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Trauma as a Predictor of Engagement Among Former Foster Youth Parents Involved With Child Welfare

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Walden University
2025

Abstract

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by

Sarah Gordon

MS, University of Phoenix, 2015

BA, University of Arizona, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2025

Abstract

The specific research problem addressed in this study is that the relationship between parent engagement with child safety personnel and the trauma histories of parents with transgenerational child welfare involvement is not well understood. Parent engagement is a critical component of child safety family outcomes. Although past research recognizes lower engagement for former foster youth (FFY) parents with child safety systems and the negative effects of trauma throughout a person's life, there is no prior research that examines how trauma affects FFY parent engagement with child safety systems. Grounded in Bronfenbrenner's ecological systems theory, the purpose of this quantitative, cross-sectional study was to analyze the key variables of childhood adversity, types of lifetime traumatic experiences, and parent engagement. Through snowball and convenience samplings 253 FFY parents in Arizona completed the Adverse Childhood Experiences questionnaire, Trauma History Questionnaire, and Client Engagement with Child Protective Services scale. Results of multiple linear regression analysis indicated that both physical or sexual abuse $F(2, 236) = 55.821$, $p < .001$, adj. $R^2 = .315$ and crime-related $F(2, 242) = 72.320$, $p < .001$, adj. $R^2 = .369$ types of traumatic experiences for FFY were statistically significant predictors of parent total engagement. Moderation analysis results showed that the three types of traumatic experiences did not moderate the relationship between childhood adversity and parent engagement. These results provide evidence of the need for trauma aware practices with FFY parents and case plans tailored to meet their unique needs, which could improve child safety family reunification outcomes and increase safety for families.

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Dedication

This dissertation is dedicated to the children who are currently experiencing and the adults who survived foster care. Benjamin Fry (2019) offered the following:

> Imagine you are walking alone, minding your own business, when across the road you see a man running. He's waving his arms wildly, screaming, turning this way and that, looking over his shoulder. He's disheveled. He seems feral, wild. He's frightening. People get out of his way. They avoid him, crossing the road as they see him coming. You feel the urge to do the same because this guy makes you feel really uncomfortable. You tell yourself that he is crazy, that you are not like him. You are just about to look the other way when you see something. Around the corner bounds a lion. A fully grown, roaring lion. And it's running after the man. Suddenly, you see the man differently. You understand that he is in danger. You want to help him. You are not alone. Other people see the danger. They also want to help. No one thinks the man is crazy anymore. They are no longer afraid of him. The man has not changed. He is still running wildly, terrified, blind with panic. Yet everything else has changed. His behavior is exactly the same as before. And somehow, he has gone from crazy to normal, from being avoided to being helped…The man's behavior is normal. His body is working perfectly. His reaction and choices are sane. But without being able to see the lion, he becomes a problem to solve…Nobody's crazy. People want to help. They just can't see the lion. (Fry, 2019, p. 1).

This study is about the Invisible Lion. I see the Lion.

Acknowledgments

Lios em chaniavu, Thank You, to the Pascua Yaqui tribe in Tucson, Arizona for allowing me to take educational leave to complete my dissertation. This time off was critical to the completion of my study. I would also like to thank my doctoral committee members for their feedback and support throughout the dissertation process. Thank you to the Arizona Department of Child Safety (DCS) for allowing me to display my flyers in the child safety offices around the state. To my partner for always believing I could do this, even when I did not believe I could, Thank You is not enough. To my colleagues and friends who were willing to share my study flyer, I greatly appreciate your support. To my family, the Gordons and the Coids, who taught me the importance of education while growing up in Northern Ireland. Although my research was not completed with indigenous peoples, I respectfully acknowledge that my research was completed on the land and territories of indigenous peoples. The state of Arizona is home to 22 federally recognized tribes, with Tucson being home to the Yaqui and the O'odham. Finally, to the families I am fortunate enough to work with each day in the Southern Arizona community, Thank You for continually teaching me more about resiliency, community, and hope.

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Chapter 1: Introduction to the Study

Introduction

More than 600,000 children were involved with foster care in the United States during 2021 (Administration for Children and Families [ACF], 2022). There is currently no data for how many of these children have parents who were also involved with foster care when they were children. In addition to not knowing how many former foster youth (FFY) parents' children are currently in foster care, I also do not know the trauma histories of parents with children in care. Approximately 28% to 90% of individuals in developed countries have experienced at least one traumatic experience in their lifetime (Goodwin & Tiderington, 2022). The statistics regarding trauma histories for individuals living in the United States differ. Goodwin and Tiderington (2022) also reported that more than half of both men (61%) and women (51%) living in the United States have experienced at least one traumatic experience in their lifetime. Another source, the National Council for Mental Wellbeing (2022) noted that 70% of adults in the United States have experienced a traumatic event during their lifetime.

Traumatic experience(s) can have lasting negative effects on an individual's overall functioning and development (Finkelhor, 2020; Kalmakis & Chandler, 2014; Koren-Karie & Getzler-Yosef, 2019; National Council for Mental Wellbeing, 2022; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Zhang, 2021b), their coping strategies for stress (Agyapong et al., 2022; Condon & Sadler, 2019; Finkelhor, 2020; LaBrenz et al., 2021; National Council for Mental Wellbeing, 2022; Oosterman et al., 2019; Savage et al., 2019; Wilson-Genderson et al., 2022; Zhang et al.,

2021b), and their relational health (Adams et al., 2019; Bountress et al., 2020; Condon & Sadler, 2019; Felitti et al., 2018; Lünnemann et al., 2019; Zhu et al., 2020).

It is likely that these traumatic experiences, as well as prior involvement with child safety as a child would affect the parent's current level of engagement with child safety personnel. The limited past research that is available regarding parent trauma history with parent engagement suggests that parents with trauma histories are more vulnerable to negative reunification outcomes, which includes the termination of parental rights (Davidson et al., 2019). Unfortunately, child welfare systems are not screening for trauma in parents and are thus unable to address issues stemming from these trauma histories that may be negatively affecting reunification efforts (Lange et al., 2020a; Lucero et al., 2020; Kottenstette et al., 2020). In this chapter, I share more about the significance of my study and potential social change implications. This chapter also includes the study background, purpose, theoretical framework, the assumptions, the scope and delimitations, and the research questions.

Background

I became interested in this topic during years of behavioral health work with children involved with state foster care through the child safety system. I witnessed the negative effects of the parent's traumatic experiences on those children and on the parent's reunification efforts through the family courts. There are neither state nor federal records kept or available regarding the former foster status of parents with children involved with child safety. Mihalec-Adkins et al. (2020) suggested that about 10% of children with FFY parents also enter foster care themselves, but this was based on

information from a 2010 study. It is unknown how many transgenerationally child welfare-affected, or FFY families are currently involved with foster care in this country.

There are differences in FFY and non-FFY parents (Yoshioka-Maxwell & Rice, 2020) and transgenerationally involved families are the least understood population in child welfare (Brewsaugh et al., 2022). Differences for FFY include lower education levels, fewer natural supports, increased experience of mental illness, increased substance and alcohol misuse or abuse, and lower financial resources as compared to individuals who were not involved in foster care (Bruskas, 2008; Chamberlain et al., 2019; Dworsky & Gitlow, 2017; Fusco, 2015; Häggman-Laitila et al., 2020; Jones, 2011; Marshall et al., 2011).

Other differences for FFY as compared to non-FFY relate to employment and financial stability, arrest rates, and educational outcomes. FFY who are employed make less annually, hold fewer full-time positions, and require more public assistance for food and housing resources (Mihalec-Adkins et al., 2020). Financial instability may also affect higher rates of homelessness for FFY as compared to non-FFY with approximately 66% of FFY experiencing homelessness within the six months after aging out of the foster care system and 37% of FFY experiencing homelessness as adults (Rosenberg & Kim, 2018). The number of arrests for FFY are much higher with eight out of ten FFY arrested as adults as compared to 1.7 out of 10 non-FFY and more than six out of 10 convicted of a crime as adults as compared to one out of 10 non-FFY (Mihalec-Adkins et al., 2020). Approximately 20 to 50% of male and female FFY adults do not have a high school

education or equivalent (Mihalec-Adkins et al., 2020). The lower levels of education likely affect employment opportunities and financial stability (Rosenberg & Kim, 2018).

These differences could explain some of the prior research findings regarding lower engagement levels for FFY parents involved with child welfare (Fusco, 2015). Another factor for parents involved with child welfare that might explain differences in level of engagement is the parent's trauma history. The assumption could be made that foster care involvement itself is a traumatic experience for FFY. However, in addition to not knowing about the former foster status of parents involved with child welfare, there is minimal information regarding trauma histories for parents unless this is connected to the reasons for their child's removal and child welfare involvement.

Child welfare is not currently screening parents to understand their trauma histories (Lange et al., 2020a; Lucero et al., 2020). Unfortunately, the average number of ACEs for parents involved with child welfare is much higher than non-welfare involved parents (Dellor et al., 2022). Parents with trauma histories may be more vulnerable to the challenges of parenting and have trouble managing their stress (Condon & Sadler, 2019; Oosterman et al., 2019; Wilson-Genderson et al., 2022; Zhang et al., 2021b). Childhood adversity increases the risk of obesity, smoking, physical inactivity, and depression in adulthood (Felitti et al., 1998; Felitti et al., 2019a; Felitti et al., 2019b). Parents with childhood trauma have been described as harsher in their punishment of their children (Cao et al., 2019; Oosterman et al., 2019) and the risk for child abuse is higher (Lünnemann et al., 2019).

When parents address their mental health needs, the behavior of their child improves and the risk to their child for depression decreases (Doi et al., 2021). Left unaddressed, these behaviors and outcomes for FFY parents would likely affect their engagement with child welfare. The completion of appropriate mental health services referrals by child welfare personnel to help parents address their mental health needs are more likely only when trauma histories for the parents are known (Kottenstette et al., 2020). In my study, I examined the relationship between FFY parent trauma histories and their current level of engagement with child safety, which is under-studied and not well understood.

Problem Statement

In 2021, 606,031 children were served by foster care in the United States with 391,098 children remaining in foster care at the end of the year (ACF, 2022). Almost half of these children have a case plan goal other than reunification with their parent or primary caregiver (ACF, 2022; Thomas & Scharp, 2020) and less than 50% of the children and youth involved with child welfare will reunify with a parent (Milner & Kelly, 2021). Children in care spend an average of 22 months in the foster care system (ACF, 2022). In the state of Arizona by mid-year 2022, 12,546 children were in foster care, with more than 27% of these children having spent more than two years in foster care and 53.6% having a case plan other than reunification (Department of Child Safety [DCS], 2022). Spending on foster care services in the state of Arizona in 2020 was more than 169 million dollars (Casey Family, 2023b). Neglect is the most common reason children enter foster care in the state of Arizona (Casey Family Programs, 2023a; Milner

& Kelly, 2021), with 91% of children removed from their parents or family due to neglect and 9% removed due to some form of abuse (Casey Family Programs, 2023a). These recent statistics are not abnormal, and based on data from 2016, one in 100 American children experience termination of parental rights after entering foster care in the United States (Wildeman et al., 2020). The number of children in foster care, the length of time these children spend in care, the frequency of non-reunification permanency plans, and the frequency of non-reunification outcomes are the issues that prompted my study.

Past research does not adequately investigate possible correlations between a FFY parent's trauma history and their child's involvement in foster care or the level of engagement for FFY parents. Adversity experienced in childhood has effects across the lifespan (Reidy et al., 2021), which includes increased parenting stress for mothers who have unresolved trauma (Isobel et al., 2017; Iyengar et al., 2019; Lucero et al., 2020). However, these mothers may not always be aware of the transgenerational effects of trauma for themselves or their children, and they are not often screened for trauma by professionals (Cao et al., 2019; Dellor et al., 2022; Isobel et al., 2017; Lange et al., 2020a; Lucero et al., 2020). The lack of awareness and lack of screening likely negatively affects a parent's ability to advocate for services for self and family and the professional's ability to understand the family's functioning through a trauma-aware lens (Griffin, 2020; Isobel et al., 2017; Miranda et al., 2020). The specific research problem that I addressed in my study is the failure of child welfare staff to complete trauma screenings with transgenerationally involved parents in child welfare, which results in a

failure to recognize how these past experiences may negatively affect the parent's current level of engagement with child safety personnel and reunification efforts with their child(ren).

Purpose of the Study

My purpose for this quantitative survey study was to empirically evaluate whether the frequency of childhood traumatic events and the types of lifetime traumatic events for FFY parents predict their level of engagement with child welfare. I also explored whether the type of traumatic experiences throughout the parent's life influences the relationship between the frequency of childhood trauma and the FFY parent's level of engagement with child welfare. I collected primary data from FFY parents regarding the frequency of childhood trauma using the Adverse Childhood Experiences (ACE) questionnaire, the types of traumatic events throughout their lifetime using the Trauma History Questionnaire (THQ), and the overall level of engagement using the Client Engagement in Child Protective Services scale (CECPS).

Research Questions and Hypotheses

Research Question 1_A: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 1_A$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly

predict the level of engagement with child safety personnel, as measured by the CECPS.

H_a1_A – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 1_B: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

H_01_B – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

H_a1_B – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 1_C: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 1_C$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 1_C$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, do significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 2_A: Do physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 2_A$ – Physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 2_A$ – Physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 2_B: Do crime-related types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 2_B$ – Crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 2_B$ – Crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 2_C: Do general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and level of engagement with child safety personnel, as measured by the CECPS?

$H_0 2_C$ – General trauma and disaster types of traumatic experiences for FFY parents, as measured by the ACE, do not significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

H_a2_C – General trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, do significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

Theoretical Framework

The theoretical base for my study was Bronfenbrenner's (1977; 1979; 1994) ecological systems theory. This theory is based on the ecology of human development and includes consideration for the effects of the environment on individual development (Bronfenbrenner, 1977; Bronfenbrenner, 1979). This framework supports social changes for FFY parents and within child safety and behavioral health systems.

Bronfenbrenner's (1977; 1979; 1994) ecological systems theory offers a framework to examine the interactions between individuals, the environment, and various larger systems affecting human development (See also Adams et al., 2019; Greenfield et al., 2019; Shelton, 2019). Although attachment theory is incorporated into much of the previous research regarding parenting and transgenerational trauma (Chamberlain et al., 2019), Bronfenbrenner's ecological systems theory is useful here as it expands upon the interactional patterns within attachment theory. Bronfenbrenner recognized how external influences on development affect and are affected by the parent child relationship, which is the primary focus in attachment-related frameworks.

These external influences are related to five subsystems, which are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner,

1977; Bronfenbrenner, 1979; Bronfenbrenner 1994). Individuals have different roles and activities in different settings and the quality of each setting determines its developmental potential (Bronfenbrenner, 1979). Likewise, when the quality of the setting includes safe individuals, reciprocal interactions, and tasks that are conducive to growth based on current competencies, then this setting could support appropriate development (Bronfenbrenner, 1979).

A systems approach supports a more holistic examination of the problem (Bridgen, 2017). By understanding the social and environmental contexts and systems within which these parents approach parenting, including the influence of past trauma on current functioning, we could decrease the stigma associated with transgenerational involvement with child safety services (Dunkerley, 2017; Fusco, 2015; Piel et al., 2017; Stephens, 2022). We could also increase insight regarding the specific needs of this population and the role of child welfare personnel and professional counselors in meeting those needs. These changes align with improving collaborative efforts between the various systems that are involved with families, including child welfare and behavioral health providers, to address those needs and incorporate this information into training and policy reform to improve child welfare reunification outcomes. I further explore the theoretical foundation for my study in Chapter 2.

Nature of the Study

To address the research questions in this quantitative study, the specific research design included non-experimental, survey research, and cross-sectional methods to investigate whether the frequency of childhood traumatic experiences (IV1) and the types

of traumatic experiences (IV2, IV3, and IV4) predict the level of engagement with child safety personnel (DV) among a sample of FFY parents involved with child safety. This approach supported my ability to evaluate factors that are potentially associated with higher levels of engagement for FFY parents working with child safety. For my study, potential factors included trauma frequency in childhood (IV1), physical and sexual abuse types of traumatic experiences (IV2), crime-related types of traumatic experiences (IV3), and general trauma and disaster types of traumatic experiences (IV4) in the sample population. The three types of traumatic events were also examined as potential moderating variables in the relationship between childhood trauma frequency (IV1) and level of engagement with child safety (DV). There was no intervention applied during my study, and no variables were controlled or manipulated (Creswell & Creswell, 2018; Groves, 2009). FFY parents who were currently involved with child safety were the targeted population for my study. I used multiple linear regression and moderated analysis to analyze data gained from the surveys.

Definitions

Adverse childhood experiences (ACEs): ACEs are events of varying severity and frequency that occur before the age of 18 years and often cause harm or distress that can negatively affect a child's physical, emotional, and developmental progress (Kalmakis & Chandler, 2014). These ACEs negatively affect child development, often change the stress response system, and can overwhelm the coping strategies of a typical child (Centers for Disease Control & Prevention [CDC], 2019; Finkelhor, 2020, Zhang et al.,

2021a). For my study, I collected information regarding these experiences through administering the ACE questionnaire.

Child safety personnel: I use this term in my study to describe staff employed through the Department of Child Safety (DCS) in the state of Arizona. These staff are often referred to as case managers, case workers, or child welfare personnel (DCS, n.d.).

Child welfare: I use this term interchangeably with *child safety* in my study to refer to government employees in the state of Arizona DCS who are responsible for addressing child safety concerns (DCS, 2023).

Crime related trauma: Crime related traumatic events include mugging, robbery, home break ins, and burglaries (Hooper et al., 2011). For my study, I collected information regarding crime related traumatic experiences through administering the THQ questionnaire.

Engagement: Is defined by Yatchmenoff (2005) using four categories of behaviors or beliefs for parents involved with child welfare. The four categories are receptivity (i.e., open to receiving help), buy-in (i.e., belief that services received will be beneficial), working relationship (i.e., quality of interpersonal relationship between child safety personnel and parent), and mistrust (i.e., beliefs related to lack of trust in child safety personnel). The range for parent engagement scores is 19 – 95.

Former foster youth (FFY): I use this term to describe individuals who were in foster care as children or adolescents and prior to their 18th birthday (Mihalec-Adkins et al., 2020).

General disaster and trauma: Includes serious accidents occurring at the individual's work or in a car, natural disasters, man-made disasters, exposure to chemicals or radioactivity, observing or handling dead bodies, the death of a close friend because of murder or drunk driving, death of a close loved one, serious illness, serious illness or injury of a friend, or engaging in military combat (Hooper et al., 2011). For my study, I collected information regarding general traumatic experiences through administering the THQ questionnaire.

Physical abuse: Physical abuse is a non-accidental physical injury (Miranda et al., 2019) and includes attack with a gun, knife, or other weapon, attack without a weapon, and beating, spanking, or pushing hard enough to cause an injury (Hooper et al., 2011). For my study, I collected information regarding physical abuse experiences through administering the THQ questionnaire.

Sexual abuse: Sexual abuse includes intercourse, oral, or anal sex against your will, forced touching by others of your private parts or being forced to touch private parts of others, and other attempts at unwanted sexual contact (Hooper et al., 2011). For my study, I collected information regarding sexual abuse experiences through administering the THQ questionnaire.

Trauma: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7).

Assumptions

My study required several essential assumptions. This is quantitative research that assumes that reality is objective and independent of this researcher so that it can be studied objectively (Groves et al., 2009). I assumed that all participants were adults who have personal foster care experiences and can give informed consent. I assumed that participants were truthful in their responses, and thus accurate, and that each participant had experienced at least one traumatic event. I assumed that participants would only answer one survey, which allowed me to meet the assumptions of regression models during data analyses and interpretation. Finally, I assumed a parent's engagement with child welfare personnel could be affected by their past traumatic experiences, but the extent of this effect or the relationship between these variables was not yet understood. Therefore, I am assuming that my study will provide additional information regarding a predictive relationship between trauma frequency in childhood and types of traumatic events during the parent's lifetime with the parent's level of engagement with child safety personnel. These assumptions were necessary in my study because the purpose of my research efforts was to discover the truth and report on that truth to promote positive social change for children and families in the state of Arizona.

Scope and Delimitations

The number of children in foster care, the length of time these children spend in care, the poor reunification outcomes for families, and the lack of trauma screening by child welfare are the problems that were addressed in my study. Since reunification outcomes are related to engagement (Cao et al., 2019; Davidson et al., 2019; Fusco,

2015; Gladstone et al., 2014; Kemp et al., 2014; Marshall et al., 2011), understanding the factors that affect parent engagement is critical to improving outcomes. I aimed to ascertain the role of traumatic experiences for FFY parents as predictors of their level of engagement with child safety in my study.

My study was cross sectional with participants completing surveys online. In the survey instructions, I asked participants to answer survey questions to the best of their abilities. I was able to measure the frequency of childhood traumatic experiences and the type of traumatic experiences throughout their life through the surveys I used in my study. I inquired about both childhood and adult traumatic experiences in my study. However, I neither explored nor measured the intensity of the traumatic experiences in my study.

As my study was limited to the state of Arizona and the targeted population of FFY parents, generalizability outside of the state of Arizona and to research with non-FFY parents should occur with caution. In the state of Arizona, the child dependency petition through the family courts is in the mother's name and this is how families are tracked by child safety. However, I included fathers in my study as they were not included as much as mothers in recent research regarding child welfare, foster care, and parent engagement (Brewsaugh et al., 2018).

Eligible participants for my study were adults who were 18 years of age or older, had child(ren) involved with child welfare, were involved with child welfare when they were a child, possessed English reading fluency, resided in the state of Arizona, provided a 'yes' response to the question '*I have experienced a traumatic event during my life,*'

and gave their informed consent. I asked parents one question on the demographics about how long they had been involved with child welfare at the time of participating in my study. Asking this information allowed me to further describe the sample of my study and recognize that there may be differences in the levels of engagement for parents who had their child removed within a few weeks of completing the surveys as compared to a parent whose child was removed one year prior. I did not exclude parents based on the length of time they had been involved with child welfare.

I used Bronfenbrenner's (1977; 1979; 1994) ecological systems theory as the framework for my study, but I also considered attachment theory as a framework as it is common in the foster care research that I reviewed. Miranda et al. (2019) highlighted the potentially negative effects on child development for children placed in foster care related to differing caregiver approaches and the effects of both the child and caregiver's attachment styles. Bronfenbrenner's ecological systems theory addresses the attachment relationships within the microsystem and primary parent-child relationships, while also recognizing the effects of other adults in various settings, the effects of other settings on the adults caring for these children, the effects of the child's community, and the effects of changing beliefs, legislation, and culture (Bronfenbrenner, 1979). Within these additional systems, which are established or activated when a child is removed from their family of origin and placed in foster care, are resources, challenges, and factors affecting transgenerational involvement in foster care for FFY parents.

Limitations

Regardless of the strength of a study, there are limitations present. A limitation of my study was that the surveys were self-report. With self-report surveys, there is a potential for participants to respond inaccurately based on the fallibility of their recollection of past events and potential discomfort in endorsing a traumatic experience after recollection (Burkholder & Crawford, 2016). Participants may have also responded in a way that they believed would benefit the researcher. Participants were asked to answer questions honestly. Additionally, the accuracy of the survey data rested on the assumption that each participant was able to accurately understand the questions on the questionnaires (Burkholder & Crawford, 2016). Participants required internet access to complete the survey.

