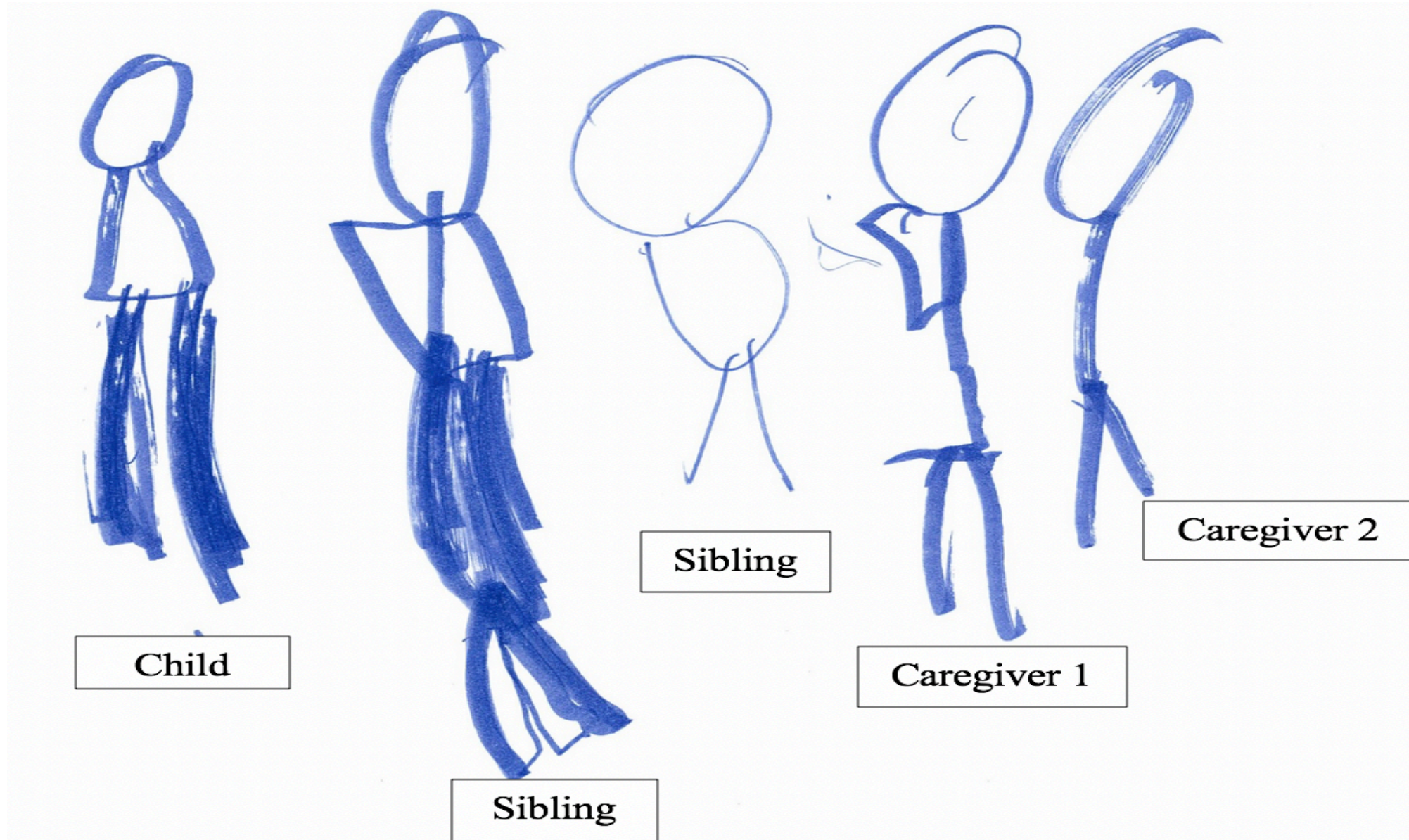
- Measures:
- TSCYC measures trauma symptoms of the child including anxiety, depression, anger, and posttraumatic stress arousal
 - PRQ measures the parent’s perceived attachment, confidence in their parenting, communication in the parent-child relationship, and frustration in the parent-child relationship
 - Family Drawings measure emotional distance and isolation perceived by the child on a scale from 1-3; 1 indicating no emotional distance and isolation and 3 indicating high emotional distance and isolation. The family drawings are scored by a trained scorer (Fury et al., 1997).