Past research supporting the need for the current study, specifically the studies by Cooley et al. (2018) and Kottenstette et al. (2020), included participants who were already actively engaged in some type of mental health treatment or services. Cooley et al. and Kottenstette noted this as a limitation in their research and acknowledged that the level of engagement in those samples might have been higher because participants were already open to engaging in services. To address this potential limitation, parents recruited for my study were invited regardless of their current level of engagement in mental health services in the community. I did not ask parents to describe their level of engagement with these external services that may or may not be related to their child welfare case plans towards reunification with their child(ren). There was no requirement regarding the parent's participation in mental health counseling or other services to

participate in my study. I asked about the length of time they had been involved with child welfare as part of the demographics questions.

Stephens and Aparicio (2017) suggested that mothers who are less engaged with child welfare may opt to participate in a study to share their experiences, which Stephens and Aparicio identified as a theme in their qualitative research of mothers wanting to feel heard and seen. Much of the research regarding foster care used secondary data from child welfare databases that are created and maintained by government entities, not the parents and children for whom the research is about and intended to help (Francis et al., 2021). Parent participation in research regarding child welfare is critical as the research is about these parents and was completed in efforts to change systems in support of these parents reunifying with their child (Yoon et al., 2022; See also Brewsaugh et al., 2022; Wilson & Neville, 2009). Although my study was quantitative, by asking FFY parents about their traumatic experiences, I was hoping to validate that these experiences happened and their current situations were important, which I also hoped led to parents feeling heard and seen in my study.

Another limitation is that I did not assess the current trauma symptoms of participants in my study. Current trauma symptoms could have explained the level of engagement separately from the occurrence of traumatic events. However, this limitation is an area of potential further study upon completion of my study, as understanding the impact of past events first could lay the groundwork to examine the relationship between current trauma symptoms and engagement.

The design of my study was cross sectional and did not allow me to assess changes to lifetime traumatic experiences after the survey was completed. Traumatic events that occurred after their child's removal from their care or during case plan engagement may have affected a parent's level of engagement, which might be better understood through a longitudinal study. My study was a snapshot in time to address the current gap in knowledge surrounding FFY parents' trauma histories and possible effects on their engagement with child safety. Findings from my study and recommendations for further analysis include the completion of a longitudinal study.

Significance

My study was significant in that it could increase the use of trauma aware approaches by professionals who are tasked with supporting FFY parents in their reunification efforts with their children. Increased knowledge gained from my study regarding FFY parents' engagement and trauma history could support the development of new interventions to increase the overall level of engagement. This information may also shift the way FFY parents are perceived, decrease the stigma associated with child welfare involvement, and increase referrals for services to help both children and their parents who are involved with child safety (CDC, 2019).

Recognizing a parent's own history with DCS and the traumatic events that have occurred in their life could support a more empathetic approach with that parent. An empathetic approach may address some of the outcomes noted in the prior research, which included that mothers did not feel heard or seen in the child welfare processes (Stephens, 2022; Stephens & Aparicio, 2017). This awareness may then also support

parents' increased engagement with service providers, which may improve child welfare outcomes (Cao et al., 2019; Lucero et al., 2020). Increased engagement by parents in child safety cases may decrease the length of time their children are spending in foster care and increase the frequency of successful family reunification in the state of Arizona. This could result in a decrease in federal and state spending on foster care and allow for these financial resources to be diverted to more preventative services in the aim of decreasing entry into foster care for future generations.

Due to the number of children interacting with foster care in the United States each year, counselor educators and supervisors are likely to encounter a client who has been or is currently in the foster care system (Rausch et al., 2023). Knowledge gained from my study has the potential to assist counselor educators and supervisors in advocating for systemic changes to include trauma-aware counseling that is tailored to meet the unique needs of FFY parents involved with child safety. Increased awareness in community-based professionals, including counselors, teachers, and medical providers of the effects of trauma within this population could provide impetus to connect families with services to prevent child safety involvement. In completing my study, I tried to create a space where FFY parents were able to share their experiences with lifetime trauma and the child welfare system and I hoped that sharing this information could create positive social change.

Summary

Chapter 1 included a general background of my study, my problem statement, the nature of my study, my study's purpose, my research questions and hypotheses, and the

significance of my study. I provided an overview of the theoretical foundation, operational definitions of key terms, assumptions, limitations, scope, and delimitations of my study. I will include a review of existing literature and a more thorough explanation of the theoretical framework and study variables in Chapter 2.

Chapter 2: Literature Review

Introduction

Past research does not adequately investigate possible relationships between a parent's trauma history and their child's involvement in foster care or the level of a FFY parent's engagement as related to their trauma history. The specific research problem that was addressed in my study is the failure of child welfare staff to complete trauma screenings with transgenerationally involved parents in child welfare, which results in a failure to recognize how these past experiences may negatively affect the parent's current level of engagement with child safety personnel and family reunification efforts with their children.

Parents involved with child welfare have higher ACE scores than the general population (Dellor et al., 2022), which suggests that their trauma histories are more extensive when compared to non-welfare involved parents. Parents with childhood traumatic experiences have been found to have difficulty in managing stress as adults (Condon & Sadler, 2019; Oosterman et al., 2019; Wilson-Genderson et al., 2022; Zhang et al., 2021b), be harsher in punishing their child (Oosterman et al., 2019), at higher risk for abusing their child (Lünnemann et al., 2019), and at higher risk of obesity, smoking, and depression in adulthood (Felitti et al., 1998; Felitti et al., 2019a; Felitti et al., 2019b). With appropriate mental health support for mothers, child behavior improves and levels of depressed mood in child(ren) decreases (Doi et al., 2021). Referrals for appropriate mental health services by child welfare personnel can only occur when information regarding these histories is known (Kottenstette et al., 2020).

My purpose for this quantitative survey study was to empirically evaluate whether the frequency of childhood traumatic events and the types of lifetime traumatic events for FFY parents predicted their level of engagement with child welfare and if the type of traumatic experiences throughout the parent's life influenced the relationship between the frequency of childhood trauma and the FFY parent's level of engagement with child welfare.

In this literature review, I provide an overview of research progress made in relevant past research studies and will begin with a more thorough discussion regarding the theoretical foundation of my study. To explore the concept of engagement more specifically, this review includes an examination of key research regarding engagement and past research examining engagement for parents involved with child safety. Regarding trauma, this review includes discussion regarding characteristics of FFY, definitions of trauma and potential effects on development, and recognition of the challenges regarding gaining information about the prevalence of trauma for adults involved with child welfare.

Literature Search Strategy

The databases and peer-reviewed journals I used in this literature review include Thoreau multi-database search, Science Direct, Ebsco Host, ProQuest, SAGE Journals, Taylor and Francis Online, ERIC, and Google Scholar. These were all accessed through Walden university library except for Google Scholar, which was accessed through an internet search. Other literature I accessed includes published books. I included the following keywords relating to the variables in my study: *trauma, transgenerational,*

intergenerational, foster care, reunification, foster care outcomes, former foster youth, child safety involvement, parent outcomes, parent engagement, adverse childhood experiences, reunification, Bronfenbrenner, child welfare, mother's engagement in child welfare and ecological model, child safety, transgenerational and child welfare, foster care and engagement, mothers and engagement, adverse childhood experiences and engagement, parents and trauma and engagement, multiple generations and child welfare and engagement, parent engagement with child safety and ecological systems and trauma, ecological systems and child welfare, child welfare and fathers and engagement, fathers and child welfare, intergenerational and foster care, reunification and child welfare, and *parent engagement and foster care*.

For most of the review, I restricted literature to full text peer-reviewed sources published between 2017 and 2024 to ensure relevance. However, some resources fell outside of these restraints, and I expanded search parameters to include relevant earlier works. Some of these older peer-reviewed articles have not been replicated or further explored in more recent research and supported the need for my study.

Theoretical Foundation

The theoretical base for my study is Bronfenbrenner's (1977; 1979; 1994) ecological systems theory. Bronfenbrenner's ecological theory has been used often in counseling research to conceptualize and then examine an individual's interactions with their environment (Zhu et al., 2020). Campbell and Khin (2020) suggested that using the ecological system framework is critical when we are working with individuals who have a history of trauma because trauma is not an individual experience. These authors

highlighted the use of an ecological framework to more closely examine individual differences and multiple environmental factors that influence individual development. Zhu et al. (2020) extended the applicability of the ecological model as a framework for professional counselors to uncover and address systemic barriers that may hinder successful treatment. Ecological systems theory has been used in research regarding various social phenomena to gain insight regarding social problems (Crawford et al., 2020; Twintoh et al., 2021).

Ecological systems theory is based on the ecology of human development and includes consideration for the effects of the environment on individual development (Bronfenbrenner, 1977; Bronfenbrenner, 1979). Within the ecosystem there are five subsystems, which are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1977; Bronfenbrenner, 1979; Bronfenbrenner, 1994). These systems affect and are affected by the individual (Zhu et al., 2020). The microsystem has the most direct influence on the individual's development and each subsequent layer has a less direct, and more often indirect influence (Cho, 2021; Condon & Sadler, 2019). In each subsystem, stressors are present that may negatively affect an individual's development. These stressors can include traumatic experiences, which were the focus of my study.

Microsystem

Microsystems include patterns of activities, roles, and relations occurring in specific settings that are experienced by the individual (Bronfenbrenner, 1979; Shelton, 2019). Direct experiences for the developing child within the microsystem include

interactions with parents, siblings, other family members, kinship, or peers, at home or in the neighborhood and community (Ferguson & Evans, 2019; Mahmud, 2022; Villagrana et al., 2022). Shelton noted that each person participates in several microsystems in different settings. Proximal processes are the interactions between the individual and these environments that endure over time and thus affect human development (Bronfenbrenner, 1994; See also Ferguson & Evans, 2019; Shelton, 2019; Villagrana et al., 2022). These processes are reciprocal and become more complex over time to support the individual's development and construction of knowledge (Ferguson & Evans, 2019; Shelton, 2019). Some examples of proximal processes include parent-child activities like story or mealtime, play with other children and siblings, independent play, reading or learning, coping with stress, feeling emotions, and sports (Bronfenbrenner, 1994; Shelton, 2019).

Children learn and grow through relationships with their parents, family, friends, and in the community (Merrick & Guinn, 2018). Within the primary microsystem at home, from an ecological-transactional perspective, the child's attachment relationships with their primary caregivers function as templates for adult relationships and social interactions (Alink et al., 2019). When child welfare becomes involved with a family, the child is now part of two separate family microsystems and the quality and quantity of proximal processes, as well as the interactions and relationships between individuals within those microsystems, will affect the child's development (Ebersohn & Bouwer, 2015). The primary family microsystem shifts from including the parent to including the child-welfare assigned caregiver and the parent is now part of a second family

microsystem with a different level of decision-making and involvement (Ebersohn & Bouwer, 2015).

Stressors in the microsystem include traumatic personal history, mental health disorders, and poor coping strategies related to physiological changes (Condon & Sadler, 2019). Protective or risk factors in the microsystem include family support, parent substance use, parenting skills, parent unemployment, and parent marital status (Davidson et al., 2019). The FFY parents who participated in my study were these child welfare-involved children and the effects of these childhood stressors on engagement with child welfare as adults was addressed through the first set of research questions in my study.

Mesosystem

The mesosystem is the interaction between the microsystems within which the individual participates (Bronfenbrenner, 1979; Bronfenbrenner, 1994; Crawford et al., 2020l; Fearnley, 2020; Villagrana et al., 2022). This includes the relationship between home and school or home and neighborhood (Ferguson & Evans, 2019) and the links between the settings (Shelton, 2019). The childhood experiences of FFY parents related to involvement with child welfare will likely affect how they interact with child welfare personnel as adults (Schweiger & O'Brien, 2005).

The relationship and interactions between the parent and child safety personnel indirectly affect the child involved, even though the child is not directly present within these environments (McManus & Suizzo, 2021). The hope is that the child can transition between two family microsystems at the mesosystemic level in a way that supports

positive child development (Ebersohn & Bouwer, 2015). These transitions are more complex and are reliant upon consistent interactions between the adults involved. This can be complicated by the assignment of a child welfare-approved caregiver who is part of the child's second family microsystem but may not have direct interactions with the child's parent (McWey et al., 2023). Also, when the parent's relationship with child welfare personnel is conflicted or challenged, the interactions between the child's microsystems could be disrupted due to the lack of clear communication.

An effective mesosystem promotes development in the individual's various microsystems and is better structured through effective communication between caregivers to address the developing needs of the child (Ebersohn & Bouwer, 2015). Although Ebersohn and Bouwer's (2015) research is specific to divorced parents, it is applied here to children separated from their parents due to child welfare involvement. The identified need in that research is for co-parents to effectively communicate and meet the needs of their child(ren), which also applies when child welfare becomes involved with a family. When child welfare becomes involved, parental engagement and communication efforts also include interactions with child welfare and the quality of engagement within these interactions will affect the child's functioning in both microsystems. Child welfare personnel is the link between the microsystems.

Stressors in the mesosystem include poor parenting partners, the presence of conflict or trauma in the family, and unmet childcare needs (Condon & Sadler, 2019). Research regarding the mesosystem and more specifically research related to individuals who were previously involved with child safety as children is limited. I aimed to add to

this research by examining parent engagement within the institution of child welfare, while considering the parent's trauma history.

Exosystem

The exosystem indirectly influences the child through connections between the systems, which includes the parent's work environment, parent's friends or natural supports, and the neighborhood (Ferguson & Evans, 2019). The individual is not directly entering into these systems, but is affected by them (Bronfenbrenner, 1979; Bronfenbrenner, 1994; See also Crawford et al., 2020; Fearnley, 2020; Shelton, 2019; Villagrana et al., 2022).

Stressors in the exosystem include parent challenges in meeting basic needs around housing and food, limited supports, and unsafe neighborhoods (Condon & Sadler, 2019). Risk or supportive factors include neighborhood socioeconomic status and community resources (Davidson et al., 2019). Some the of the community resources within the exosystem include legal, medical, and mental health services (Zhu et al., 2020). The FFY parent's engagement with the legal system was the focus of my study; more specifically, engagement with child welfare which acts in agreement with family court rulings.

Macrosystem

The macrosystem includes the consistencies across settings, roles, activities, microsystems, and mesosystems, and is often referred to as culture (Bronfenbrenner, 1979, 1994; Shelton, 2019). These systems, specifically society and culture, influence expectations about what a family looks like, how family members relate, and what makes

a family a family (Schweiger & O'Brien, 2005). The judges and courts hold power in making decisions regarding child welfare cases. The decisions made by these stakeholders, as well as the culture of child welfare coupled with court involvement, need to be informed through understanding of the case specifics, the latest research, and aligned with best practices (Brewsaugh et al., 2022). Case specifics would include a parent's trauma history. However, if child welfare personnel are not aware of a parent's trauma history due to the lack of screening, then the courts are also likely not aware of this.

Stressors in the macrosystem for mothers include limited work options, racism, stigma about seeking services for support, and gender-based caring roles and responsibilities related to females being the primary caretakers (Condon & Sadler, 2019). Implicit bias of teachers towards child or parent is another example of a stressor in the macrosystem (Crawford et al., 2020). Cioè-Peña (2023) and Stephens (2022) identified lower socioeconomic status and structural racism as two reasons for the overrepresentation of African American, Native American, and Latinx children both in foster care and involved with child safety in the United States. LaBrenz et al. (2021) suggested that structural bias within child safety, criminal justice, mental health, and healthcare systems might also affect the types of tasks or services requested of these families and impede their ability to reunify with their child(ren).

Merrick and Guinn (2018) identified community, positive social change, and policies that are developed and enacted to promote safe relationships for all children and families as protective factors in the macrosystem. These authors also recognized the

merits of a safe environment for all children and families as protective. Another protective factor that is highlighted in Stephens' research is that for years in communities of color, children stayed with relatives through informal kinship placements without court intervention.

Chronosystem

The chronosystem includes the passage of time and respective changes in the various systems (Shelton, 2019). This includes local and national policies, as well as current events in communities that affect individual development and functioning (Crawford et al., 2020; Davidson et al., 2019). In the 1980s, child welfare case plan goals of family reunification were made priority through federal oversight of foster care (Schweiger & O'Brien, 2005). However, over time, practices within child welfare and beliefs about reunification shifted. Around 1997, child welfare aims included prioritizing the timeliness of permanency, which included efforts to quickly find alternative permanent placement options for children when family reunification was unlikely (Schweiger & O'Brien, 2005). More recently, in 2018, child welfare reform at the federal level included focus and efforts to increase prevention services and decrease the number of children placed in group home care (Lindell et al., 2020).

Child welfare reform actions change beliefs and values regarding families and parenting that likely directly affect parent reunification efforts with child welfare. For FFY parents, their knowledge of child welfare practices from their experiences in foster care as children could affect their current engagement with these systems and practices as adults. Regarding the most recent change, which included the Family First Prevention

Services Act of 2018, the ability of child welfare personnel to understand a parent's trauma history could help support child welfare personnel in completing appropriate referrals for preventative services and programs to address the lingering effects of childhood adversity for these parents (Font & Gershoff, 2020; Lindell et al., 2020). Without information regarding the parent's trauma history, it is possible that inadequate or inappropriate services may be provided in efforts to prevent child removal.

Ecological Approaches to Trauma, Parenting, and Engagement

There is some prior research incorporating an ecological framework to examine trauma, parenting, and engagement with various populations. This section of the literature review includes recent research regarding the topics of trauma, parenting, and engagement through an ecological perspective.

Trauma

There is limited prior research regarding trauma through an ecological framework. Some prior research, such as Zhu et al. (2020), explored the constructs of trauma including shame as one of multiple risk factors that affects welfare-involved parents through an ecological framework. These authors examined the role of shame in complex trauma and offered an ecological map to understand how shame affects each of the subsystems that the individual is part of and engaged in. Because complex trauma often occurs in the context of close relationships where the perpetrator is usually known to the individual, future close relationships can be negatively affected (Zhu et al., 2020). For my study, parents' close relationships included interactions with child safety personnel to regain physical and legal custody of their child(ren). Zhu et al. identified

avoidance, withdrawal, and aggression as shame-related behaviors. These behaviors may negatively affect engagement with child welfare personnel and subsequently, the success of FFY parent's reunification efforts with their children.

For individuals with complex trauma, interactions within their immediate systems, or microsystems can be extremely challenging and the ways in which the individual copes will affect the quality of these interactions (Zhu et al., 2020). At the mesosystemic level, perceived stigma by the individual about their experiences negatively affects access to care and the likelihood of parents seeking support from healthcare systems (Zhu et al., 2020). The resulting lack of seeking services and support could negatively affect the parent's engagement with child welfare, especially if those services and support are part of a case plan that is to be completed prior to reunification with their child(ren).

Secondary victimization including a sense that they are being blamed by legal staff increases posttraumatic stress symptoms at the exosystem level (Zhu et al., 2020). At the macro level, individuals may feel disempowered by their traumatic experiences and encounter greater difficulty in relating to others based on perceived shame about not meeting individualistic societal expectations around goals of self-sufficiency, confidence, or success (Zhu et al., 2020). At the chrono level, these authors suggested that the relative stability of the experience of feeling ashamed and the persistence of posttraumatic symptoms over time affects all systems the individual is a part of.

Parenting

Using an ecological approach to examine parenting and mental health, Newland (2015) found that parents' mental health challenges affect multiple systems for the child(ren), which include the family home, parent's workplace, and social support services. Newland suggested that when these families are experiencing stressors, if a parent's response is positive then the child's well-being is less likely to be negatively affected. However, if parent stress, depression, and conflict are present, these can threaten that child's well-being (Newland, 2015).

Childhood trauma may affect a parent's ability to remain positive with their children in response to stress (Condon & Sadler, 2019). Moreover, mothers and fathers raised in environments of adversity may have difficulty managing their responses to stress as adults, experience challenges with implementing safe coping strategies in response to stress and be less likely to access sources of social support (Condon & Sadler, 2019). These authors suggested that stressed relationships from childhood may permeate the parent's adult relationships with family, which further limits their access to support, and this relational pattern may be replicated in interactions with child welfare personnel.

Barriers to accessing resources are not just present for the parent of a child placed in foster care. Hong et al. (2011) found that social, economic, and health resources available to kinship placements were significantly different than those available to licensed non-relative placements and that there are fewer resources available to non-licensed kinship placements (See also Brewsaugh et al., 2022). Kinship homes are often relatives of the parent or natural supports that may or may not be biologically related and

who are approved as caregivers by child safety. Hong et al. focused on ecological factors affecting developmental outcomes for youth placed in kinship homes through Bronfenbrenner's ecological theory of development, which aligns with my study's theoretical framework. This research is important in relation to my study because it recognizes that even within supportive relative placements there are challenges to accessing various resources for parents who could subsequently negatively affect FFY parenting and mental health outcomes.

Child welfare personnel may view the FFY parent's inability to access resources negatively and report that the parent is not actively engaging in case plan services. To better understand provider, agency, and systemic factors that affect engagement in services, Villagrana et al. (2022) interviewed minors and young adults (n = 11, 8 mothers, 3 fathers) with prior foster care involvement who were expecting or currently parenting a child and their service providers (n = 28). Twenty percent of participants were 14-15 years old and the other 80% of participants were between 16 and 21 at the time of their first pregnancy or impregnating someone (Villagrana et al., 2022). These researchers highlighted how these youth needed support to learn how to access resources and how to ask for help, which is like the challenges experienced by parents in Condon and Sadler's study (Condon & Sadler, 2019). Villagrana et al. identified factors that support increased use of services, which include providers who are empathetic, show that they care, keep their appointments, follow up when they say they would, and are knowledgeable about the services available, as well as those who help connect parents with services, are involved in integrated systems of care, and offer variety in the services available.

In addition to the concerns noted by both Condon and Sadler (2019) and Hong et al. (2011) regarding a parent's difficulty in accessing resources, Cho (2021) also identified socioecological factors of poverty, transgenerational trauma, and concerns about safety in the neighborhood. Parents (n = 11, 10 mothers and 1 father) in Cho's qualitative, community-based participatory research identified positive parenting goals and values, challenges in accessing various systems and environmental concerns, and both racism and adversity experiences affecting their parenting efforts (Cho, 2021). The average ACE score for these parents was 4.9 ACEs.

Cho (2021) noted a limitation of the study was the lack of additional standardized self-report assessments. My study addressed this limitation by examining both the childhood and adult history of traumatic experiences to understand how these may affect engagement, which is also measured through a third assessment. As observed in the research reviewed thus far, various elements in a parent's history have been studied to understand more about parenting behaviors, but not specifically to understand parent engagement behaviors.

Engagement

There is limited prior research regarding parent engagement using an ecological framework. Davidson et al. (2019) examined child welfare reunification outcomes related to risk and protective factors using an ecological model and review of past literature. These authors suggested that parents with their own trauma history were more vulnerable to negative reunification outcomes, including termination of parental rights due to decreased active participation. The limited research regarding parent engagement using

an ecological framework highlighted the gap I wanted to help fill through my study and examining the trauma histories for FFY parents involved with child welfare and their respective levels of engagement.

Rationale for Ecological Theory

Ecological theory is cross-cultural, incorporates many aspects of the individual's life and environment, and offered a framework for my study. Shelton (2019) stated that Bronfenbrenner assumed individuals are following the general principles of development by growing, learning, and experiencing. Growing, learning, and experiencing change in response to adverse experiences. Bronfenbrenner (1979) argued that each ecological transition is a consequence and instigator of development, with changes in biology and environment that affect development. When these ecological transitions include ACEs this can negatively affect the child's developmental trajectory. Additionally, when these transitions include abuse or neglect, motivation and behaviors change in response, which affects psychological growth (Bronfenbrenner, 1979). The effects of these traumatic experiences are different in different developmental stages and not only affect the current functioning of the child but also the future functioning of the child as an adult including interactions with others (Mahajan, 2018). These adult interactions, specifically for FFY parents, were the focus of my study.

Focus within child welfare agencies is primarily on the child and fails to adequately address the context in which the mother parents that child (Dunkerley, 2017). The context within which the mother parents her child(ren) affects not only her parenting approach but her relationships with child welfare staff, community behavioral health

staff, teachers and other educational staff, and court personnel. The interactions between these systems and the parenting outcomes may be better understood through examining the mother's past experiences, which is supported through the structure of an ecological framework. This would also apply for fathers and their relationships with child welfare staff, community behavioral health staff, teachers and other educational staff, and court personnel. As Davidson et al. (2019) suggested, the ecological model allows researchers to create a map of various case outcomes by looking at specific factors within and between the levels of the ecosystem. I used Bronfenbrenner's (1977; 1979; 1994) ecological model for my study as this model provided the structure to understand the interconnected systems and supports generalization of results within or across these levels (Onwuegbuzie et al., 2013).

For my study, using an ecological framework to examine the trauma histories of FFY parents and their respective levels of engagement provided the opportunity to understand how the child welfare system may inhibit development (Shelton, 2019). Furthermore, by acknowledging trauma histories in these FFY parents and the possible relationship to levels of engagement, I examined how past experiences may negatively affect the parent's ability to adapt to the new setting of child welfare. Structuring my study through the ecological framework aligned with gaining more insight into interventions that may promote more desirable developmental trajectories for these parents. This may result in a meaningful change in the parent's awareness of how past experiences affect current functioning, the child welfare worker's beliefs about what the parent possesses as far as skills and strengths to build upon, and a child welfare system

that acknowledges the role of trauma in the parent's adjustment. From a developmental perspective, parents hold the responsibility to care for and nurture the development of their child (Shelton, 2019). However, when child welfare becomes involved, child welfare personnel assume responsibility, changing roles within the microsystem for the FFY parent. Assessing for trauma may better facilitate the parent's adjustment to this change and promote collaboration and communication between the various systems and their subsequent effects on the mother or father, child, and family.

Literature Review Related to Key Variables

I addressed six research questions and used five variables in my study. These variables are FFY parent's ACEs prior to age 18 (IV1), the types of traumatic events including physical or sexual (IV2), crime related (IV3), or general trauma and disaster (IV4) that the FFY parent has been exposed to during their lifetime, and level of parent engagement (DV). In this section, I examine trauma, ACEs, crime, general trauma and disaster, physical and sexual abuse, FFY, and engagement within existing recent literature. I will discuss characteristics of FFY and factors influencing engagement found within the existing literature. Within this discussion of variables, I will also highlight aspects that prior researchers have indicated are needed to better understand and address the needs of FFY parents.

Trauma

The National Child Traumatic Stress Network (NCTSN, 2022) identifies 19 types of trauma, which include bullying, community violence, complex trauma, disasters, early childhood trauma, general trauma, historical trauma, intimate partner violence, medical

trauma, neglect, physical abuse, refugee trauma, racial trauma, school violence, separation, sexual abuse, terrorism and violence, trafficking, and traumatic grief. When these events occur early in a person's life, we refer to this as childhood adversity.

Early adversity affects how stress later in life is experienced (Wilson-Genderson et al., 2022). Parents with childhood trauma may be more vulnerable to the challenges of parenting and experience an increase in stress, which affects cognitive, behavioral, and emotional functioning (Oosterman et al., 2019; See also Zhang et al., 2021b). Their level of insight and subsequent ability to understand and meet the needs of their children can be negatively affected by traumatic experiences (Koren-Karie & Getzler-Yosef, 2019). As Lucero et al. (2020) noted, child welfare systems have not successfully incorporated trauma assessment for parents, and this lack of knowledge inadequately prepares child welfare staff to address issues stemming from trauma exposure for parents working towards reunification. These parents were the focus of my study.

Adverse Childhood Experiences

Much of the recent research regarding trauma and its effects on individuals relates to the ACE study completed by Felitti through Kaiser Permanente and the CDC. More than 13,000 individuals participated in the study, provided demographic information, and answered questions regarding ACEs (Felitti et al., 1998; Felitti et al., 2019a; Felitti et al., 2019b). These ACEs included psychological, physical, or sexual abuse, violence against child's mother, living with a household member who used substances, living with a household member who experienced mental illness or suicidality, and a family member being sent to prison (Felitti et al., 2019b). Felitti et al. (2019b) found that when health

outcomes for individuals with zero ACEs are compared to individuals with at least four ACEs, the prevalence and risk increase significantly for smoking (1 – 2.2 times), severe obesity (1.0 – 1.6 times), physical inactivity (1.0 – 1.3 times), depressed mood for at least two weeks during past year (1.0 – 4.6 times), and suicide attempts (1.0 – 12.2 times) (See also Felitti et al., 1998). This landmark study emphasized the need to recognize the negative effects of ACEs, supported professionals working with survivors of childhood adversity in viewing behaviors in adolescents and adults as coping mechanisms that decrease the emotional impact of these experiences, and encouraged the development and implementation of comprehensive strategies to intervene with children and families who are at risk.

As mentioned previously, much of the recent research regarding childhood adversity, and trauma, incorporates Felitti et al. (1998) findings and contributes additional information about various outcomes, separate from physical outcomes, for individuals with trauma histories. Different types of traumatic events affect individuals differently (Giano et al., 2020) and there is a need for additional research to better understand which ACEs are connected to which outcomes (Reidy et al., 2021). Giano et al. (2020) reported that higher rates of adversity were found for females, younger adults, sexual minorities, and multiracial individuals. Regarding parenting outcomes, Oosterman et al. (2019) found that higher numbers of ACEs predicted more harsh punishment by parents (OR = 3.61; χ^2 (1) = 6.05, p = 0.01), but pathways of repeating these problematic childhood experiences by parents with their own child(ren) are not yet known (Alink et al., 2019).

Lünnemann et al. (2019) found that for mothers with ACEs (n = 359 mothers), trauma symptoms are higher ($\beta = 0.208$, $p < 0.001$), intimate partner violence (IPV) is higher ($\beta = 0.161$, $p = 0.003$), IPV is associated with higher trauma symptoms ($\beta = 0.401$, $p < 0.001$), and the parent's current trauma symptoms affect the level of current child abuse and neglect ($\beta = 0.468$, $p < 0.001$) of their child(ren). These authors also discovered that there is a direct effect between parental trauma symptoms and their child exhibiting symptoms consistent with posttraumatic stress disorder ($\beta = 0.378$, $p < 0.001$).

Adams et al. (2019) conducted a study on IPV with adolescents (n = 245) in an urban setting in upstate New York. These authors found significant associations between maltreatment of the adolescent and maternal history of maltreatment ($r = 0.31$, $p < 0.01$), higher levels of maternal psychological aggression ($r = 0.22$, $p < 0.01$), and maternal perpetration of physical assault within mother's relationships ($r = 0.19$, $p < 0.01$), as well as higher rates of maternal victimization of psychological aggression ($r = 0.17$, $p = 0.05$), physical assault ($r = 0.22$, $p < 0.05$), and sexual coercion ($r = 0.17$, $p < 0.05$). These findings suggest that mothers with maltreatment histories, including those found on the ACE questionnaire may be more likely to harm their own child(ren) and more likely to be victims of maltreatment themselves as adults within their relationships.

Doi et al. (2021) found a significant total effect between child levels of depression ($\beta = 0.58$, $p < 0.001$) and child behavioral problems ($\beta = 1.61$, $p < 0.001$) for children of mothers with more than two ACEs. These authors found that maternal mental health mediates the relationship between maternal number of ACEs and the child's current behavioral problems (49.5%) and child current depressive symptoms (44.2%). The

findings from the studies conducted by Oosterman et al. (2019), Alink et al. (2019), Lünnemann et al. (2019), Adams et al. (2020), as well as Doi et al. (2021) were important to my study because each of these study's findings highlighted how trauma symptoms for family members and child development are affected by the interaction of past and present experiences. Therefore, understanding the parent's trauma history may help child safety personnel in adjusting their approach to the family system. Adjusting their approach by understanding that past experiences contribute to current unsafe social engagement behaviors may directly help the parents and indirectly help the child. These changes then might affect levels of engagement for these parents.

Dellor et al. (2022) found that the mean ACE score for child welfare-involved parents is 108% higher than the general population. Although trauma exposure is identified as relating to poorer parenting behaviors, the research regarding trauma exposure and child welfare-involved mothers is limited (Dellor et al., 2022). Unfortunately, few child welfare agencies are screening for trauma exposure (Lange et al., 2020a) and this affects child safety personnel's ability to connect parents to appropriate services that could address parenting issues and behavioral concerns impeding reunification efforts (Dellor et al., 2022). This lack of trauma screening also negatively affects the parent's ability to interact with child welfare and community behavioral health providers, which negatively affects the parent's engagement level and successful reunification outcomes (Cao et al., 2019).

Kottenstette et al. (2020) examined resource referral rates for families (n = 364 children) when trauma histories were assessed by clinical providers at a child abuse

clinic. These authors found that when families were directly asked about ACEs, more referrals for support services were completed (i.e., a 94% referral rate) as compared to the second group who were not asked about ACEs (i.e., a 71.8% referral rate). For children, these referrals included behavioral health counseling, mentoring, or psychiatry, and for parents, these referrals included financial or housing support, food resources, counseling, substance abuse education, domestic violence services, and psychiatry (Kottenstette et al., 2020). These resources may be less likely to be accessed when parent trauma history was not examined. Kottenstette et al. suggested that positive developmental trajectories are bolstered by support for health and learning outcomes at the microsystem level and increased participation in social services and in the community at the exosystem level. However, if these resources are not in place, developmental trajectories may instead be interrupted by reminders and lingering effects of the traumatic experiences.

This research was important in relation to my study because it highlighted the benefits of examining trauma histories for caregivers to better understand specific resources needed to promote family stability and potentially interrupt transgenerational involvement with child safety. Although this study was not specifically aimed at understanding the trauma histories of FFY parents, the authors recognized the need to ask parents and children involved with child safety about their specific trauma histories to support family reunification efforts. Both Kottenstette et al. (2020) and earlier Lange et al. (2020a) recognized the lack of trauma screening in parents and potential negative outcomes, highlighting the gap and problem I aimed to address in my study.

Crime

The crime-related experiences I examined in my study include robbery, theft, and home break-ins. There was minimal past research regarding exposure to crime with parenting and engagement with child welfare. Gilad (2019) suggested that childhood exposure to crime is one of the most damaging experiences, but research regarding this topic is limited. This author noted that there was a lack of information regarding the frequency of childhood exposure to crime and subsequent lack of treatment and services to address symptoms resulting from these experiences. In my study, I sought to explore this experience for FFY parents as possibly related to their level of engagement with child welfare.

Neighborhood crime affects child development and the parent's ability to maintain a sense of safety for both the child and the parent (Cuartas, 2018). Even when the crime does not directly involve the child there are consequences to development that can be experienced throughout the lifetime (Gilad, 2019). Cuartas (2018) suggested that in communities where crime is higher, that parent discipline can be harsher and is more likely to include physical forms of discipline and punishment. Gilad (2019) suggested that more authoritarian or restrictive parenting approaches may be related to a desire in parents to protect their child when crime or violence is high in the community within which they reside. Differences in parenting approaches may also be affected by the economic status of families. In communities with lower income, Cuartas reported a 30% increase in the likelihood of these parents hitting their child(ren). This study was conducted in Colombia, and although the author used objective data found in police

reports with a large sample (n = 1228 households), therefore the results might not be generalizable to communities in the United States.

In a study about exposure to crime conducted with 18 to 25-year-olds living in lower income areas of Washington, D.C., (n = 638), almost 78% of these young adults endorsed exposure to some form of violence before their 18th birthday (Saadatmand et al., 2021). These researchers found that depressive symptoms were significant but only minimally correlated with all five crimes examined in the study, which included conventional crime (r = 0.286, p < 0.001), child maltreatment (r = 0.304, p < 0.001), peer or sibling victimizations (r = 0.291, p < 0.001), sexual victimization (r = 0.266, p < 0.001), and witnessing or indirect victimization (r = 0.286, p < 0.001).

More than 22% of these young adults were exposed to all five crimes examined in the study (Saadatmand et al., 2021). If left untreated, these symptoms would likely affect a parent's level of engagement with child welfare. The authors recognized that this study was completed with young adult African American participants, which affects generalizability to non-African Americans as well as to older adults and to areas outside of Washington, D.C. Knowing about this history for parents involved with child welfare is critical to promote engagement because as Villagrana et al. (2022) noted FFY young adults have adapted to adversity by keeping distance between themselves and others, relying only on themselves, and knowing not to disclose too much to mandated reporters.

Childhood exposure to crime could affect a child's sense of trust in law enforcement and justice system personnel, which can continue into adulthood (Gilad, 2019) and relates to my goal of better understanding of parent engagement with child

welfare through the context of trauma. Gilad (2019) noted that the use of violence as a coping mechanism in response to childhood exposure to crime or violence negatively affects adult relationships. These behaviors are likely to be interpreted by child welfare personnel as a lack of engagement. Like law enforcement, child safety personnel are in positions of power, as they, along with family court systems, make decisions regarding access and ability to parent their child(ren). Since there are minimal screening measures in place by child welfare agencies to assess exposure to violence or crime, it is difficult to connect parents to appropriate services to address childhood or lifetime traumatic experiences (Gilad, 2019). Although there are counseling and supportive services available through victims of crime federal funding grant-funded programs, state-based differences in screening and referral processes interrupt connection to services (Gilad, 2019). If these crime-related experiences are unknown to child welfare, due to the lack of screening, it is unlikely that service referrals are completed to support parents.

General Trauma and Disaster

Traumatic events within the general trauma and disaster category include serious accidents, natural disasters, man-made disasters, exposure to chemicals, serious injury incidents, observing someone else being seriously injured, seeing or handling dead bodies, murder of a friend, death of a friend by a drunk driver, death of a child or close loved one, serious or life-threatening illness, and military service including combat (Hooper et al., 2011). There was some prior research regarding these experiences, which I discuss below.

Exposure to natural disasters can disrupt an individual's routines, negatively impact community wellness, and have a profound negative effect on the affected individuals' mental health (Agyapong et al., 2022). Agyapong et al. (2022) examined symptoms of depression, anxiety, and PTSD in individuals (n = 186) who had experienced wildfires in 2016, flooding in 2020, and the coronavirus disease of 2019 (COVID-19) pandemic. Agyapong et al. found that individuals who experienced both COVID-19 and either flooding or wildfires, were more than 11 times likely to have symptoms congruent with generalized anxiety disorder (OR: 11.39, $p < 0.05$), almost four times more likely to have symptoms congruent with major depressive disorder (OR: 3.85, $p < 0.05$), and more than 10 times likely to have symptoms congruent with PTSD (OR: 10.47, $p < 0.05$) than individuals who only experienced COVID-19. The severity of symptoms, specifically anxiety and PTSD, increased for individuals who experienced all three events versus one single event to more than 18 times likely and more than 11 times likely respectively (Agyapong et al., 2022).

As Agyapong et al. (2022) highlighted, when individuals have a prior traumatic experience, their response to a current natural disaster can be more profound. In studying depressive symptoms for individuals who experienced Hurricane Sandy, Wilson-Genderson et al. (2022) found that the presence of two or more ACEs correlated with an increased level of fear and distress in the participants who experienced the hurricane and confirmed prior research findings of increased symptoms of depression for individuals with two or more ACEs (β = 1.31, SE = 0.08, $p < 0.05$). This was specifically relevant to my study as I examined the effects of both childhood traumatic experiences and

categories of trauma experienced throughout lifetime on parent engagement. As these authors succinctly noted, “few studies have examined the effects of adverse childhood experiences and adult trauma together” (Wilson-Genderson et al., 2022, p. 2171).

Bountress et al. (2020) examined child, adolescent, parent, and family-level effects of natural disasters by looking at parent stress, adolescent posttraumatic stress symptoms, and ineffective parent-child communication in families (n = 1271 adolescents) who experienced tornadoes in the states of Alabama and Missouri. Bountress et al. found significant associations between parent child conflict-communication and adolescent PTS symptoms (β = 0.22, SE = 0.05, $p < 0.001$), higher depressive symptoms in children when parents reported higher levels of distress (β = 0.08, SE = 0.03, $p < 0.05$), and a positive effect on adolescent mental health with improved parent mental health.

Limitations of this study included not examining parent levels of PTSD symptoms, assessing distress more than eight months after the tornado, and not accounting for environmental causes for changes in symptoms or functioning (Bountress et al., 2020). Although this study evaluated the adolescent’s prior trauma exposure, the researchers did not assess parent trauma histories. This aligns with the goal of my study in that assessing parent trauma histories may offer additional insight regarding possible explanations for parent distress and how such affects the parent’s ability to engage in necessary services for their family.

Physical and Sexual Abuse

Research suggests the association between a mother’s childhood experiences of physical abuse and the subsequent abuse of their child(ren) is mediated by depression and

passive responses to her child(ren), and that parents with a history of physical abuse specifically, may be more likely to neglect their child(ren) than physically abuse their child(ren) (Alink et al., 2019). Savage et al. (2019) conducted a meta-analysis of child maltreatment and parenting research and found a weak yet significant association (r = -0.13) supporting the hypothesis that parents with child maltreatment histories experience more difficulty in parenting their child(ren) aged between birth and six years old. Knowing this information about the parent through trauma screening efforts is critical to understanding the risk factors for neglectful and abusive behaviors, as well as to link parents to appropriate counseling services.

Outcomes of childhood sexual abuse include poor mental and physical health, increased substance use behaviors, increased risky sexual behaviors, and poor occupational and educational functioning (Lange et al., 2020b). Although parenting outcomes can be negatively affected by the mother's history of childhood sexual abuse, past research does not suggest this is observed in a linear fashion (MacIntosh & Ménard, 2021). In their systemic review of relevant literature regarding sexual abuse and parenting, MacIntosh and Ménard (2021) found that mothers with a history of sexual abuse may be either permissive or authoritarian when dealing with challenging behaviors in their child(ren). Additional contrasting outcomes include low energy for parenting activities versus increased energy to safeguard their child(ren) against victimization, as well as challenges in setting limits, role reversal, and promoting autonomy (MacIntosh & Ménard, 2021).

The findings from MacIntosh and Ménard's (2021) study highlighted the need for additional research regarding maternal trauma histories, specifically sexual abuse, in understanding parenting approaches and parent or family needs. Lange et al. (2020a) also recognized this need by noting the lack of research regarding treatment for past sexual abuse experiences and the need for current treatment to address symptoms experienced in adulthood. I aimed to address this need by examining and sharing insight regarding the history of sexual abuse for FFY parents and potential effects on the FFY parent's level of engagement with child welfare. This information could help child welfare coordinate the necessary referrals for counseling needed for these mothers to address symptoms and possibly improve parenting approaches through participation in treatment.

Parenting satisfaction for mothers with sexual abuse histories was found to be much lower when compared to mothers without sexual abuse histories (MacIntosh & Ménard, 2021). This difference in satisfaction levels was found to be greater when the child(ren) of these mothers were also survivors of sexual abuse. Koren-Karie and Getzler-Yosef (2019) found that mothers with histories of childhood sexual abuse had lower insight about sexual abuse risk factors than mothers without histories of sexual abuse. This difference in level of insight could explain the lower parenting satisfaction levels found by MacIntosh and Ménard (2021) because lower insight about risk factors could expose their child(ren) to increased risk for victimization. Interestingly, MacIntosh and Ménard found that parenting stress was not higher for mothers with sexual abuse histories when compared to mothers without sexual abuse histories.

The long-term effects of childhood sexual abuse for mothers negatively affects the developmental outcomes of their children (Zvara & Burchinal, 2021). Zvara and Burchinal (2021) conducted a study with mothers (n = 204) examining the mother's trauma histories as well as differences in their children's socioemotional and academic skills. The authors reported that the children of mothers who experienced childhood sexual abuse (n = 105) were reported as experiencing more oppositional behaviors (β = 0.33, SE = 0.15, $p < 0.05$; F (1, 89) = 5.7, $p < 0.05$), more conduct problems (β = 0.28, SE = 0.08, $p < .01$; F (1, 89) = 10.0, $p < 0.01$), more peer problems (β = 0.14, SE = 0.07, $p < 0.05$; F (1, 89) = 4.3, $p < 0.05$), and lower vocabulary scores (β = 0.49, $p < 0.05$; F (1, 147) = 5.7, $p < 0.05$) when compared to children of mothers who were not sexually abused in childhood (n = 99).

When developmental skills related to learning and social engagement are affected, parenting efforts need to be adjusted to address the child's specific needs. Group and individual therapy that addresses symptoms related to past sexual abuse are shown to decrease mental health symptoms in mothers (Lange et al., 2020a). However, these services may not be made available to parents with children in care if the child welfare worker who is responsible for service referral is not aware of the parent's trauma history and therefore fails to make the necessary referrals to address these needs. One service that may be missed is counseling, which supports the parent's ability to hold a coherent narrative regarding their past abuse and which Koren-Karie and Getzler-Yosef (2019) found to be connected to an increase in the mother's ability to explore the needs behind her child(ren)'s behaviors and meet these needs. Moreover, without support for the

parent's needs, as discovered through adequate screening measures, the parent may also be unable to effectively understand and meet the needs of their child.

Former Foster Youth

Adults who experienced foster care as children are referred to as FFY. Neither state nor federal data includes information regarding the FFY status of parents involved with child welfare or their respective trauma histories. There are differences in young adults who have been in foster care as compared to those who have not experienced foster care and these differences need to be further explored in the research (Mihalec-Adkins et al., 2020; Yoshioka-Maxwell & Rice, 2020; Zhukova, 2020).

FFY tend to have lower education levels, fewer natural supports, increased occurrence of mental illness, increased substance and alcohol misuse, and lower financial resources than individuals who have never been in foster care (Bruskas, 2008; Chamberlain et al., 2019; Dworsky & Gitlow, 2017; Fusco, 2015; Häggman-Laitila et al., 2020; Jones, 2011; Marshall et al., 2011; Mountz & Capous-Desyllas, 2020). FFY are reported as having higher rates of teenage pregnancy thus forming families at a younger age (Zhukova, 2020). When compared to their non-FFY peers, FFY have a higher risk for anxiety and mood disorders F (4,138) = 2.67, $p < 0.05$ after controlling for age, sex, and number of traumatic events in their history (Lee & Fusco, 2022). In a study examining the differences between FFY mothers and non-FFY mothers (n = 336), Fusco (2015) also found significant differences in levels of anxiety (d = 0.25, p = < 0.05), as well as in levels of depression (d = 0.26, p = < 0.05).