Family Drawings: Emotional Distance and Isolation

This family drawing shows little emotional distance and isolation. There is no signs of loneliness, anger or negative affect in the drawing, and the caregiver and the child are placed close together. The child shows a sense of belonging.



This family drawing shows high emotional distance and isolation. There are disguised expressions of negative and neutral affect, and the child is placed far away from both caregivers. There is little sense of happiness or belonging to the family.



Quantitative Results

PRQ and Family Drawings					
Variables	Attachment	Communication	Parenting Confidence	Frustration	Emotional Distance and Isolation
Attachment	1.000				
Communication	.741**	1.000			
Parenting Confidence	.413*	.239	1.000		
Frustration	-.352	-.185	-.539**	1.000	
Emotional Distance and Isolation	.401*	.456*	.210	-.399*	1.000

Note: Statistical significance: * $p < .05$, ** $p < .01$

As the child’s emotional distance and isolation increase, the parent’s perceived quality of the parent-child relationship increase.

Family Drawings and TSCYC					
Variables	Emotional Distance and Isolation	Anxiety	Depression	Anger	Posttraumatic Stress-Arousal
Emotional Distance and Isolation	1.000				
Anxiety	-.533**	1.000			
Depression	-.241	.560**	1.000		
Anger	-.241	.522**	.450*	1.000	
Posttraumatic Stress-Arousal	-.341	.630**	.541**	.795**	1.000

Note: Statistical significance: * $p < .05$, ** $p < .01$

As the child’s emotional distance and isolation increase, the child’s anxiety decrease.

PRQ and TSCYC								
Variables	Attachment	Communication	Parenting Confidence	Frustration	Anxiety	Depression	Anger	Posttraumatic Stress-Arousal
Attachment	1.000							
Communication	.741**	1.000						
Parenting Confidence	.413*	.239	1.000					
Frustration	-.352	-.185	-.539**	1.000				
Anxiety	-.318	-.330	-.403*	.437*	1.000			
Depression	-.302	-.376*	-.597**	.360*	.560**	1.000		
Anger	-.254	-.227	-.506**	.797**	.522**	.450*	1.000	
Posttraumatic Stress-Arousal	-.230	-.356*	-.365*	.651**	.630**	.541**	.795**	1.000

Note: Statistical significance: * $p < .05$, ** $p < .01$

As a child’s trauma symptoms increase, the parent’s perceived quality of the parent-child relationship decrease.

Discussion

This exploratory studied revealed significant relationships between trauma symptoms and the quality of the parent-child relationship perceived by both the parent and the child. Understanding this relationship and the bidirectional effects of trauma on adopted children and adoptive parents could result in better therapeutic interventions for families with adopted children.

When the child felt more emotional distance and isolation within the parent-child relationship, the anxiety experienced by the child decreased, and the parent perceived greater attachment, better communication, more parenting confidence, and less frustration. This is interesting because most literature on trauma symptoms exhibited by adopted children states that it will negatively impact the quality of the parent child relationship (Kraft et al., 1985). Studies on miscuing in adopted children show they mask underlying attachment needs to avoid a potentially threatening relationship (Kenrick et al., 2019), which may be similar to the relationship found between emotional distance and isolation and the quality of the parent-child relationship perceived by the parent.

Future directions of this research can look more closely at each parent’s individual relationship with the adopted child as well as a deeper investigation of the specific qualities of the trauma symptoms that seem to have the greatest impact on the quality of the parent-child relationship.

References

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