Second generation, or FFY mothers are less engaged with child welfare services (Fusco, 2015) and less likely to reunify with their child(ren) (Marshall et al., 2011) as compared to first generation or non-FFY mothers. Permanency through reunification with their family after three years was about 19% for children of non-FFY mothers versus 11% for children of FFY mothers (Marshall et al., 2011). Jackson Foster et al. (2015) examined potential pathways between generations within families to explain the likelihood of children of FFY mothers entering foster care, including psychosocial functioning, financial stability, and level of social support. These authors found that generational pathways exist between a grandfather's lower functioning, which is related to an increase in the grandfather's daughter's depression and in turn increases the risk for foster care placement for daughter's child when there is limited relational support (χ^2_{df} = 291.69, p = < 0.001, Comparative Fix Index [CFI] = 0.96, Tucker Lewis Index [TLI] = 0.95, Root Mean Square Error of Approximation [RMSEA] = 0.030).

Cooley et al. (2018) reported that FFY, when compared to non-FFY adults enrolled at an urban primary care clinic (n = 125), had higher levels of depression ($t(df)$ = −2.27, $p < 0.05$), but better physical health ($t(df) = 3.08$, $p < 0.01$), similar levels of anxiety ($t(df) = -1.90$, $p > 0.05$), similar levels of alcohol use ($t(df) = -0.17$, $p > 0.05$), and lower levels of family discord ($t(df) = -2.28$, $p < 0.05$). A factor likely affecting these findings is the higher average age of non-FFY participants who were receiving care at a clinic for individuals who are uninsured, as well as health challenges relating to aging for individuals regardless of FFY status or trauma history. It is also possible that the level of family discord is lower for FFY participants in the Cooley et al. study because foster care

involvement removed them from a family that had a higher level of discord than participants who were not removed from their families.

Lack of insurance is also a critical factor in health outcomes within this sample, as it may prevent participants from seeking regular medical care. Since FFY are less likely to be engaged in services (Lee & Fusco, 2022), the sample of FFY receiving care at a community health center in Cooley et al. study may also not be comparable to FFY not engaged in services at community health care centers. Although the higher rates of mental illness found in research regarding FFY are not yet fully understood, the stigma around service utilization may be a contributing factor (Lee & Fusco, 2022).

In a 2021 study by Brewsaugh et al. (2022), intergenerationally child welfare involved families were identified as the population least understood by child welfare personnel. In this study, 47% of participants (n = 300) who were child welfare personnel, individuals with personal child welfare experiences, judges, direct service providers, policymakers, child welfare advocates, researchers, or program evaluators identified this as a gap in the research. Therefore, there is a need for future research to support the development of child welfare policies and effective practices (Brewsaugh et al., 2022). Further exploration of additional factors within the intergenerational pathways that may contribute to future generations entering foster care is needed. This includes how the trauma histories of FFY parents may negatively affect engagement and successful reunification outcomes, which was the focus of my study.

Engagement

Effective engagement is a critical component of the work of child welfare personnel to address child maltreatment and abuse concerns to help families recover and reunite (Kemp et al., 2014; NCTSN, 2022). A clear definition is lacking in the research around what exactly effective or positive engagement is (Gladstone et al., 2012; Mirick, 2014a) and this complicates research efforts both to understand engagement and to identify solutions (Altman, 2008; Mirick, 2014a). Engagement is also identified as a predictor of child welfare outcomes and therefore needs to be better understood (Gladstone et al., 2014). However, there is not a clearly established path between engagement and outcomes (Gladstone et al., 2012; Kossyva et al., 2023) or the engagement process (Altman, 2008; Kemp et al., 2014).

Although there have been increased research and policy efforts to address engagement in child welfare, engagement continues to be reported as low for welfare-involved parents and many of these parents do not complete services (Mirick, 2014b). Unfortunately, these policy efforts appear unsuccessful as research as recent as 2021 noted a continued need to identify effective strategies to support engagement for parents involved with child welfare (Brewsaugh et al., 2022). Therefore, additional research is still needed to support increased parent engagement, which past research suggests shortens the time in care for children, can decrease the likelihood of court involvement with the family through in home services, and increases access to appropriate services for parents to promote healthy parenting behaviors and family outcomes (Altman, 2008).

Findings from my study help address this gap by increasing insight around trauma as a predictor of parent engagement with child safety.

Defining Engagement

Yatchmenoff (2005) suggested that prior research regarding engagement included compliance in case plan tasks, participation in services, readiness to change based on recovery models, and attendance at child visits as factors used to determine the level of parent engagement. Yatchmenoff sought to identify factors that specifically reflected a parent's active engagement in child welfare proceedings versus a parent merely doing what is asked of them. The operational definition of engagement for my study is based on the four dimensions identified in Yatchmenoff's (2005) research, which are buy-in (i.e., belief that service will be beneficial), receptivity (i.e., clients are open to receiving help), working relationship (i.e., quality of interpersonal relationship between child safety personnel and parent), and mistrust (i.e., beliefs related to lack of trust in child welfare worker).

Yatchmenoff's (2005) work on engagement is present in much of the recent literature regarding parent engagement. Kemp et al. (2014) differentiated between behavioral engagement, which includes attendance or participation, and attitudinal engagement, which includes the client's investment in and perception of positive outcomes from treatment and interactions with child welfare personnel (See also, Maltais et al., 2019). The combination of these behaviors aligns with Yatchmenoff's research regarding parent engagement with child welfare and what she referred to as buy-in. Gladstone et al. (2012) examined the perspectives of child welfare and parents to

understand interactional aspects of engagement in Canada through use of the four-dimension model. Mirick (2014a) referenced Yatchmenoff's work in research regarding the effects of intimate partner violence, race, and substance use as predictors for parent engagement with child welfare. Later Mirick (2014b) incorporated Yatchmenoff's four-dimension model of engagement to explore parent reactivity and the relationship between reactivity and level of engagement. Gladstone et al. (2014) explored child welfare personnel skills in relation to the four dimensions of engagement. Each of these studies contributes to researchers' understanding of engagement based on Yatchmenoff's (2005) identification of buy-in, receptivity, working relationship, and mistrust in her four-dimensional model of engagement. None of these studies included an assessment of the parent's trauma history as related to the parent's level of engagement with child welfare, which is the focus of my study.

Factors Supporting Engagement

Toros et al. (2018) incorporated Yatchmenoff's four dimensions of engagement into their research and through a scoping review of peer-reviewed journal articles (n = 40) found that positive involvement by parents correlates with positive engagement. For Toros et al. positive engagement refers to the parents' willingness to engage in services provided to their family, an understanding of their child(ren)'s needs, and an openness to changing how they parent based on their child(ren)'s needs. Positive engagement is found in other research efforts, including Altman's (2008) qualitative study at a New York child welfare agency where the researcher interviewed birth mothers (n = 16) and foster parents (n = 9). Altman identified honest and reassuring open communication, parent-

worker relationships that are reliable and supportive, motivation in parents to make changes, timely progress for the child welfare worker's ability that aligns with parent progress, and parent adherence to case plans as necessary for positive parent engagement. Gladstone et al. (2014) also found honesty to be supportive of positive engagement, as well as, having a child welfare worker who was perceived by parents as sensitive to the parent and family situation, offered information, actively listened, demonstrated empathy, was flexible in their approach, focused on parent strengths and resources, and who provided relevant services to support parents. These supportive relationships in adulthood for parents with trauma histories promoted healthier engagement (Alink et al., 2019). Furthermore, the perception of shared power and collaboration between parent and child welfare personnel supported parent engagement, especially when the parent believed the child welfare worker is attuned to their needs, has information regarding appropriate resources to meet those needs, is approachable and responsive to questions from the parent, and offers updates to parents on a regular basis (McGregor et al., 2021; see also, Altman, 2008; Charest-Belzile et al., 2019).

During the earlier stages of child welfare involvement, parent engagement is higher when the parent believes the child welfare worker is competent based on that worker's level of professional experience (Gladstone et al., 2012). When the child is not removed from the family home and when parents are receptive to child welfare involvement with their family, parent engagement is higher (Kemp et al., 2014). Parents who believed their child(ren) was safer because of child welfare involvement and the subsequent removal of their child(ren), were also found to be more engaged (Gladstone et

al., 2012). Both Kemp et al. (2014) and Gladstone et al. (2012) noted the level of parent engagement was affected by the parent's perception regarding the need for child welfare involvement and services provided.

In a more recent study, Coakley et al. (2018) examined engagement for fathers (n = 56) by exploring the fathers' perceptions regarding the father's assigned child welfare personnel's attitudes and skills. These researchers found that when fathers perceived their child welfare worker's attitude towards them was positive, this correlated with an increase in the father's understanding of case plan requirements and confidence in completing case plan requirements ($\rho = 0.72$, $p = .000$). Kemp et al. (2014), Gladstone et al. (2012) studies, and Coakley each recognized the effect of the parent's perceptions on engagement.

Factors Negatively Affecting Engagement

Parents working with child welfare are described as difficult to engage (Altman, 2008; Kemp et al., 2014; Mirick, 2014a; Toros et al., 2018; Yatchmenoff, 2005) yet a minimum level of engagement is necessary for positive outcomes in child welfare proceedings (Altman, 2008). Resistance is expected in a situation where power differentials exist (McGregor et al., 2021). For mothers with their own childhood history of trauma, there is an increased risk for maltreatment of their own children and difficulty in completing daily tasks (Alink et al., 2019), which could negatively affect their level of engagement with child welfare. Adaptations to perceived threat in childhood, specifically changes in the stress response system, may affect parenting as adults and these same responses would likely also affect the parent's response to a perceived threat in working

with child safety and likely negatively affect their level of engagement (Oosterman et al., 2019; Zhang et al., 2021b).

As highlighted by Kemp et al. (2014), barriers to engagement included the stigma associated with child welfare involvement, the high level of stress around reunification case plans, and mistrust in services for parents. Mirick (2014a) found that this stigma is higher in a population of welfare-involved mothers of color living in the northeastern part of the United States who largely reported mistrust of their child welfare worker (See also Stephens, 2022). Both perceived stigma around child welfare involvement and mistrust of child welfare personnel can negatively affect the parent's level of engagement in family reunification services.

Power differentials can negatively affect engagement between parents involved with child welfare and child welfare personnel (Gladstone et al., 2012; See also Gladstone et al., 2014; Toros et al., 2018). When a stranger assumes the role of guardian to a welfare-involved mother's child(ren) that mother loses many of her parenting rights and there is a significant shift in power. This lack of primary decision-making aligns with a sense of powerlessness in the parent around not believing in their ability to make decisions to comply with what child welfare personnel communicates is best for the family (Dunkerley, 2017; McGregor et al., 2021). When the child is placed outside of the home, Kemp et al. (2014) found that the parent of that child is less engaged and views the child welfare worker as not being strengths-based. These researchers suggested that motivation and investment in the case plan are negatively affected when parents do not see the child welfare worker as strengths-based because the worker would not be

sensitive to the parent's unique experiences. These experiences of powerlessness were exaggerated when the parent had minimal knowledge about their child's daily activities or even the current placement location of their child (McGregor et al., 2021).

Bekaert et al. (2021) conducted a metasynthesis of previous qualitative research articles (n = 35) to gain insight regarding family perspectives of child welfare involvement. The themes these researchers identified included family members' perspectives of the system, family members' perceptions of how they were viewed by their worker, and the family's view of their worker. Within these themes, issues emerged related to powerlessness, poor communication, feelings of confusion or frustration for families, and a belief that the partnership or collaboration between parent and welfare staff is negatively affected by the child-centered approaches (Altman, 2008; Bekaert et al., 2021).

Child-centered approaches are understandable, as the goal within child welfare programs is to prevent harm and promote safety for the child. However, support and encouragement for child welfare personnel's ability to meet the parent's needs is also critical as workers may use coercive and punitive strategies in efforts to increase motivation in parents (Altman, 2008). The coercive and punitive efforts would likely not be effective when working with parents with their own trauma histories and could reinforce the mistrust of services.

Engagement thus requires collaborative goal setting between competent child safety personnel and engaged parents who are both working towards the shared goal of healthier and safer family practices (Altman, 2008). Collaboration requires effective

communication, which stakeholders in child welfare continue to identify as a need for future research to determine interventions that increase the child welfare system's ability to assess and address the needs of welfare-involved families (Brewsaugh et al., 2022).

Another factor that emerged in the research related to parent engagement was stress and specifically, child welfare personnel's stress. Gladstone et al. (2012) found a significant negative correlation between worker stress and parent engagement, which suggests that when the parent perceives less stress in the child welfare worker, the parent's level of engagement increases. Increased stress may relate to the child welfare personnel's poor attunement to parent's needs, which Kemp et al. (2014) found negatively affects the level of receptivity for parents involved with child welfare. These authors suggested that when the child welfare worker is not attuned to the parent's needs the worker may be less responsive, which may prohibit the worker from addressing barriers for positive parent engagement. Since engagement is related to positive outcomes for child welfare-involved families, not addressing these barriers could affect the parent's reunification efforts.

Trauma History and Parent Engagement

Gladstone et al. (2012) found that a significant negative correlation existed between child welfare personnel stress levels and level of parent engagement ($r = -0.178$, $p < 0.05$), where increased worker stress levels meant lower parent engagement. Regarding mistrust of child welfare, Gladstone et al. noted child welfare personnel were insightful about parents being defensive versus attacking the workers and that how the worker interacts with parents can also affect the parent's level of engagement. This study

highlighted a trauma aware approach with these parents in reframing behaviors as related to underlying needs and shifting interactions in response.

In 2014, Gladstone et al. (2012) added to this information and noted that parent engagement can be negatively affected by a mismatching of skills, especially when the child welfare worker misinterprets the parent's presenting behaviors. Misinterpretation can occur because of missing information, which could include information regarding a parent's trauma history and current mental health challenges. Without this information, skills used by child welfare staff may not be aligned with the parent's needs, which disrupts collaborative approaches between parent and child welfare personnel (Gladstone et al., 2014). Mirick (2014b) made a critical point regarding this misalignment by recognizing that it is likely easier for child welfare personnel to interact and collaborate with a parent that child welfare personnel perceive is struggling with their case plan adherence versus a parent who is perceived to not care about their child.

Fusco (2015) used multiple regression analysis to examine the predictive factors of parent engagement with child welfare ($n = 336$) for FFY mothers as compared to non-FFY mothers. All four dimensions of engagement, which are receptivity ($d = 0.34$, $p < 0.01$), buy-in ($d = 0.24$, $p < 0.05$), working relationship ($d = 0.34$, $p < 0.01$), and trust ($d = 0.36$, $p < 0.01$) were lower for FFY mothers when compared with non-FFY mothers (Fusco, 2015). This was important in relation to my study as I examined trauma as a potential predictor of lower levels of engagement for FFY mothers working with child safety personnel. Fusco examined several factors to examine the differences in FFY and non-FFY mothers, which included anxiety, depression, time in foster care as a child, IPV,

and level of education as factors. However, Fusco did not examine the frequency of childhood trauma or the types of lifetime trauma as possible predictors of FFY parent's level of engagement, which is the focus of my study.

Radey et al. (2016) conducted a qualitative study regarding the unique experiences of FFY and the views of both FFY parents and service providers within the child safety system through small group interviews. These authors found differences in perceptions, with young parents presenting as hopeful and optimistic about meeting their daily needs while service providers presented as pessimistic around systemic failures in preparing young parents in transitioning out of foster care. Themes of adversity and stress, motivation and resilience, and the need for mentorship and parenting skills emerged (Radey et al., 2016). This was important in relation to my study because it highlighted a potential factor in FFY outcomes, which is the perspective of child safety personnel. Understanding the trauma histories of these parents may provide context for the systemic barriers that have affected their parenting efforts and promote collaboration between child safety personnel and mothers with children in foster care.

Trauma screening for parents is missing from much past research related to child safety systems and is a critical component of this study. Stephens and Aparicio (2017) highlighted the gap in the research regarding exploration of trauma histories for parents involved with child welfare, specifically FFY parents and parents of color. These child welfare-involved mothers (n = 15) with histories of complex trauma and challenges with substance use identified housing, relational, and financial instability as negatively

affecting their ability to care for their children and engage in services (Stephens & Aparicio, 2017).

Stephens and Aparicio (2017) recognized that the current mothers involved with child safety are often adults who were children in child safety. These authors suggested that these mothers were merely attempting to use substances to cope with reminders of their complex traumatic experiences, their housing and relational insecurities, and the belief that their voices were unheard even though they had been in the child welfare system as children. Understanding these family factors, shifting views on parent behaviors, and establishing trust to promote engagement is needed, especially with child welfare-involved parents of color (Mirick, 2014a). This trust and collaboration would support the identification of and referral for appropriate services to address parent needs based on having more information about current functioning and past experiences.

Cao et al. (2019) used a mixed methods approach to examine perceptions of child welfare and behavioral health personnel (n = 26) regarding the trauma histories for child-welfare involved parents. These authors found that both child welfare and behavioral health personnel reported awareness of likely trauma histories for parents and the need for behavioral health services to support these parents. However, the authors also found that both behavioral health and child welfare personnel felt somewhat unsure about the readiness of the child welfare system to address parent trauma. The research participants reported believing that child welfare goals and policies prevent them from directly assessing parent trauma, caseloads and job expectations prevent them from having enough time to assess the parent's trauma history, and financial or insurance-related

barriers often prevent access to counseling services for parents with significant trauma histories. Cao et al. highlighted the awareness by staff of the presence of trauma for many welfare-involved parents and how this affects parenting, while also recognizing that little has changed regarding policy or procedures for welfare programs to assess parent trauma history. Without directly asking parents about their traumatic experiences, it would be difficult to tailor interventions and approaches to meet the needs of these parents during child welfare cases. The information gained from my study could lead to changes in policies and procedures to address these concerns.

Summary

Ecological systems theory allows for examination of context and consideration of environmental factors, making it an appropriate framework for research regarding trauma (Campbell & Khin, 2020; Zhu et al., 2020). Although the average ACE score for welfare-involved parents in one study was found to be 108% higher than the general population (Dellor et al., 2022) and "Childhood adversity and adult trauma individually are among the strongest risk factors for adverse health outcomes in later life" (Wilson-Genderson et al., 2022, p. 2171), trauma screening is not consistently occurring in child welfare settings (Cho, 2021; Gilad, 2019; Lange et al., 2020a; Lucero et al., 2020; Kottenstette et al., 2020; Stephens & Aparicio, 2017). Parents with trauma histories experience difficulty in interacting with others (Gilad, 2019; Zhu et al., 2020) and accessing resources or support (Condon & Sadler, 2019; Hong et al, 2011; Villagrana et al., 2022), engage in poorer parenting approaches (Adams et al., 2019; Alink et al., 2019; Cho, 2021; Font et al., 2020; Koren-Karie & Getzler-Yosef, 2019; Lünnemann et al., 2019; MacIntosh &

Menard, 2021; Oosterman et al., 2019; Savage et al., 2019; Wilson-Genderson et al., 2022), and are less engaged with child welfare (Davidson et al., 2019; Fusco, 2015).

In this literature review I recognized differences for FFY and non-FFY while also acknowledging that families with intergenerational involvement in child welfare, or FFY parents, are the population least understood by child welfare (Brewsaugh et al., 2022). When compared to non-FFY, FFY have been found to have lower education levels, fewer natural supports, increased occurrence of mental illness, increased substance and alcohol misuse, and lower financial resources (Bruskas, 2008; Chamberlain et al., 2019; Dworsky & Gitlow, 2017; Fusco, 2015; Häggman-Laitila et al., 2020; Jones, 2011; Marshall et al., 2011; Mihalec-Adkins et al., 2020; Mountz & Capous-Desyllas, 2020; Yoshioka-Maxwell & Rice, 2020). FFY have higher levels of anxiety (Cooley et al., 2018; Fusco, 2015; Lee & Fusco, 2022) and depression (Fusco, 2015; Lee & Fusco, 2022) and are less engaged in services (Fusco, 2015; Lee & Fusco, 2022). FFY mothers are less likely to reunify with their child(ren) as compared to non-FFY mothers (Marshall et al., 2011).

Factors I identified in the research to support parent engagement in child welfare services include positive involvement (Toros et al., 2018), motivation in parents (Altman, 2008), parent's belief that the child safety personnel is honest and sensitive to their needs (Gladstone et al., 2014; McGregor et al., 2021), a supportive relationship with child safety personnel (Alink et al., 2019), a more experienced child welfare worker (Gladstone et al., 2012), parent agreement with the need for welfare involvement with their family (Kemp et al., 2014; Gladstone et al., 2012), and when the child is not removed from the home (Kemp et al., 2014). Factors I identified in the research to negatively affect parent

engagement with child welfare include difficulty in completing daily tasks (Alink et al., 2019), resistance and power differentials (Gladstone et al., 2012; Gladstone et al., 2014; McGregor et al., 2021; Toros et al., 2018), parent's perceived threat of child safety involvement with their family (Oosterman et al., 2019; Zhang et al., 2021b), stigma associated with child safety involvement (Kemp et al., 2014; Mirick 2014a; Stephens, 2022), and increased worker stress (Gladstone et al., 2012). Through completing my study, I aimed to address the gap in the literature regarding trauma screenings with FFY parents and how those experiences affected parent engagement with child welfare personnel.

In Chapter 3, I will provide information regarding the setting for my study, research design and methodology, target population, data collection methods and analysis plans, and the operationalization of the variables. I will also discuss threats to validity and reliability, as well as ethical procedures.

Chapter 3: Research Method

Introduction

My purpose for this quantitative study was to empirically evaluate whether the frequency of childhood traumatic events and the type of lifetime traumatic events for FFY parents predict their total engagement with child welfare. I also explored whether the types of traumatic experiences throughout their life influenced the relationship between the frequency of childhood trauma and the FFY parent's engagement with child welfare. I collected primary data from FFY parents regarding the frequency of childhood trauma using the ACE questionnaire, the types of traumatic events throughout their lifetime using the THQ, and the level of engagement using the CECPS.

In this chapter, I provide an overview of the research design and methodology that was used to answer my six research questions. I will provide additional details regarding my study methodology. I will also provide more information regarding the instruments I used and how I analyzed the data, as well as discuss threats to validity and potential ethical issues. Through my study, I help address the gap in the literature regarding the trauma histories of FFY parents involved with child welfare and their engagement. Data from my study might support the implementation of trauma aware approaches, such as trauma screening, by professionals tasked with supporting FFY parents in their reunification efforts with their children.

Research Design and Rationale

I used online surveys to collect data regarding participant frequency of childhood trauma (IV1), the three types of lifetime traumatic events (i.e., physical or sexual abuse,

IV2; crime, IV3; and general trauma and disaster, IV4), and the parent's engagement with child welfare (DV). Two benefits to the use of surveys were that surveys were economical and had quick turnaround for data collection (Creswell & Creswell, 2018). By offering online surveys I was able to reach geographically dispersed participants throughout the state of Arizona, which reduced costs associated with traveling to participant locations (Burkholder et al., 2016).

I did not use an experimental design in my study. I also did not apply an intervention in my study and none of the variables were controlled or manipulated (Creswell & Creswell, 2018; Groves, 2009). It would have been unethical for me to assign specific traumas or harmful events to an individual to study the relationships between these and the respective outcomes (Andrade, 2021; Rudestam & Newton, 2015). I examined trauma as a past event for the FFY parents. I also evaluated types of traumatic experiences as moderating variables in the second set of my research questions.

My six research questions required data analysis to understand the strength of any associations or relationships between frequency and types of traumatic experiences with engagement, but this analysis did not provide information regarding cause and effect (Walden University, 2015). I was not seeking to understand trends over time within this population, so a one-time survey or cross-sectional approach was more appropriate than a longitudinal approach (Babbie, 2017; Groves et al., 2009; Houser, 2015). However, I believe that the design and methodology I used in my study could lay the framework for future longitudinal studies regarding this population.

Survey research allowed me to gather information directly from participants regarding how they act (Babbie, 2017; Burkholder et al., 2016). More specifically, survey research in my study allowed me to gather information about the behavior of participants' engagement with child welfare. Since I was unable to find any data from past research pertaining to my study's specific topic, I was unable to use secondary or archival data to conduct my study.

I used multiple linear regression to answer the first three research questions and moderation analysis to answer the second set of three research questions. The second set of three research questions examines whether the frequency of childhood trauma significantly predicts participants' total engagement with child welfare when the types of traumatic events these FFY parents have experienced were considered. This will add to the knowledge highlighted in the literature review regarding how childhood adversity affects outcomes for adults by examining the interaction between the types of lifetime traumatic events for these parents and their level of engagement with child safety personnel. In my study, I not only examined the relationship between childhood adversity and parent engagement, but also examined the strength of any relationship between these when we consider the types of lifetime traumatic events as a moderating variable (Baron & Kenny, 1986; Frazier et al., 2004; Warner, 2013).

Methodology

In this section I describe the population for my study, sampling and sampling procedures, and procedures for recruitment and participation. I discuss strengths and weaknesses in the sampling methods and the steps I took to determine the appropriate

sample size for my study. I also discuss steps participants took in completing informed consent and data collection. The three instruments I used in my study are evaluated based on their respective reliability and validity and previous research using these instruments is presented. I operationally define the four independent variables and one dependent variable and explain scoring procedures on instruments related to each variable. I discuss the methods of data cleaning and screening and the data analysis plan. Lastly, I thoroughly discuss potential threats to validity and ethical procedures.

Population

The targeted population for my study was adult mothers and fathers, over 18 years old, who experienced foster care themselves as children and had a child involved with child welfare at the time during which they completed the survey. I only included participants who resided in the state of Arizona in the targeted population. I limited the population to the state of Arizona because child welfare policies are different across states and are often county-specific within states (Cioè-Peña, 2023; Font & Gershoff, 2020; Maguire-Jack et al., 2020).

Surveying individuals throughout the state versus a couple of counties within the state supports the generalizability of my findings to child welfare in the state of Arizona. There was no data or published list regarding the size of this population within the state of Arizona. Although I knew that 12,546 children were involved with child welfare in the state of Arizona in 2022 (DCS, 2022), I could not make assumptions regarding the number of FFY parents associated with the number of children that were in care. There was also no data available regarding how many parents were connected to the more than

12,000 children in foster care in Arizona and no information regarding FFY status for parents who were connected to a child that was involved with child safety.

Sampling and Sampling Procedures

Information regarding the sample population was not publicly available so I used non-probability sampling methods. This included snowball sampling methods. Non-probability sampling through convenience sampling (Elfil & Negida, 2017; Setia, 2016) included collaboration with child safety personnel, professional contacts, and community health centers. I gained approval to display the research flyer in public areas of their respective offices for eligible participants to see. The flyer contained the website link and a QR code to Survey Monkey where participants completed the questionnaires for my study.

Snowball sampling is an appropriate method of recruiting harder to reach or vulnerable populations (Elfil & Negida, 2017; Steenbakkers et al., 2019). FFY parents were considered a harder to reach population for my study and a vulnerable population due to their involvement with child welfare and respective trauma histories (Yoon et al., 2022). For my study, eligible participants could share the flyer, Survey Monkey link, or study information with persons known to them who met inclusion criteria to increase access to the target population. Additionally, eligible parents would see my study flyer at a child safety office and tell a friend or family member about the study and this friend or family member could have participated.

Participants self-selected to take part in my study on Survey Monkey. The first page of the survey contained inclusion factors, which were that participants were adults,

18 years of age or older, had child(ren) involved with child welfare at the time of completing the survey, and the participant was involved with child welfare when they were a child. Other inclusion criteria required that the participant had English reading fluency, resided in the state of Arizona, answered 'yes' to the question '*Have you experienced a traumatic event?*' and were legally and mentally capable to provide their informed consent. Participants who did not affirmatively endorse all inclusion factors, and thus did not meet inclusion criteria, were routed to a new page thanking them for their interest while informing them they were not eligible for participation in my study. Participants who met the inclusion criteria proceeded to complete informed consent.

Congruent with my data analysis plan to determine if a significant association between variables exists, I used a power analysis to help me estimate a target sample size (Creswell & Creswell, 2018). To decrease the risk of rejecting the null hypothesis when it is true and committing a Type I error, I set significance at $\alpha = .05$ (Cohen, 2016). To decrease the risk of not rejecting the null hypothesis that is false in the population, or a Type II error, I set the power level at $\beta = .80$ (Cohen, 2016). I used a medium effect size ($F^2 = 0.15$) as it is often the norm in psychological research and because I did not have significant information from prior research to support choosing either a small or large effect size (Bell et al., 2020; Cohen, 2016). I used G*Power (Version 3.1) to calculate the required sample size of 85 for an a priori power analysis for linear multiple regression fixed model, R^2 deviation from zero in the F tests, with four predictors (Faul et al., 2007; Walden University, 2020).

Procedures for Recruitment, Participation, and Data Collection

I recruited participants through flyers placed in both child welfare offices and community health centers (see Appendix B). I personally delivered the flyer for my study to Department of Child Safety (DCS) offices throughout the state of Arizona and made phone calls or sent e-mail messages to follow up (DCS, 2021b). Arizona DCS approved posting study flyers in offices throughout the state of Arizona (See Appendix C). I shared the flyers, and asked my professional colleagues (i.e., counselors, social workers, behavioral health providers, and insurance workers) to also share the flyers at their workplaces to increase access to participants of diverse backgrounds. I included the website address link and the QR code for the survey through Survey Monkey on my study flyer. Participants were also able to share the flyer or survey link with other parents who were eligible to participate in my study.

After participants confirmed they met the inclusion criteria, I provided potential participants with informed consent electronically prior to completion of the online survey. I provided participants with study information and instructions regarding how to follow up on any questions about my study. I also provided participants with contact information for myself as the primary researcher and information regarding their voluntary participation in my study. I provided participants with crisis line phone and text numbers to follow up on any support needs regardless of whether they completed my study or not (see Appendix D).

Before proceeding to complete the questionnaires, participants clicked the link at the bottom of the website to signify their agreement to and review of informed consent.

Upon completion of the survey, participants were directed to a thank you for their participation page that included participant-specific community resources to follow up on any support needs. I included crisis numbers, as well as contact information for participants to ask me questions or to request additional information regarding my study (see Appendix E).

I collected demographic information for descriptive purposes, as well as to support generalizability and future replication of my study. Demographic information that I collected included whether the FFY parent was a mother or a father, participant age, ethnicity, race, county of residence in the state of Arizona, current relationship status, number of children, how long the parent had been involved with child welfare this time, and education level (see Appendix F). The information gained by the demographics questions relates to information from the literature review regarding characteristics of the FFY population. I used this information to describe my study's sample in the findings. The demographics survey included established questions that were based upon and supported by current research regarding question formatting and inclusive language so that participants saw themselves in the responses available (Hughes et al., 2022). This information was provided by participants prior to completing the survey and after completing informed consent. Once participants completed the survey, they were sent to a final page thanking them for their participation and to leave the study. No debriefing with participants was needed or provided for my study.

Instrumentation and Operationalization of Constructs

The three instruments I used for data collection in my study were: the ACE questionnaire for trauma frequency (IV1), the THQ for types of lifetime traumatic events (IV2, IV3, and IV4), and the CECPS for parent level of engagement (DV).

Adverse Childhood Experiences

The ACE questionnaire was developed by Felitti and colleagues at Kaiser Permanente in California (Felitti et al., 1998) and is in the public domain (Felitti et al., 2019a). Felitti et al. (1998) constructed the ACE questionnaire from questions on the Conflict Tactics Scale, National Health Interview Survey, and Wyatt's 1985 research regarding sexual abuse. The ACE questionnaire includes ten questions that pertain to adverse experiences for adults prior to the age of 18 (Felitti et al., 1998; Felitti et al., 2018; Felitti et al., 2019b). I used the ten-question original version of the ACE questionnaire for my study (Felitti et al., 2019a). The questionnaire was expected to take about five to ten minutes to complete depending upon the participant's reading pace and was completed online through the Survey Monkey study link. Participants answered 'yes' or 'no' to ten questions to generate a total score out of ten.

This instrument is useful in research and surveillance studies (Anda et al., 2020). In efforts to improve public health, researchers use surveillance studies to collect information regarding health conditions through continuous data collection, analysis, and interpretation (Janssens et al., 2020). Kovács-Tóth et al. (2023) reported high internal consistency in diverse study populations using different versions of the ACE. In their study regarding intrafamilial ACEs with a sample of Hungarian adolescents (n = 792,

59.3% female, mean age of 14.98 years), Kovács-Tóth et al. found internal validity was adequate ($r = 0.28$ to $r = 0.70$, $p \leq 0.001$) and internal consistency was appropriate ($\theta = 0.86$, $\alpha = 0.64$). Karatekin and Hill (2019) reported higher internal consistency ($\alpha = .72$) for the original ACE questionnaire when compared to a combined childhood trauma screening tool. Wingenfeld et al. (2011) also found good internal consistency ($\alpha = 0.76$) and confirmed high correlations with a similar childhood trauma inventory, which was the Childhood Trauma Questionnaire in a German study regarding mental illness ($n =$ 102 inpatients, 99 students, and 100 adults in the general population),. In a study of adults ($n = 658$, 51% female, mean age of 64 for males and females) in the San Diego area of the United States, Dube et al. (2004) found test-retest reliability ($r = 0.64$) to be good for endorsed ACEs and moderate to substantial for the corresponding ACE score. Most of the participants in that study were White (82% of females, 79% of males). The strongest correlation ($\alpha = 0.70$) in Kovács-Tóth et al. (2023) study was for the cumulative ACE score, which is one of the independent variables that I examined in my study.

Qureshi et al. (2023) used the ACE questionnaire in their study regarding the relationship between preventative healthcare and ACEs in individuals who are among the young adult LGBTQ+ population. This study's population ($n = 160$) was 65% female, 73% White non-Hispanic, 32% of participants identified as bisexual, 40% identified as gender minorities of whom 17 identified as non-binary and 6% identified as transgender, 85% had private health insurance, and 44% were college educated. These authors found a statistically significant relationship ($p = 0.02$) between ACE scores and preventative

healthcare utilization where a one-point increase in ACE score correlated with a 0.05 decrease in preventative healthcare utilization.

Trauma History Questionnaire

The THQ was developed by Green in 1993 and includes 24 questions regarding three types of traumatic events: crime-related events, general trauma and disaster, and physical or sexual abuse (Hooper et al., 2011). The THQ is in the public domain; however, I confirmed approval for use in my study through the developer and attached written documentation of this permission (see Appendix G). The THQ is widely used to measure exposure to trauma (Hooper et al., 2011). This questionnaire is suitable for both research and clinical practice assessment of exposure to traumatic events (Hooper et al., 2011; Norris & Hamblen, 2004). The THQ is available in multiple languages in addition to English, including French, Spanish, Portuguese, Danish, Urdu, and Icelandic (U. S. Department of Veteran Affairs, 2018). The translation to multiple languages confirms its use for research with various populations.

The most common scoring method for the THQ is counting the number of types of traumatic events participants indicate that they have experienced (Hooper et al., 2011). In my study, I administered the THQ to examine the relationship between the types of traumatic events endorsed by participants as predictors of the level of parent engagement with child safety personnel. I did not calculate a total score for the number of traumatic events. The THQ was expected to take about 10 to 15 minutes to complete (Hooper et al., 2011) and included written instructions for answering questions at the start of the

questionnaire. Participants completed the THQ online through the Survey Monkey study link.

Test-retest of the instrument's questions was fair to excellent in a pilot study of college students (n = 423) and the same college students two-three months later (n = 25) with a correlation of number of items endorsed on the THQ at r = 0.70 (Green, 1996; Hooper et al., 2011). Moderate to high test-retest reliability (r = 0.54 to r = 0.92) was found in a study by Mueser et al. (2001) regarding trauma histories and posttraumatic stress disorders in individuals with severe mental illnesses (n = 30, 53% female, 90% White, average age of 45 years). Interrater reliability was also excellent (κ = 0.76 through 1.00) for the trauma categories (Hooper et al., 2011; Mueser et al., 2001). Mueser et al. noted the small sample size limited examination of gender-based differences in reliability. The validity of an instrument corresponds with the efficacy to measure what it purports to measure (Frankfort-Nachmias & Leon-Guerrero, 2010). For the THQ, this construct is trauma. The THQ has demonstrated good concurrent validity with the Stressful Life Events Screening questionnaire (r = 0.77, $p < 0.001$) and the Clinician administered PTSD Scale (Miller et al., 2022).

McKenna et al. (2019) used the THQ in a study regarding trauma rates for adults (n = 194, average age 37.35 years, 72% White British) detained in a high secure mental health hospital in the United Kingdom. These authors used the THQ with secondary data to analyze and then report on the frequency of traumatic experiences for this population. Almost 87% of the sample were diagnosed with schizophrenia or other psychotic disorders, more than 80% were on their first admission to the hospital, and 100% had

been exposed to a traumatic event in their lifetime (McKenna et al., 2019). Seventy-five percent had been exposed to a traumatic event in childhood, 65% experienced more than one type of traumatic event, 93% experienced general trauma and disasters, 73% experienced physical or sexual abuse, 5% experienced crime-related events, and 40% spent time in the British equivalent to American foster care system (McKenna et al., 2019).

More recently, the American Indian version of the THQ was used by Lucero et al. (2020) to assess the types of traumatic experiences for American Indian and Alaska Native mothers involved with child welfare through the Indian Child Welfare Act. The Lucero et al. study highlighted the need for trauma screening for welfare-involved American Indian and Alaska Native mothers to identify and then address untreated trauma. My study was not limited to non-Native mothers but shares similar goals of increasing insight around trauma histories for welfare-involved parents and identifying resources to meet their needs.

Miller et al. (2022) used the THQ in their study (n = 131) regarding communal mastery and symptoms of PTSD and depression. The study sample was mostly Black (88.5%) females aged between 18 and 45 years, who experienced three to seven lifetime traumatic events (53.4%) and resided in a low-income urban community. These authors found that communal mastery was statistically significantly related to fewer symptoms of PTSD (β = -0.23, p = 0.003) but not symptoms of depression (β = -0.13, p = 0.201).

Child Engagement in Child Protective Services Scale

The CECPS is a screening measure for adults involved with child safety that was developed by Diane Yatchmenoff (Yatchmenoff, 2005). This screening measure includes 19 questions with Likert-type scoring of strongly agree (5), agree (4), not sure (3), disagree (2), and strongly disagree (1). Total engagement scores fall within a range of 19 through 95 and higher scores on the CECPS reflected higher level of engagement.

The CECPS was expected to take about fifteen minutes to complete, contained written instructions for answering questions at the start of the questionnaire, and participants completed the CECPS online through the Survey Monkey study link. I confirmed approval for use of the CECPS in my study with the developer and attached written documentation of this permission (see Appendix H). This assessment was appropriate for my study as it measures parent engagement with child safety (DV) and is specifically for use with populations that are involved with child safety.

Yatchmenoff used expert panels to determine validity based on DeVellis (1991) recommendations for procedures in scale construction and included representation of persons of color in the panels to confirm the accessibility of the instrument for varying populations involved with child safety (Yatchmenoff, 2005). Both professionals and parents currently involved or previously involved with the child safety system were included in these panels. Staudt (2007) used the CECPS in conceptual research addressing the ambiguity of the construct of engagement, identifying behaviors, and more so, the attitudes of welfare-involved parents as critical components of engagement. Staudt

(2007) recognized the gap that my study addressed, which is the need for approaches to improve engagement efforts with children who have been maltreated and their families.

When compared to similar constructs with consideration for differences in scaling, construct validity was found to be moderate ($r = 0.51$, $p < .001$) for receptivity to strong ($r = -0.74$, $p < .001$) for mistrust (Yatchmenoff, 2005). The correlation between helping relationship and personal support with overall engagement score was moderate to high ($r = 0.36$ to $r = 0.78$, $p < 0.001$), which aligns with the research I reviewed in Chapter 2 of this proposal regarding the relationship between child safety worker and parent. Internal consistency regarding compliance, or completing tasks required in child safety case plans was good ($\alpha = 0.78$), but this was not related to receptivity or working relationship (Yatchmenoff, 2005).

Also, Yatchmenoff (2005) recognized that a parent could be receptive through expressing a need for help without being positively engaged based on lower scores in the other three categories of buy-in, working relationship, and mistrust with child welfare. This suggested that additional research was needed to understand other factors affecting the level of parent engagement with child safety personnel. Yatchmenoff also recognized that the random sampling in this study may include participants who were more likely to engage with child welfare as they were more likely to engage in research.

In a study regarding the construct of reactance as a potential factor for engagement for parents ($n = 43$, average age 33.6 years, and 98% female) involved with child safety in a Northeastern area of the United States, Mirick (2014b) used the CECPS to examine the relationship between reactance and engagement. Mirick (2014b) reported

differential treatment for parents who were perceived as reactant and a weak negative significant relationship (r = -0.277, $p < 0.05$) between reactance and overall level of engagement. Mirick (2014b) found internal consistency to be high for the four dimensions of engagement on the CECPS, which include receptivity ($\alpha = 0.81$), buy-in ($\alpha = 0.91$), working relationship ($\alpha = 0.88$), and mistrust ($\alpha = 0.88$). Receptivity is an openness to receiving help, buy-in includes expecting benefit from help received and active participation, working relationship is mutuality within the relationship with child safety, and mistrust is lacking the belief that child safety is there to help (Yatchmenoff, 2005; Mirick, 2014b). Internal consistency was also found to be high ($\alpha = 0.95$) for the questions on the CECPS (Yatchmenoff, 2005).

Gladstone et al. (2012) used the CECPS in their mixed-methods study (n = 131 parent(s) - worker dyads: 147 mothers and 12 fathers, average age of parent 36.7 years, 74% White; average age of matched child safety worker 39.8 years, 71% White, all college educated) regarding engagement and change related to decreasing risk for children who are involved with child welfare in Ontario, Canada. Using the same sample, Gladstone et al. (2014) examined child welfare personnel skills and contextual factors to better understand parent engagement with child safety personnel.

Charest-Belzile et al. (2020) used the CECPS in their longitudinal study (n = 123) regarding parent engagement with child welfare for parents residing in Quebec, Canada. The sample for this study was adults who were mostly mothers (74%), who reported annual incomes below the low-income cutoff (90%), children removed for reasons related to neglect (64%) and had their children placed in non-voluntary court-ordered placements

(79%). Parent engagement in this study was found to be relationally based and the use of strengths-based practices by child welfare personnel related the quality of the parent and child welfare worker's relationship (Charest-Belzile et al., 2020). The CECPS was used in similar fashion in my study to examine trauma as a factor affecting parent engagement.

Operationalization

There were four independent variables and one dependent variable in my study (see Table 1). The first independent variable was the frequency of childhood trauma. This continuous variable was measured on a ratio level based on the total score (0 – 10) from the ACE questionnaire. Question 1 on the questionnaire asks, '*Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you?*' and a 'yes' to only this question would equal an ACE score of 1. A participant who answered 'no' to all ten questions on the ACE questionnaire had an ACE score of zero. A zero ACE score did not mean that the individual did not experience any adversity in childhood, but it did mean that the individual did not experience any of the adversities contained in the ACE questionnaire. For each of the questions endorsed by answering 'yes', the ACE score increased toward a maximum possible total ACE score of ten. Scores represented the number of adverse experiences the individual answering questions had experienced prior to the age of 18. Higher scores align with higher levels of adversity prior to the individual's 18th birthday. There is no reverse scoring for this instrument.

The second independent variable (IV2) was physical or sexual abuse types of traumatic experiences. A participant either had experienced physical or sexual abuse or

had not. This variable is nominal with 'yes' or 'no' response options and was measured through the THQ. Furthermore, this variable was measured through answers of 'yes' to at least one of questions 18 through 23 on the THQ, which resulted in a 'yes' for this type of lifetime traumatic event. Question 18 on the THQ asks, '*Has anyone ever made you have intercourse or oral or anal sex against your will?*' and a 'yes' response to this question confirmed sexual abuse (Hooper et al., 2011). Question 23 on the THQ asks, '*Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?*' and a 'yes' for this question confirmed physical abuse (Hooper et al., 2011). The participant did not need to answer 'yes' to all questions related to physical or sexual traumatic experiences to confirm this type of event had happened in their life.

The third independent variable (IV3) was crime-related types of traumatic experiences. This variable is nominal with 'yes' or 'no' response options and was measured through the THQ. Answers of 'yes' to questions one, two, three, or four on the THQ resulted in a 'yes' for this type of lifetime traumatic experience. Question four on the THQ asks, '*Has anyone ever attempted to or succeeded in breaking into your home while you were there?*' and a participant confirmed they had a crime-related traumatic experience by answering 'yes' (Hooper et al., 2011).

General trauma and disaster as a type of traumatic experience was the fourth independent variable (IV4). This variable is nominal with 'yes' or 'no' response options and was measured through the THQ. A 'yes' response to at least one of questions five through 17 resulted in a 'yes' for this type of traumatic experience. Question six asks '*Have you ever experienced a natural disaster such as a tornado, hurricane, flood, or*

major earthquake, etc., where you felt you or your loved ones were in danger?' and a 'yes' response confirmed general trauma and disaster types of lifetime traumatic events (Hooper et al., 2011).

The dependent variable in my study was parent engagement, which is a continuous variable that was measured on an interval scale with a range from 19 to 95 using the CECPS. The four dimensions of engagement are receptivity, buy-in, working relationship, and mistrust (Yatchmenoff, 2005). Question number six assessed a parent's level of mistrust in child safety personnel through the statement '*Anything I say, they're going to turn it around to make me look bad*.' A parent may not trust child safety personnel based on their disagreement with this question while also believing '*I believe my family will get help we really need from child welfare*' (question 1). The parent's belief that there were problems in the family suggests that they are receptive to support from child safety personnel but do not trust child safety personnel. Higher levels of overall engagement suggest that the parent is more receptive to services, recognizes the benefit of and need for services, believes there is open communication with child safety personnel to support a working relationship, and holds some trust in the child safety personnel's efforts with their family (Yatchmenoff, 2005). Lower levels of overall engagement can provide insight regarding areas where additional supports and resources could be focused. Questions 3, 5, 6, and 16 are reversed scored (1=5, 2=4, 3=3, 4=2, 5=1).

Table 1

Study Variables

Variable	Type	Level of measurement	Instrument
Childhood adversity	Independent (IV1)	Continuous, ratio	0 – 10; ACE
Physical or sexual abuse	Independent (IV2)	Categorical, nominal	0 = no, 1 = yes; THQ
Crime	Independent (IV3)	Categorical, nominal	0 = no, 1 = yes; THQ
General trauma and disaster	Independent (IV4)	Categorical, nominal	0 = no, 1 = yes; THQ
Level of engagement	Dependent (DV1)	Continuous, interval	19 - 95; CECPS

Data Analysis Plan

I used International Business Machine's Statistical Package for the Social Sciences (SPSS) for data analyses. I used multiple linear regression to answer research questions 1_A, 1_B, and 1_C and moderated analysis, which is part of the multiple linear regression, to answer research questions 2_A, 2_B, and 2_C. Multiple linear regression was used to predict a continuous dependent variable based on two or more independent variables (Lund Research, 2013; Pallant, 2020; Sheposh, 2023; Warner, 2013). There are multiple assumptions for multiple linear regression and moderated analysis that I will introduce in the data interpretation section within this chapter, and later in Chapter 4.

Prior to running data analyses, I screened my data to identify any problems with missing responses or errors in data coding in SPSS (Silvia & Cotter, 2021; Walden University, 2021; Warner, 2013). I examined the survey responses to confirm that all questions were answered or if all questions were not answered if I could still use the data based on the measurement of variables. For the CECPS and the ACE, all questions need to be answered to include this information in data analyses. I removed cases where participants did not provide answers for questions on these two surveys (Silvia & Cotter,

2021; Warner, 2013). For the THQ, answers to all questions were not necessarily required for this data to be useful. If a participant answered ‘yes’ to one question in each of the sections on the THQ but did not answer all questions, this data was used in my study because the one ‘yes’ response confirmed the occurrence of that type of traumatic event. This would be a ‘yes’ response for at least one of questions one through four (IV3), a ‘yes’ response for at least one of questions five through 17 (IV4), and a yes response for at least one of questions 18 through 24 (IV2). Although one ‘yes’ response confirmed the type of traumatic experience, if there were no ‘yes’ responses and all questions were not ‘no’ then I did not include that survey in data analyses.

I proofread to confirm there were no impossible score values, which included a ‘2’ for a response when the coding choices in my study were either ‘0’ or ‘1’ and fixed these occurrences prior to any data analysis (Silvia & Cotter, 2021; Walden University, 2021; Warner, 2013). This occurred during the initial screening and again through examination of frequency distributions (Warner, 2013). I inspected the shape of the distribution, examined the descriptives output in SPSS to evaluate kurtosis and skewness, and inspected the histogram and boxplot to check for outliers (Lund Research, 2013; Pallant, 2020; Warner, 2013). I confirmed that the outliers were genuine outliers by checking the score for the item to confirm it was not an error. I discuss any remedies I used in Chapter 4. I did not end my data collection until I had enough fully completed surveys to meet my required sample size. I offer information regarding the characteristics of my sample using these preliminary screening measures based on information gained through the demographics questionnaire, which will support generalizability of my study

findings (Warner, 2013). I also maintained a raw data file that is password protected on my personal computer, that is also password protected, as a master file to revert to if there are any challenges with data screening and cleaning (Silvia & Cotter, 2021).

Research Questions and Hypotheses

Research Question 1_A: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 1_A$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 1_A$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 1_B: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 1_B$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 1_B$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 1_C: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 1_C$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 1_C$ – The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, do significantly predict the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 2_A: Do physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 2_A$ – Physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 2_A$ – Physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 2_B: Do crime-related types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

$H_0 2_B$ – Crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

$H_a 2_B$ – Crime-related types of traumatic experiences for FFY parents, as measured by the THQ do significantly moderate the relationship between

frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

Research Question 2C: Do general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and level of engagement with child safety personnel, as measured by the CECPS?

$H_0$2C – General trauma and disaster types of traumatic experiences for FFY parents, as measured by the ACE, do not significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

H_a2C – General trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, do significantly moderate the relationship between frequency of childhood trauma for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS.

Interpretation of Results

I used descriptive statistics, ANOVA, multiple linear regression, and moderated analysis for data analysis in my study. I discuss the assumptions of the regression models and relevant tests that I completed in SPSS within this section.

For research questions 1_A, 1_B, and 1_C, I used multiple linear regression to explore the relationship between level of engagement (DV) with both childhood trauma frequency (IV1) and lifetime types of traumatic experiences (IV2, IV3, IV4) for the FFY parents in my study. The multiple linear regression model allowed me to examine how well my independent variables predicted my dependent variable and how much variance in the dependent variable, if any, was explained by each of the independent variables (Lund Research, 2013; Pallant, 2020; Segrin, 2022; Walden, 2022; Warner, 2013). I confirmed my data met the assumptions of this model, which included: a) one dependent variable that is measured at the continuous level (DV1), b) two or more independent variables that are measured either at the continuous or nominal level (IV1, IV2, IV3, IV4), c) independence of observations, d) linearity, e) homoscedasticity, f) no multicollinearity, g) no significant outliers, and h) normality (Lund Research, 2013; Pallant, 2020; Segrin, 2022; Walden, 2022; Warner, 2013).

I used the Pearson correlation coefficient (R) to examine the scores predicted by the model and the actual values of my dependent variable level of engagement (Lund Research, 2013). This allowed me to determine the goodness of model fit and assess linear association. I used the coefficient of determination (R^2) and more specifically the adjusted R^2 to understand how much of the variance in parent engagement was explained by the independent variables (Lund Research, 2013). I examined Cook's distance, centered leverage values, unstandardized predicted values, studentized residuals, studentized deleted residuals, variance of inflation factor values, the scatterplot of residuals, q-q plot, histogram, and Durbin Watson outputs to understand my data and

complete my data analyses for my study (Lund Research, 2013; Pallant, 2020; Segrin, 2022; Walden, 2022; Warner, 2013).

For research questions 2_A, 2_B, and 2_C, I used moderation analysis to explore if the type of traumatic experiences (i.e., physical or sexual abuse IV2, crime IV3, or general trauma and disaster IV4) moderated the relationship between childhood trauma frequency (IV1) and the FFY parent's engagement with child welfare (DV). Baron and Kenny (1986) suggested that moderation analysis helps researchers understand if a moderating variable affects the direction and or strength of the relationship between an independent and dependent variable (see also, Frazier et al., 2004; Lund Research, 2013; Walden University, 2019; Warner, 2013). I confirmed my data met the assumptions of this model, which included: (a) one variable that is measured at the continuous, or scale level (DV), (b) one independent variable is measured at continuous level (IV1), (c) the moderating variable is dichotomous or consists of two independent groups (IV2, IV3, IV4), (d) independence of observations, (e) linearity, (f) homoscedasticity, (g) no multicollinearity, (h) no significant outliers, and (i) normality (Lund Research, 2013; Warner, 2013). The same tests I used for the multiple regression model to answer research questions 1_A, 1_B, and 1_C were used to confirm assumptions for the moderated analysis model and answer questions 2_A, 2_B, and 2_C.

Threats to Validity

My study was subject to both internal and external validity threats. Internal validity refers to the degree of confidence researchers have regarding their study and that the observed differences in the dependent variable are related to the independent

variables versus some other unexplored variable (Creswell & Creswell, 2018; Onwuegbuzie, 2000; Walden University, 2015). External validity refers to generalizability of the findings of my study (Onwuegbuzie, 2000; Walden University, 2015). Clearly identifying these threats to external and internal validity supports my goal that future research efforts regarding parent engagement and trauma histories will occur and add to what is known about this population, while also possibly supporting increased knowledge leading to changes in the support offered to families involved with child welfare. I will discuss these threats in this section, as well as ethical procedures I took in my study.

External Validity

Threats to external validity included sampling bias, history, observer bias, Hawthorne effect, testing effect, aptitude treatment, and situation effect (Onwuegbuzie, 2000). Non-probability sampling could be an issue regarding generalizability if future studies include samples that are different from that in my study. Onwuegbuzie (2000) suggested that sampling error is a concern with both random and non-random sampling methods. I did not know the exact size of my study's population for the state of Arizona or for the United States. Non-probability sampling methods, including snowball sampling, are appropriate for harder to reach populations, such as the FFY parents in my study (Elfil & Negida, 2017; Setia, 2016; Steenbakkers et al., 2019). I attempted to recruit and include participants across the state to support efforts to gain a diverse sample. I acknowledge barriers encountered in these efforts in the interpretation of

findings to support generalizability and address potential sampling-related validity concerns.

Ecological validity refers to generalizability across settings and contexts (Onwuegbuzie, 2000; Walden University, 2015). I intentionally limited my study to the state of Arizona due to differing state laws, policies, and procedures affecting child welfare across the United States (Cioè-Peña, 2023; Font & Gershoff, 2020; Maguire-Jack et al., 2020). Limiting my study's sample to the state of Arizona while also attempting to recruit and include participants from all counties within the state supports generalization within this state.

A threat to generalizability would be if I had a lack of responses from more rural areas of the state. I addressed this threat during recruitment by contacting all DCS offices across the state to seek participants. I reported demographic information regarding whether the participant is the mother or father of the welfare-involved child, age, race, county of residence in the state of Arizona, marital status, education level, length of time involved with child welfare, and number of children in my study's findings to support generalizability. I was not able to generalize the results of my study to non-FFY parents involved with child welfare, as the target population within my study is limited to FFY parents only.

Temporal validity relates to generalizability over time (Onwuegbuzie, 2000). My study was cross sectional and changes within child welfare occurring between my study's IRB approval and my data analyses could have affected outcomes. If changes were made during the time my study was completed regarding trauma screening of parents and

appropriate referral for support regarding those experiences involved in child welfare during the time my study was completed, these changes could have affected parent level of engagement (DV) and interpretation of results of my study. I monitored policy changes during data collection and data analysis to make note of such changes. I did not find any policy changes that would have affected my study.

My study was not experimental, and I did not include measuring the response to an intervention in individuals or groups, so reactive arrangements, treatment diffusion, selection by treatment, and order bias were not external validity threats in my study. Trauma and engagement have been defined in prior research outside of my study, so the external validity threat of specificity of variables was not a significant concern in my study (Onwuegbuzie, 2000). However, the specific sample of FFY parents could be a concern due to replication and generalizability of results and I will address this through acknowledgement of this in the findings and discussion sections. Finally, the cross-sectional design ruled out pretest by treatment threats to external validity (Onwuegbuzie, 2000).

Internal Validity

Threats to internal validity include history, maturation, instrumentation, and testing (Creswell & Creswell, 2018; Onwuegbuzie, 2000). History was not a concern for my study due to the cross-sectional design. Maturation was also not a concern as participants were adults who completed a one-time survey. Implementation bias was not a concern as this was not an experimental study (Onwuegbuzie, 2000). There were no pre- and post-tests in my study, so testing was also not a concern (Creswell & Creswell,

2018; Walden University, 2015). However, I am aware that the ACE questionnaire is a commonly administered screening tool that participants may have had some knowledge regarding or may have taken prior to participation in my study. Prior completion of the ACE could affect the accuracy of the participant's score, but I believe that prior knowledge of ACEs could have also possibly increased the participant's ability to understand the questions and due to that understanding, answer questions in my study more accurately.

Instrumentation as a threat to internal validity includes scores on instruments that lack consistency or reliability, or instruments that have invalid scores due to validity concerns related to content, criterion, or constructs (Onwuegbuzie, 2000). I did not compare any groups, so differential selection of participants was not a concern (Creswell & Creswell, 2018; Onwuegbuzie, 2000). I removed incomplete surveys from data analysis so mortality, or attrition, was also not a concern in my study (Onwuegbuzie, 2000).

The instruments I selected for my study have been used clinically and in prior research with varying populations. I had examined their respective validity and reliability through a review of past research to determine appropriateness for my study. However, I also considered that as Onwuegbuzie (2000) indicated the information provided by the measures in a study can never be perfectly reliable or valid. I set the confidence level at 5%, which was a subjective decision used to determine the sample size for my study and was based on prior research regarding standards for the level in quantitative research (Faul et al., 2007; Onwuegbuzie, 2000; Walden University, 2020).

Construct Validity

Construct validity concerns relate to poor definitions and insufficient measurements of variables (Creswell & Creswell, 2018; Walden University, 2015). My study included clear definitions and operationalization of the variables of interest. I also included justification for instruments I used to answer my study's questions based on prior research regarding trauma or engagement using these instruments.

Ethical Procedures

I gained permission to conduct my study by my university's Institutional Review Board (IRB) prior to any data collection (*IRB # 01-24-241005089*). Once I gained the IRB approval, I started anonymous data collection through Survey Monkey. I completed the Walden University Doctoral Student Researchers through the Collaborative Institutional Training Initiative. I contacted DCS offices (DCS, 2021b) and community health centers throughout the state to confirm support to post flyers and included this information in my IRB application. I distributed the flyer to my professional network. I also requested permission from family courts around the state to post my study flyer.

Research with trauma survivors is vital for the development of clinical and policy interventions that are implemented to address the needs of trauma survivors (Goodwin & Tiderington, 2022). There is a common belief that asking about trauma in research would cause significant harm or distress to research participants, but this is not confirmed in the literature and the risks are lower than assumed (Cromer et al., 2006; DePrince & Freyd, 2004; Jaffe et al., 2015). Answering questions regarding traumatic experiences may provoke an emotional response from participants, but Cromer et al. (2006) found that this

response in participants to anonymous disclosure of trauma history aligned with the response in participants to other non-trauma related research questions (See also DePrince & Freyd, 2004). Cromer et al. noted physiological and psychological benefits for research participants who answer questions about trauma include fewer medical visits, higher grades, and increased attendance at work.

A more recent multilevel meta-analysis completed by Jaffe et al. (2015) examined how participants respond to trauma-based research, individual differences in participant reactions, and how types of trauma and ways questions are asked may affect participants. In this more recent research, Jaffe et al. found that trauma-related research can lead to immediate distress that is low to moderate, engagement in a trauma-related research study is a positive experience for participants, and that overall, the risk to participants of trauma-related research is minimal. In their systematic review of online research regarding sensitive topics, Sipes et al. (2020) noted participants have positive experiences and even when distress is reported, these participants describe their participation was worth it. Similarly, Goodwin and Tiderington (2022) reported that the benefits of participation in sensitive research, such as research regarding traumatic experiences, outweigh the costs.

It was necessary for me to be mindful that not everyone's experiences with research participation are the same. Researchers conducting studies regarding sensitive topics and with vulnerable populations need to be aware of potential risks to these participants and develop plans to address the risks (Sikweyiya & Jewkes, 2012; Sipes et al., 2020; Wilson & Neville, 2009; Yoon et al., 2022). Trauma informed research

practices, as highlighted by Campbell et al. (2019) offered guidance to decrease potential risks to participants. To address the needs of any participants who experienced significant distress from answering questions, I implemented a procedure that allowed the participant to discontinue participation in my study. I also provided a list of available resources in that participant's community where they could seek support to address any negative response to being asked about trauma history. These resources were provided even if the participant did not complete the survey and were provided to participants as part of the informed consent process. As such, I addressed this potential ethical concern by providing crisis and community mental health support contact information to participants during both the informed consent process and upon their completion of the survey (Jaffe et al., 2015; Campbell et al., 2019).

There was no known conflict of interest for me related to focus or completion of my research. The survey was anonymous, but it was possible that parents of children that I have worked with in the past could have participated and I would not know. Although I would not be aware of their participation, there could be a power differential in those situations because these parents would be aware of my role as the researcher as listed on the flyer. I originally planned to not offer any type of financial incentive for study participation. However, after 15 months of recruitment but not meeting my required sample size of 85, I requested an IRB change and was permitted to offer $15 gift cards to eligible participants who completed the survey. I do have working relationships with child safety personnel in my local area, but not throughout the state of Arizona, so offering this incentive increased access to participants in other areas in the state.

I downloaded data from the completed surveys through Survey Monkey to my personal computer, which requires a password to open and has an additional password set for the downloaded data and analyses files. I also transferred data to a portable external hard drive, which is password protected and served as a backup for any issues with my personal computer. I store the external hard drive in a fireproof safe in my home and I am the only person with the code to open the safe. I did not collect personally identifiable information from participants to avoid the possibility of identification. I did not ask participants to enter their name to complete the surveys for my study. Anonymity was provided in my study because participant's responses on the online questionnaires could not be connected to participants (Teitcher et al., 2015). However, when gift cards were offered, I collected participant e-mail addresses in the Survey Monkey platform, as that was how the participant was able to receive their gift card. I only used the e-mail addresses to contact participants to confirm eligibility but were not included in the results. I did not review the e-mail addresses with survey responses to continue to support anonymity. Finally, I neither interviewed nor met participants, and the findings cannot be connected back to specific participants (Babbie, 2017). Per Walden's policy, I will destroy my study data five years after study completion.

Summary

In Chapter 3, I described the quantitative, cross-sectional, survey research design that I used in my study. I identified the methods I used to analyze my data, which included information about the targeted population, sample, and sampling procedures, as well as how participants entered and exited the survey. I also discussed how participants

provided informed consent and methods for participants to ask questions about the study and receive mental health resources, if needed. I examined reliability and validity for the instruments used in my study and shared information about previous studies where these instruments were used. Lastly, I discussed threats to internal and external validity and how I addressed any ethical concerns. In Chapter 4, I will discuss data collection, data analysis, and share results.

Chapter 4: Results

Introduction

My purpose for this quantitative survey study was to empirically evaluate whether the frequency of childhood traumatic events and the types of lifetime traumatic events for FFY parents predicted their engagement with child welfare. I also explored whether the type of traumatic experiences throughout the parent's life influenced the relationship between the frequency of childhood trauma and the FFY parent's total engagement with child welfare. I collected primary data from FFY parents regarding the frequency of childhood adversity using the ACE questionnaire, the types of traumatic events throughout their lifetime using the THQ, and the parent total engagement using the CECPS.

My first set of research questions examined if the frequency of childhood traumatic experiences for FFY parents and three types of traumatic experiences significantly predicted the FFY parent's total engagement with child safety personnel. The three types of traumatic experiences were physical and sexual abuse, crime, and general trauma and disaster. The second set of research questions examined whether these three types of lifetime traumatic experiences moderated the relationship between the frequency of childhood traumatic experiences and the FFY parent's total engagement.

In this chapter, I will describe data collection and discuss the results of my study. I will also detail changes in procedures that I requested from the IRB due to challenges in recruitment, note data cleaning efforts, provide descriptive and demographic

characteristics of the sample, explore the representativeness of the sample to the population, and report findings from statistical analyses.

Data Collection

I began data collection in late January of 2024 after receipt of IRB approval for my study (*IRB # 01-24-241005089*). I immediately began emailing, sharing with professional colleagues, and delivering the flyer to locations in my local area. I spent a week in late February of 2024 driving around the state to personally deliver the flyers to child safety offices, per the written agreement from DCS that was included in my IRB application. In March of 2024, I drove around southeastern Arizona dropping off flyers at various community health centers in the area. In May 2024, I spent one day in the Nogales area and four days in the Phoenix area visiting community health centers and DCS offices to request permission to post flyers.

In July 2024, with a low number of participants completing the survey (n = 15), I requested a formal change in procedures through the IRB. The IRB approved my request to add additional locations for recruitment. The additional locations included food banks, head start programs, day care centers, employment offices, school resource centers, public defenders' offices, Department of Economic Services (DES) offices, online support groups, parenting classes in the community, and FFY alumni groups. My additional efforts for recruitment included these locations through the end of my study.

I submitted an extension request form through the Walden University IRB in December 2024 as I had only received 36 responses of the required 85 participants for my sample. Walden's IRB approved my research extension request, extending the date

for study completion to January 9th, 2026. Upon receipt of the IRB extension approval, I updated informed consent documents for my study on Survey Monkey to reflect the new date and I made a second trip to the county of Maricopa where I personally requested that agencies display my study flyers. At the end of March 2025, I travelled again to the Phoenix area to seek permission to display flyers in any IRB-approved sites I could find. I also drove around with my study flyer printed on magnets stuck to the side of my vehicle. Throughout the 15 months of recruitment, I continued to attempt to drop off flyers at local agencies and sent emails to request permission. From these efforts, 560 contacts were made in person or by e-mail to request permission to display my flyers throughout the state of Arizona.

In April 2025, I submitted another IRB change request to permit me to offer a gift card for survey completion. I also asked that the expected time to complete the survey, based on the responses thus far, be changed from 30 minutes to 15 minutes. This change in procedures request was approved by the IRB on 04/28/25. Both the informed consent included in the survey and my study flyer (see Appendix I) were updated to reflect these IRB-approved changes. I then connected AppyReward to my Survey Monkey survey. Participants were then able to enter their e-mail address to be sent a gift card from AppyReward.

I initially purchased 50 individual $15 gift cards through AppyReward to be sent to the e-mail address provided by participants in Survey Monkey. Within 90 minutes of the new survey flyer being shared in five online parent support groups and a FFY of America support group, more than 500 participants completed the survey through Survey

Monkey. I closed the survey on 8th May 2025 as the number of participants far exceeded the needed sample size of 85. I followed up with the AppyReward company support to determine how many additional gift cards were needed to be purchased so all eligible participants who completed the survey were able to receive these. AppyReward told me they were not able to provide IP addresses for individuals who did not receive gift cards and were not able to help me with ruling out survey farming responses. I e-mailed the IRB for permission to follow up with participants directly as I wanted all eligible participants who completed the survey to receive their gift card (ACA, 2014, G.2.f.). After getting IRB approval, I sent an e-mail to 558 participants who did not receive a gift card. I asked participants to confirm their county of residence and education level and compared their answers to their survey responses in Survey Monkey. I then purchased an additional eight $15 gift cards through AppyReward so that all eligible participants who completed the survey were compensated.

Data Cleaning

Data cleaning efforts were extensive, and I relied on best practices found in recent peer-reviewed research to remove potential computer-generated responses, insufficient effort responding (Bowling et al., 2016), and careless responding (Magraw-Mickelson et al., 2022; Ward & Meade, 2023). There was a total of 609 survey responses. I removed six responses because the participant only completed the ACE questionnaire. I removed six additional responses because the participant did not complete or did not fully complete the CECPS questionnaire. One response was provided by a participant who was not the child's parent, so I removed this response. Sixteen of the individuals who

responded to the e-mail to confirm eligibility reported that they lived outside of the state of Arizona. Therefore, I removed these 16 responses as they were not eligible to participate in my study. Similarly, I removed an additional five responses as these participants reported that they had zero children, which made them ineligible for my study.

I removed 22 participants with the exact same start and end times recorded by Survey Monkey in hours, minutes, and seconds. I also analyzed the time for survey completion. Using the two seconds per item cutoff criterion (Ward & Meade, 2023) based on the survey taking behavior of insufficient effort responding (Bowling et al., 2016), I removed 172 responses due to length of time of less than 2 minutes four seconds. There were 62 questions in my survey resulting in a minimum time to complete expectation of 124 seconds.

I also removed 29 participants with the same demographics answers, all 'yes' responses to the ACE and THQ questionnaires, and all 'strongly agree' responses except for the four reverse-scoring questions on the CECPS. Due to a concern about multiple attempts to participate in my study by the same participant, I then removed the data from 14 surveys that contained the exact same answers to all demographic questions. I reviewed the remaining cases to identify participants who replied 'no' to all three THQ questions regarding sexual abuse but endorsed sexual abuse on the ACE as these are contradictory. From this review, I removed 17 cases where the participant endorsed childhood sexual abuse but denied any lifetime sexual abuse. Finally, I reviewed the data again to look for any participants to who clicked the first answer for every question or

provided the same answers to all questions within similar survey completion times. From this review, I removed 65 duplicate cases.

From the total of 609 survey responses, the response rate was 71%. I removed a total of 356 cases (58.5%). The total sample size was 253 prior to running the regression analyses. I computed a total ACE score (IV1). I coded THQ responses by category of traumatic experiences, which were physical or sexual (IV2), crime-related (IV3), and general disaster and trauma (IV4). I coded IV2, IV3, and IV4 '1' for 'yes' responses and '0' for 'no' responses (Walden University, 2021). I transformed questions 3, 5, 6, and 16 on the CECPS into the same variable to account for reverse scoring on these questions (i.e., 5-1, 4-2, 3-3, 2-4, 1-5). I computed a total engagement score (DV1) from all responses to the CECPS questions.

Participant Demographics

I collected demographic data, which included: parent role, race, ethnicity, county of residence, number of children, time involved with child safety, age, education level, and relationship status. Participants were not required to answer these questions. This section includes discussion regarding the demographic information for the sample.

Parent Role

I asked participants to self-identify as either mother or father to their child that is involved with child safety (see Table 2). The sample consisted of 176 mothers (69.6%) and 73 fathers (28.9%). Four participants (1.6%) declined to answer this question.

Table 2

Parent Role

Parent role	Frequency	Percentage
Mother	176	69.6%
Father	73	28.9%
Declined to respond	4	1.6%

Race

I asked participants to select one of six race categories through the question: '*Race is generally tied to physical characteristics such as skin tone, facial features, and height, among other characteristics. What label best describes your race?*' (see Table 3). Most participants selected White for their race (n = 68, 26.9%). The next largest group selected by participants was Black (n = 47, 18.6%). The remainder of participants identified as Asian (n = 35, 13.8%), Indigenous, Aboriginal, or First Nations (n = 30, 11.9%), Middle Eastern (n = 26, 10.3%), or Latina/o/x (n = 22, 8.7%). Twenty-five (9.9%) participants declined to answer the question regarding their race.

Table 3

Race

Race	Frequency	Percentage
White	68	26.9%
Black	47	18.6%
Asian	35	13.8%
Indigenous, Aboriginal, First Nations	30	11.9%
Middle Eastern	26	10.3%
Latina/o/x or Hispanic	22	8.7%
I prefer not or decline to answer	25	9.9%

Ethnicity

I asked participants to share their ethnicity through selecting one of eight categories in response to the following question: '*Ethnicity reflects the cultural traditions, values, and practices that are shared by people across generations. What label best describes your ethnicity?*' (see Table 4). A majority of the participants selected White or European American (*n* = 76, 30.0%). The next largest ethnic group among the participants was Black or African American (*n* = 51, 20.2%). Continuing in descending order, 36 participants identified as Asian or Asian American (14.2%), 24 as Hispanic or Latino/o/x (9.5%), 20 as Native American or Alaska Native (7.9%), 14 participants identified as Arab, Middle Eastern, or North African (5.5%), and 12 as Native Hawaiian or Other Pacific Islander (4.7%). An '*other, not listed here'* answer option was also provided for participants who did not identify with one of the eight choices provided (*n* = 13, 5.1%). Seven participants declined or preferred not to answer the question regarding ethnicity (2.8%).

Table 4

Ethnicity

Ethnicity	Frequency	Percentage
White or European American	76	30.0%
Black or African American	51	20.2%
Asian or Asian American	36	14.2%
Hispanic/ Latina/o/x	24	9.5%
Native American/ Alaska Native	20	7.9%
Arab, Middle Eastern, or North African	14	5.5%
Native Hawaiian or Other Pacific Islander	12	4.7%
Other, not listed here	13	5.1%
I prefer not or decline to answer	7	2.8%

County of Residence

There are 15 counties in the state of Arizona, and I made efforts to reach participants in all 15 counties during the 15 months of recruitment. There were participants from all counties in the state (see Table 5). Most participants reported living in Cochise (*n* = 29, 11.5%), Maricopa (*n* = 29, 11.1%), and Yuma (*n* = 26, 10.3%). In descending order, for the remainder of the counties: 22 reported living in Coconino (8.7%), 22 in Graham (8.7%), 20 in Gila (7.9%), 19 in Mohave (7.5%), 17 in Pima (6.7%), 15 reported living in Apache (5.9%), 13 in Greenlee (5.1%), nine in Santa Cruz (3.6%), eight in La Paz (3.2%), six in Pinal (2.4%), four in Navajo (1.6%), and three in Yavapai (1.2%). About 5% of participants declined to answer the county of their current residence (*n* = 12, 4.7%).

Table 5

County of Residence

County	Frequency	Percentage
Cochise	29	11.5%
Maricopa	28	11.1%
Yuma	26	10.3%
Coconino	22	8.7%
Graham	22	8.7%
Gila	20	7.9%
Mohave	19	7.5%
Pima	17	6.7%
Apache	15	5.9%
Greenlee	13	5.1%
Santa Cruz	9	3.6%
La Paz	8	3.2%
Pinal	6	2.4%
Navajo	4	1.6%
Yavapai	3	1.2%
Declined to answer	12	4.7%

Number of Children

I asked participants to type in the number of children they had (see Table 6). Most participants had either one child (n = 46, 18.2%) or two children (n = 46, 18.2%). Ten participants (4.0%) had three children, four (1.6%) had four children, three (1.2%) had five children, two (0.8%) had six children, and one (0.4%) reported having 11 children. I was unable to verify if the response of eleven children was an error of the number 1 being entered twice or if this parent actually had eleven children. I left this response as-is in the data set. The range in number of children is one to eleven children. Unfortunately, 141 participants (55.7%) declined to enter how many children they had so I did not gain as much information about this characteristic of the parents as I would have liked.

Table 6

Number of Children

Number of children	Frequency	Percentage
One	46	18.2%
Two	46	18.2%
Three	10	4.0%
Four	4	1.6%
Five	3	1.2%
Six	2	0.8%
Eleven	1	0.4%
Declined to answer	141	55.7%

Time Involved With Child Safety

I asked participants '*How long have you been involved with DCS?*' and provided four answer options spanning the time periods of less than 1 month through more than 1 year (see Table 7). The most frequent time range for a parent being involved with DCS was 1 month to 6 months (n = 101, 39.9%). Sixty-five parents (25.7%) were involved for

6 months to 1 year, 43 parents (17.0%) were involved for more than 1 year, 28 parents (11.1%) were involved less than 1 month, and 16 parents (6.3%) declined to answer how long they had been involved with child safety.

Table 7

Time Involved With DCS

Duration	Frequency	Percentage
Less than one month	28	11.1%
One month – six months	101	39.9%
Six months – one year	65	25.7%
More than one year	43	17.0%
Declined to answer	16	6.3%

Age

Participants were asked to share their age at the time of taking the survey through the following question: '*What is your age in years?*' (see Table 8). Most participants were aged between 35-44 years old (n = 85, 33.6%). The second largest age group was 25-34 years old (n = 67, 26.5%). The remainder of participants were between 18 and 24 years old (n = 10, 4.0%), 45 and 54 years old (n = 34, 13.4%), 55 and 64 years old (n = 16, 6.3%), 65 and 74 years old (n = 18, 7.1%), or 75 years or older (n = 11, 4.3%). Twelve participants (4.6%) declined or preferred not to answer this question.

Table 8

Age

Age range	Frequency	Percentage
18-24	10	4.0%
25-34	67	26.5%
35-44	85	33.6%
45-54	34	13.4%
55-64	16	6.3%
65-74	18	7.1%
75 or older	11	4.3%
I prefer not or decline to answer	12	4.8%

Level of Education

I asked participants to share their highest level of education by asking them: '*Which of the following is the highest degree or level you have earned or completed?*' (see Table 9). Thirty-nine parents (15.4%) reported they had earned either a bachelor's degree or a high school diploma or GED. Thirty-eight parents (15.0%) reported earning their associate's degree, 34 parents (13.4%) an elementary level of education, and 33 parents (13.0%) had earned a post high school certificate. Seventeen parents (6.7%) reported no schooling, 16 parents (6.2%) reported middle school level, 11 parents (4.3%) reported earning their master's degree, and seven parents (2.7%) reported earning a doctoral degree. Nineteen parents (7.5%) declined or preferred not to answer this question.

Table 9

Level of Education

Level	Frequency	Percentage
No schooling	17	6.7%
Elementary	34	13.4%
Middle school	16	6.3%
High school or GED	39	15.4%
Post high school certificate	33	13.0%
Associate's degree	38	15.0%
Bachelor's degree	39	15.4%
Master's degree	11	4.3%
Doctoral degree	7	2.8%
I prefer not or decline to answer	19	7.5%

Current Relationship Status

I provided seven categories for parents to describe their current relationship status (see Table 10). Most parents were either married (n = 57, 22.5%) or single (n = 48, 19.0%). Thirty-four parents (13.4%) reported that they were divorced, 33 parents (13.0%) were in a civil union or partnership, 30 parents (11.9%) were separated, 25 parents (9.9%) were in a relationship, and eight parents (3.2%) reported being widowed. Eighteen parents (7.2%) either preferred not to answer or declined to answer this question.

Table 10

Current Relationship Status

Relationship status	Frequency	Percentage
Married	57	22.5%
Single	48	19.0%
Divorced	34	13.4%
In a civil union, partnership	33	13.0%
Separated	30	11.9%
In a relationship	25	9.9%
Widowed	8	3.2%
I prefer not or decline to answer	18	7.2%

Since there is no information regarding the population of FFY parents, I am unable to compare my study's demographics to a known population. DCS has not published any information regarding FFY parents who are involved with child safety in the state of Arizona. In Chapter 5, I will examine the demographic characteristics of the sample in comparison to demographic characteristics for all individuals living in the state of Arizona and with prior literature that included this population.

Study Results

I organized this results section first by discussion regarding my study variables and then discussion regarding the research questions. I separately addressed each of the four independent variables, which were childhood adversity (IV1), physical or sexual abuse (IV2), crime (IV3), and general trauma or disaster (IV4), and the dependent variable of parent engagement (DV). I then addressed each variable within their respective research question results.

Childhood Adversity

I computed the ACE scores by adding the number of '*yes*' responses to the ten ACE questions. The average total ACE score for participants was 7.95, the range was 10, and the mode was 10. Only one of the parents (0.4%) reported an ACE score of zero, which highlights the presence of some type of childhood adversity in the lives of more than 99% of the sample (see Table 11). Sadly, most parents in my study endorsed all ten ACEs (n = 127, 50.2%). Around nine percent of parents reported either seven ACEs (n = 23, 9.1%), six ACEs (n = 21, 8.3%), or five ACEs (n = 22, 8.7%). Eighteen parents

(7.1%) reported an ACE score of eight, 15 parents (5.9%) a score of four, 12 parents (4.7%) a score of nine, eight parents (3.2%) a score of three, and three parents (1.2%) had either an ACE score of one or two.

Table 11

Participant Totals - ACE Questionnaire

Total ACE score	Frequency	Percentage
Zero	1	0.4%
One	3	1.2%
Two	3	1.2%
Three	8	3.2%
Four	15	5.9%
Five	22	8.7%
Six	21	8.3%
Seven	23	9.1%
Eight	18	7.1%
Nine	12	4.7%
Ten	127	50.2%

Table 12 highlights participant responses to the ten questions regarding childhood adversity on the ACE questionnaire. More parents endorsed each item on the ACE questionnaire than did not endorse it. The most frequent ACEs for parents were being yelled at or fear of being hurt (n = 223, 88.1%), physical abuse (n = 214, 84.6%) and not feeling loved, special or looked out for (n = 208, 82.2%). The remaining seven other ACEs were each endorsed by more than 70% of the parents.

Table 12

Adverse Childhood Experiences

ACE question	Yes	No
1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, humiliate you? OR act in a way that made you afraid that you might be physically hurt?	223 (88.1%)	30 (11.9%)
2. Did a parent or other adult in the household often or very often push, grab, slap, throw something at you? OR ever hit you so hard that you had marks or were injured?	214 (84.6%)	39 (15.4%)
3. Did an adult or person at least 5 years older than you ever touch or fondle you? OR attempt or actually have oral/ anal/ vaginal intercourse with you?	199 (78.7%)	54 (21.3%)
4. Did you often or very often feel that no one in your family loved you/ thought you were important or special? OR your family didn't look out for each other, didn't feel close to each other, or didn't support each other?	208 (82.2%)	45 (17.8%)
5. Did you often or very often feel that you didn't have enough to eat, you had to wear dirty clothes, you had no one to protect you? OR your parents were too drunk/ high to take care of you or take you to the doctor if you needed?	196 (77.5%)	57 (22.5%)
6. Were your parents ever separated or divorced?	194 (76.7%)	59 (23.3%)
7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? OR sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	192 (75.9%)	61 (24.1%)
8. Did you live with anyone who was a problem drinker/ alcoholic or who used street drugs?	199 (78.7%)	54 (21.3%)
9. Was a household member depressed/ mentally ill, or did a household member attempt suicide?	204 (80.6%)	49 (19.4%)
10. Did a household member go to prison/ jail?	183 (72.3%)	70 (27.7%)

Note. This table includes questions directly from the ACE questionnaire (Felitti et al., 1998).

Physical or Sexual Trauma

Questions 18 through 23 on the THQ reference physical or sexual types of traumatic events (see Table 13). Almost 75% of parents (n = 189, 74.7%) reported being made to engage in sexual acts against their will. Forced or threatened touch was also reported by almost 75% of all parents in my study (n = 188, 74.3%). More than 70% of parents reported some other type of unwanted sexual contact throughout their life (n = 182, 71.9%). More than half of parents reported being attacked with a weapon (n = 152,

60.1%), attacked without a weapon but suffering a serious injury as a result (*n* = 174, 68.4%), or being injured by a family member (*n* = 174, 68.8%). Overall, a majority (*n* = 248, 98.0%) of parents endorsed at least one experience in the physical or sexual abuse category.

Table 13

Physical or Sexual Traumatic Experiences

THQ question	Yes	No
18. Has anyone ever made you have intercourse or oral or anal sex against your will?	189 (74.7%)	64 (25.3%)
19. Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat?	188 (74.3%)	65 (25.7%)
20. Other than incidents mentioned in questions 18 and 19, have there been any other situations in which another person tried to force you to have unwanted sexual contact?	182 (71.9%)	71 (28.1%)
21. Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?	152 (60.1%)	101 (39.9%)
22. Has anyone, including family members or friends, ever attacked you without a weapon and seriously injured you?	173 (68.4%)	80 (31.6%)
23. Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?	174 (68.8%)	79 (31.2%)

Note. This table includes questions directly from the THQ questionnaire (Hooper et al., 2011).

Crime Related Trauma

Crime-related traumatic events are referenced in questions one, two, three, and four of the THQ (see Table 14). Around 70% of parents endorsed having something taken by force or the threat of force (*n* = 175, 69.2%) and someone attempting to rob them or successfully robbing them (*n* = 179, 70.8%). More than half of all parents in my study, endorsed having their home broken into when they were not at home (*n* = 168,

66.4%) and when they were at home (*n* = 158, 62.5%). Most of the parents (*n* = 232, 91.7%) endorsed experiencing at least one of the four lifetime crime-related events.

Table 14

Crime-Related Traumatic Experiences

THQ question	Yes	No
1. Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick up or mugging?	175 (69.2%)	78 (30.8%)
2. Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?	179 (70.8%)	74 (29.2%)
3. Has anyone ever attempted to or succeeded in breaking into your home when you were not there?	168 (66.4%)	85 (33.6%)
4. Has anyone ever attempted to or succeeded in breaking into your home when you were there?	158 (62.5%)	95 (37.5%)

Note. This table includes questions directly from the THQ questionnaire (Hooper et al., 2011).

General Trauma and Disaster

The general and disaster traumatic events include situations of war, accidents, natural disasters, man-made disasters, deaths of others, and life-threatening illnesses. There are 14 questions on the THQ that ask about general trauma and disaster, which are questions five through 17 and question 24 (see Table 15). The most frequent experience within this category was receiving bad news about the wellbeing of someone close to the parent (*n* = 195, 77.1%). The least endorsed was serving in combat (*n* = 144, 56.9%). The number of parents endorsing the individual events within the general trauma and disaster-related category is less than the other two categories. However, all participants (*n* = 253, 100%) endorsed at least one experience within this category.

Table 15

General Trauma and Disaster Experiences

THQ question	Yes	No
5. Have you ever had a serious accident at work, in a car, or somewhere else?	165 (65.2%)	88 (34.8%)
6. Have you ever experienced a natural disaster such as a tornado, hurricane, flood, or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury?	168 (66.4%)	85 (33.6%)
7. Have you ever experienced a "man-made" disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury?	181 (71.5%)	72 (28.5%)
8. Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?	161 (63.6%)	92 (36.4%)
9. Have you ever been in any other situation in which you were seriously injured?	180 (71.1%)	73 (28.9%)
10. Have you ever been in any other situation in which you feared you might be killed or seriously injured?	185 (73.1%)	68 (26.9%)
11. Have you ever seen someone seriously injured or killed?	176 (69.6%)	77 (30.4%)
12. Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason?	170 (67.2%)	83 (32.8%)
13. Have you ever had a close friend or family member murdered, or killed by a drunk driver?	160 (63.2%)	93 (36.8%)
14. Have you ever had a spouse, romantic partner, or child die?	169 (66.8%)	84 (33.2%)
15. Have you ever had a serious or life-threatening illness?	169 (66.8%)	84 (33.2%)
16. Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you?	195 (77.1%)	58 (22.9%)
17. Have you ever had to engage in combat while in military service in an official or unofficial war zone?	144 (56.9%)	109 (43.1%)
24. Have you experienced any other extraordinarily stressful situation or event that is not covered above?	183 (72.3%)	70 (27.7%)

Note. This table includes questions directly from the THQ questionnaire (Georgetown University, (n.d.); Hooper et al., 2011).

Parent Engagement

I measured parent engagement levels from lowest, a score of 27, through highest, a score of 95, based on parent responses to the 19 questions on the CECPS. The average total engagement for participants was 54, with a range of 68 and engagement scores

between 27 and 95. Parent responses to questions regarding their level of agreement or disagreement with statements regarding their engagement with DCS are shown in Table 16. More than 55% of parents agreed or strongly agreed that they had more hope about their future (*n* = 141, 55.7%), they were not just going through the motions but actively participating with DCS (*n* = 140, 55.4%), there were problems in the family that DCS saw (*n* =140, 55.4%), they believed that DCS staff agree with them regarding what's best for their child (*n* = 140, 55.3%), and that they needed help to make sure their kids' needs are met (*n* =138, 54.5%).

Slightly fewer parents, but still around one half of these FFY parents agreed or strongly agreed that they wanted the services provided by DCS (*n* =137, 54.2%), DCS will make their family stronger (*n* =136, 53.8%), what DCS is asking them to do is what they want (*n* =134, 52.9%), there is a good reason for DCS involvement (*n* =132, 52.2%), their family would receive the help they needed from DCS (*n* =131, 51.8%), things will get better because of DCS involvement (*n* =129, 51.7%), DCS is not out to get them (*n* =130, 51.4%), and there is mutual respect between them and the DCS case manager (*n* =128, 50.6%). Unfortunately, more than half of the parents in my study were not sure, disagreed, or strongly disagreed that they could trust DCS to be fair and see their side of things (*n* = 140, 54.3%) or that DCS was helping them to take care of some problems (*n* =127, 50.2%).

Table 16

Parent Engagement

CECPS question	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1. I believe my family will get the help we really need from DCS.	42 (16.6%)	89 (35.2%)	49 (19.4%)	42 (16.6%)	31 (12.3%)
2. I realize I need some help to make sure my kids have what they need.	58 (22.9%)	80 (31.6%)	54 (21.3%)	34 (13.4%)	27 (10.7%)
3. I was fine before DCS got involved. The problem is theirs, not mine.	24 (9.5%)	37 (14.6%)	47 (18.6%)	81 (32.0%)	64 (25.3%)
4. I really want to make use of the services (help) DCS is providing me.	66 (26.1%)	71 (28.1%)	50 (19.8%)	42 (16.6%)	24 (9.5%)
5. It's hard for me to work with the caseworker I've been assigned.	21 (8.3%)	31 (12.3%)	43 (17.0%)	99 (39.1%)	59 (23.3%)
6. Anything I say, they're going to turn it around to make me look bad.	26 (10.3%)	41 (16.2%)	45 (17.8%)	77 (30.4%)	64 (25.3%)
7. There's a good reason DCS is involved with my family.	51 (20.2%)	81 (32.0%)	55 (21.7%)	35 (13.8%)	31 (12.3%)
8. Working with DCS has given me more hope about how my life is going to go in the future.	59 (23.3%)	82 (32.4%)	41 (16.2%)	36 (14.2%)	35 (13.8%)
9. I think my caseworker and I respect each other.	38 (15.0%)	90 (35.6%)	48 (19.0%)	48 (19.0%)	29 (11.5%)
10. I'm not just going through the motions. I'm really involved in working with DCS.	51 (20.2%)	89 (35.2%)	52 (20.6%)	27 (10.7%)	34 (13.4%)
11. My worker and I agree about what's best for my child.	59 (23.3%)	81 (32.0%)	52 (20.6%)	29 (11.5%)	31 (12.3%)
12. I feel like I can trust DCS to be fair and see my side of things.	46 (18.2%)	69 (27.3%)	55 (21.7%)	48 (19.0%)	35 (13.8%)
13. I think things will get better for my child(ren) because DCS is involved.	57 (22.5%)	74 (29.2%)	52 (20.6%)	31 (12.3%)	39 (15.4%)
14. What DCS wants me to do is the same as what I want.	53 (20.9%)	81 (32.0%)	58 (22.9%)	30 (11.9%)	31 (12.3%)
15. There were definitely some problems in my family that DCS saw.	48 (19.0%)	92 (36.4%)	56 (22.1%)	33 (13.0%)	24 (9.5%)
16. My worker doesn't understand where I'm coming from at all.	15 (5.9%)	47 (18.6%)	54 (21.3%)	74 (29.2%)	63 (24.9%)
17. DCS is helping me take care of some problem in our lives.	38 (15.0%)	88 (34.8%)	51 (20.2%)	41 (16.2%)	35 (13.8%)
18. I believe DCS is helping my family get stronger.	44 (17.4%)	92 (36.4%)	55 (21.7%)	26 (10.3%)	36 (14.2%)
19. DCS is not out to get me.	44 (17.4%)	86 (34.0%)	56 (22.1%)	28 (11.1%)	39 (15.4%)

Note. This table includes questions directly from the CECPS questionnaire (Yatchmenoff, 2005).

Research Question 1

The first set of research questions for my study examined if the frequency of childhood traumatic experiences for FFY parents and three types of traumatic experiences significantly predicted the FFY parent's total engagement with child safety personnel. The three types of traumatic experiences were physical and sexual abuse types of traumatic experiences, crime-related types of traumatic experiences, and general trauma and disaster types of traumatic experiences. The first assumption of multiple regression was met as the dependent variable is continuous and the second assumption was met because the four independent variables are either nominal or continuous (Lund Research, 2013; Pallant, 2020; Sheposh, 2023; Warner, 2013).

Research Question 1$_A$

Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

With the first two assumptions of multiple regression met, the third assumption is an independence of residuals and was addressed by examination of the Durbin-Watson statistic of .083 (see Table 17). However, this is not time series data, so interpretation of the Durbin-Watson was not required as the observations in the data are not related (Lund Research, 2013).

Table 17

Model Summary – Research Question 1A

Model	R	R square	Adjusted R square	Std. error of the estimate	Durbin-Watson
1	.567[a]	.321	.315	7.557	.083

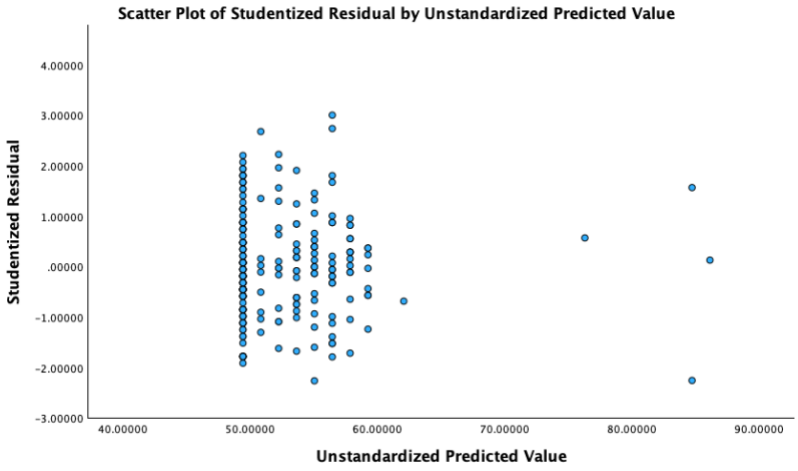
a. Predictors: (constant), Participant endorsed physical or sexual abuse (IV2), Participant total ACE score (IV1)

b. Dependent variable: Participant total engagement (DV)

The fourth assumption in multiple regression is linear relationships between the dependent variable and the independent variables (Lund Research, 2013; Warner, 2013). I assessed linearity by examining the partial regression plots and a plot of studentized residuals. There appeared to be a linear relationship between parent total engagement and ACE total score and physical or sexual types of traumatic experiences (see Figure 1).

Figure 1

Scatter Plot – Research Question 1A



The partial regression plots also showed a linear relationship between parent total engagement and total ACE score (see Figure 2), as well as between parent total

engagement and physical or sexual abuse types of traumatic experiences (see Figure 3; Lund Research, 2013; Warner, 2013).

Figure 2

Partial Regression Plot - Research Question 1A - Total ACE Score

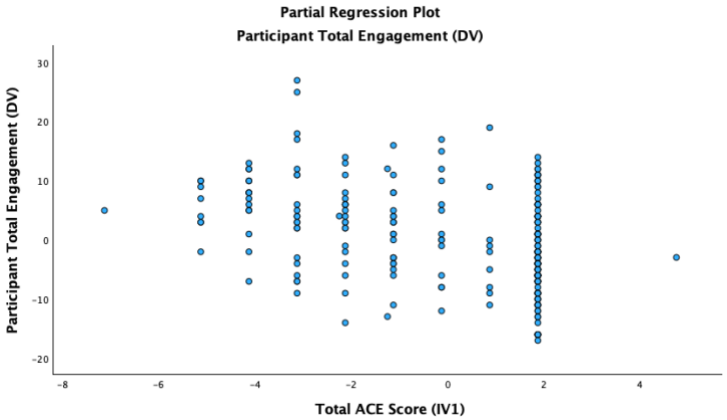
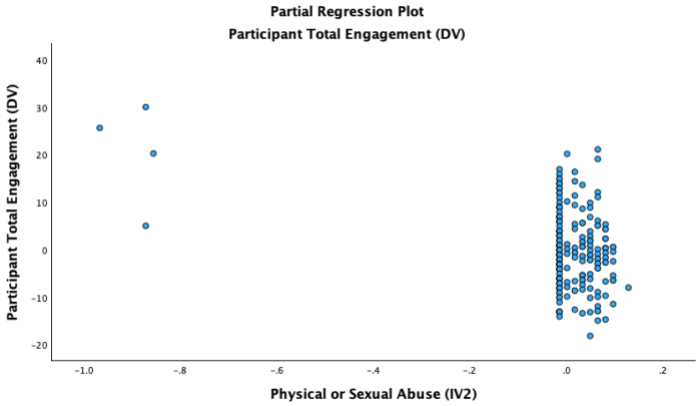


Figure 3

Partial Regression Plot - Research Question 1A – Physical or Sexual Abuse



Since there were linear relationships observed between the dependent and independent variables collectively, the fourth assumption of multiple regression was also met. The fifth assumption for multiple regression analysis is the assumption of homoscedasticity of residuals (Lund Research, 2013; Warner, 2013). Homoscedasticity is

observed when the variance of scores for the dependent variable are the same at each level of the variance of scores for the predictor variable, which in this research question is the occurrence of physical or sexual abuse during the parent's lifetime (Warner, 2013). There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values (see Figure 1). This met the fifth assumption for multiple regression, and next I checked for multicollinearity, which is the sixth assumption of multiple regression (see Table 18).

Table 18

Multicollinearity - Research Question 1A

	Variable	Total engagement level (DV)	Total ACE score (IV1)	Physical or sexual abuse (IV2)
Pearson correlation	Total engagement score (DV)	1.000	-.478	-.436
	Total ACE score (IV1)	-.478	1.000	.306
	Physical or sexual abuse (IV2)	-.436	.306	1.000
Sig. (1-tailed)	Total engagement score (DV)	.	<.001	<.001
	Total ACE score (IV1)	.000	.	.000
	Physical or sexual abuse (IV2)	.000	.000	.
N	Total engagement score (DV)	239	239	239
	Total ACE score (IV1)	239	239	239
	Physical or sexual abuse (IV2)	239	239	239

Multicollinearity is the degree of intercorrelation among the predictor variables (Warner, 2013). Neither of the two independent variables in this research question had correlations greater than 0.7 (see Table 18). Both total ACE score (IV1) and physical or sexual abuse (IV2) tolerance values were greater than 0.1, so the sixth assumption of multiple regression was met (see Table 19).

Table 19

Coefficients - Research Question 1A

	Unstandardized coefficients		Standardized coefficients			95.0% confidence interval for B		Correlations			Collinearity statistics	
Model	B	Std. error	Beta	t	Sig.	Lower bound	Upper bound	Zero-order	Partial	Part	Tolerance	VIF
1(constant)	86.164	3.807		22.631	<.001	78.663	93.664					
ACE (IV1)	-1.406	.208	-.381	-6.757	<.001	-1.816	-.996	-.478	-.403	-.362	.907	1.103
PSA (IV2)	-22.689	4.002	-.319	-5.670	<.001	-30.573	-14.805	-.436	-.346	-.304	.907	1.103

a. Dependent variable: participant total engagement (DV)

The seventh assumption of multiple regression analysis relates to unusual points, which include outliers, leverage, and influential points (Lund Research, 2013; Warner, 2013). Significant outliers were found in the data with 13 of the studentized deleted residuals found outside of the +3 and -3 range. I removed these outliers and then re-ran the multiple regression analysis. I also noted four leverage points that were above .2 and completed further examination of highly influential points by inspecting the Cook's Distance (Lund Research, 2013). There were no Cook's Distance values above 1. With all things considered, the four cases with higher leverage points were not removed as the extreme outliers were already removed and the Cook's values were below one (Lund Research, 2013), which satisfied the seventh assumption regarding unusual points. To address the eighth assumption of multiple regression, which requires approximately normal distribution of residuals (Lund Research, 2013; Walden University, 2015; Warner, 2013), I examined the histogram (see Figure 4) and P-P Plot (see Figure 5) to determine if the residuals were normally distributed.

Figure 4

Histogram - Research Question 1_A

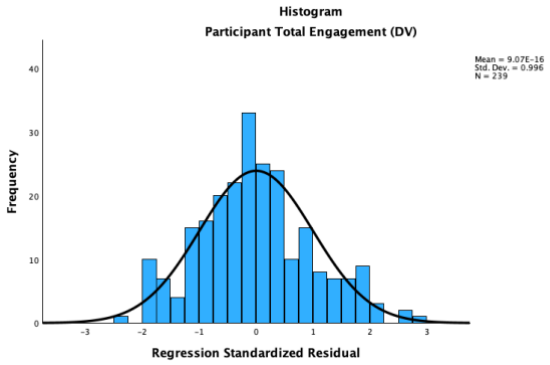
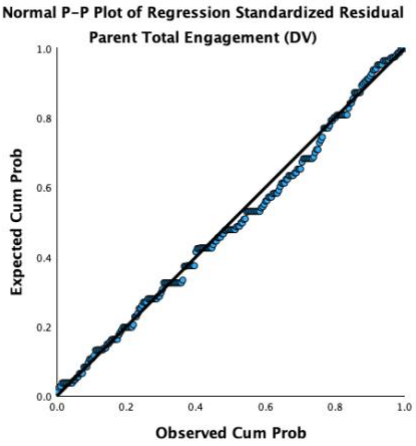


Figure 5

P-P Plot – Research Question 1_A



Normality was supported as Figure 5 shows the residuals were normally distributed with the points aligned on the diagonal line. Now that this final assumption of multiple regression was met, I interpreted the results.

Table 20

ANOVA - Research Question 1A

Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	6375.555	2	3187.778	55.821	<.001[b]
	Residual	13477.189	236	57.107		
	Total	19852.745	238			

a. Dependent variable: participant total engagement (DV)

b. Predictors: (constant), participant endorsed physical or sexual abuse (IV2), participant total ACE score (IV1)

The overall model explained 32.1% of the variance in the outcome variable, R^2 = .321, with an adjusted R^2 of .315. According to Cohen's (1988) guidelines, this represents a medium effect size (see also, Warner, 2013; see Table 17). The overall regression was statistically significant, $F(2, 236) = 55.821$, $p < .001$ (see Table 20). Each additional ACE item was associated with a one-point decrease in parent total engagement (β = -1.406), with a 95% confidence interval of [-1.816, -.996], when statistically controlling for physical or sexual traumatic experiences.

When parents endorsed physical or sexual types of traumatic events this was associated with a 22-point decrease in their total engagement score (β = -22.689), with the confidence interval ranging from -30.573 to -14.805, when controlling for ACE total score. The regression equation was *predicted parent engagement = 86.164 – (1.406 * ACE total score) – (22.689 * physical or sexual abuse)*. The confidence interval associated with the regression analysis did not contain zero, which means I could reject the null hypothesis 'The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly predict the level of

engagement with child safety personnel, as measured by the CECPS.' ACE total score and physical or sexual abuse-related traumatic lifetime events statistically significantly predicted parent total engagement, $F(2, 236) = 55.821$, $p < .001$, adj. $R^2 = .315$.

Research Question 1B

Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

I used the Durbin-Watson to assess the third assumption of multiple regression requiring an independence of residuals and it was .393 (see Table 21). Again, this was not time series data, so interpretation of the Durbin-Watson was not required as the observations in the data are not related (Lund Research, 2013).

Table 21

Model Summary – Research Question 1B

Model	R	R square	Adjusted R square	Std. error of the estimate	Durbin-Watson
1	.612[a]	.374	.369	8.110	.393

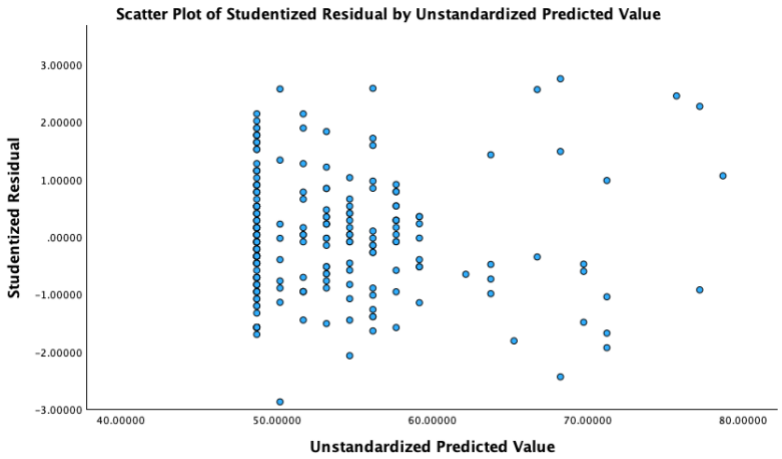
a. Predictors: (constant), participant endorsed crime traumatic experience (IV3), participant total ACE score (IV1)

b. Dependent variable: participant total engagement (DV)

The relationship between the total parent engagement (DV) and childhood adversity (IV1) and crime-related types of traumatic experiences (IV2) appeared to be linear (see Figure 6), which satisfied the fourth assumption of multiple regression.

Figure 6

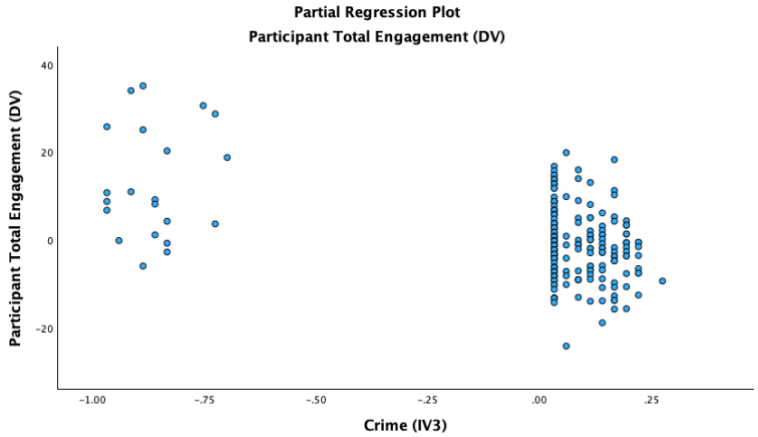
Scatter Plot – Research Question 1B



The fifth assumption of multiple regression, which is homoscedasticity of residuals, was met through visual inspection of a plot of studentized residuals versus unstandardized predicted values (see Figure 6). The partial regression plot for total parent engagement and crime-related traumatic events (IV3, see Figure 7) also showed a linear relationship.

Figure 7

Partial Regression Plot - Research Question 1B



The sixth assumption of multiple regression requires that the independent variables are not highly correlated. Neither total ACE score (IV1) nor crime (IV3) had correlations greater than 0.7 (see Table 22).

Table 22

Multicollinearity - Research Question 1B

	Variable	Total engagement score (DV)	Total ACE score (IV1)	Crime (IV3)
Pearson correlation	Total engagement score (DV)	1.000	-.461	-.500
	Total ACE score (IV1)	-.461	1.000	.237
	Crime (IV3)	-.500	.237	1.000
Sig. (1-tailed)	Total engagement score (DV)	.	< .001	< .001
	Total ACE score (IV1)	.000	.	.000
	Crime (IV3)	.000	.000	.
N	Total engagement score (DV)	245	245	245
	Total ACE score (IV1)	245	245	245
	Crime (IV3)	245	245	245

Moreover, both total ACE score and crime tolerance values were greater than 0.1, so the sixth assumption of multiple regression that the data do not show multicollinearity was met (see Table 23).

Table 23

Coefficients - Research Question 1B

		Unstandardized coefficients		Standardized coefficients			95.0% confidence interval for B		Correlations			Collinearity statistics	
Model		B	Std. error	Beta	t	Sig.	Lower bound	Upper bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	78.730	2.205		35.707	< .001	74.387	83.073					
	ACE (IV1)	-1.495	.216	-.363	-6.928	< .001	-1.920	-1.070	-.461	-.407	-.352	.944	1.060
	Crime (IV3)	-15.061	1.905	-.414	-7.905	< .001	-18.814	-11.308	-.500	-.453	-.402	.944	1.060

a. Dependent variable: participant total engagement (DV)

I inspected unusual points in the data to address the seventh assumption of multiple regression. There were seven cases where the studentized deleted residuals were greater than ±3 standard deviations. I removed these cases and then re-ran the regression analysis as I did with the first research question. There were no leverage points above the .2 cutoff after the outliers were removed. There were also no Cook's Distance points above 1, so there were no cases identified as influential. The eighth assumption of multiple regression is approximately normal distribution of the residuals (Lund Research, 2013; Warner, 2013). I confirmed normality through visual inspection of the histogram (see Figure 8) and then P-P plot of regression (see Figure 9).

Figure 8

Histogram - Research Question 1B

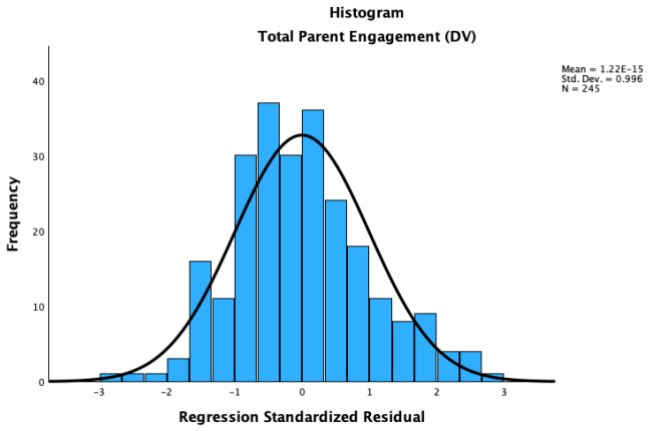
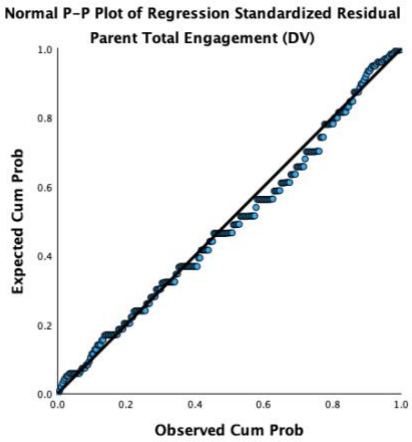


Figure 9

P-P Plot - Research Question 1B



The distribution was approximately normally distributed, so the normality assumption for multiple regression was also met. R^2 for the overall model was 37.4% with an adjusted R^2 of 36.9%, a large effect size according to Cohen (Cohen, 1988; Warner, 2013). This result is statistically significant $F(2, 242) = 72.320$, $p < .001$ (see Table 24).

Table 24

ANOVA - Research Question 1B

Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	9512.486	2	4756.243	72.320	< .001[b]
	Residual	15915.449	242	65.766		
	Total	25427.935	244			

a. Dependent variable: participant total engagement (DV)

b. Predictors: (constant), participant endorsed crime traumatic experience (IV3), participant total ACE score (IV1)

When both ACE scores and crime-related traumatic events were used as predictors, about 37% of the variance in parent engagement scores could be predicted.

The overall regression was statistically significant, $F(2, 242) = 72.320$, $p < .001$ (see Table 24). In this regression model, each additional ACE item was associated with a one-point decrease in parent engagement scores ($\beta = -1.495$), with a 95% confidence interval [-1.920, -1.070], when statistically controlling for crime-related traumatic experiences in the parent's lifetime. Moreover, when parents endorsed crime-related traumatic experiences this was associated with a more than 15-point decrease in their engagement score ($\beta = -15.061$), with the confidence interval ranging from -18.814 and -11.308, when controlling for ACE score. The regression equation is *predicted parent engagement = 72.320 – (1.495 * ACE total score) – (15.061 * crime)*.

The confidence interval associated with the regression analysis did not contain zero, which means I could reject the null hypothesis 'The frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, do not significantly predict the level of engagement with child safety personnel, as measured by the CECPS.' ACE total score and crime-related traumatic lifetime events statistically significantly predicted parent total engagement $F(2, 242) = 72.320$, $p < .001$, adj. $R^2 = .369$.

Research Question 1c

Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

I planned to conduct a third multiple regression analyses using the ACE (IV1) and general trauma and disaster types of lifetime traumatic experiences (IV4) to predict parent engagement (DV). However, there was no correlation between general trauma and disaster traumatic experiences (IV4) and the outcome variable of parent engagement (see Table 25). This indicates that general and disaster types of traumatic events do not linearly predict parent engagement. Based on parent responses in my study, there is no variation in general trauma and disaster lifetime traumatic experiences, which indicates that these types of traumatic events for parents do not help explain the variation in parent engagement scores. Moreover, all parents in my study reported at least one general or disaster-related traumatic event in their lifetime. I could not reject the null hypothesis that general and disaster types of lifetime traumatic events do not significantly predict the relationship between frequency of childhood adversity and parent engagement.

Table 25

Multicollinearity - Research Question 1C

	Variable	Total engagement score (DV)	Total ACE score (IV1)	General trauma & disaster (IV4)
Pearson correlation	Total engagement score (DV)	1.000	-.469	.
	Total ACE score (IV1)	-.469	1.000	.
	General trauma & disaster (IV4)	.	.	1.000
Sig. (1-tailed)	Total engagement score (DV)	.	< .001	< .001
	Total ACE score (IV1)	.000	.	.000
	General trauma & disaster (IV4)	.000	.000	.
N	Total engagement score (DV)	252	252	252
	Total ACE score (IV1)	252	252	252
	General trauma & disaster (IV4)	252	252	252

Research Question 2

The second set of research questions for my study examined whether the three types of traumatic experiences moderated the relationship between the frequency of childhood traumatic experiences and the FFY parent's total engagement with child safety. To investigate if the three types of lifetime traumatic events moderated the effect of ACE on parent engagement levels to answer the second set of research questions, I conducted moderated multiple regression analysis in SPSS.

Research Question 2$_A$

Do physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

To investigate if physical or sexual types of traumatic experiences moderate the relationship between ACEs and parent engagement, I performed a moderator analysis using PROCESS model 1 for one moderator (Hayes, 2022; Htway, 2019; Walden University, 2019). The same 13 outliers from the multiple regression analysis for research question 1$_A$ were removed prior to moderation analysis (n = 239). The outcome variable for analysis was parent total engagement (DV). The predictor variable for the analysis was the parent's total ACE score (IV1). The moderator variable evaluated for the analysis was physical or sexual types of traumatic events (IV2). Altogether, 32.2% of the variability in parent engagement was predicted by the variables in the model (see Table

26). This variance was statistically significant Adj. R^2 = .322, $F(3, 235) = 37.185$, $p <$ .001.

Table 26

Model Summary – Research Question 2A

R	R^2	MSE	*F*	df1	df2	*p*
.567	.322	57.286	37.185	3.000	235.000	.000

The change in variability explained by adding the interaction variable to the regression model was -.001, which translated to a 0.1% decrease in the R^2. Although the overall model was found to be statistically significant, the interaction effect was not statistically significant (p = .609), indicating that physical or sexual types of traumatic events did not moderate the effect of ACE score on parent engagement β = -.707, 95% CI (-3.428, 2.014), $p > .05$.

Table 27

Model – Research Question 2A

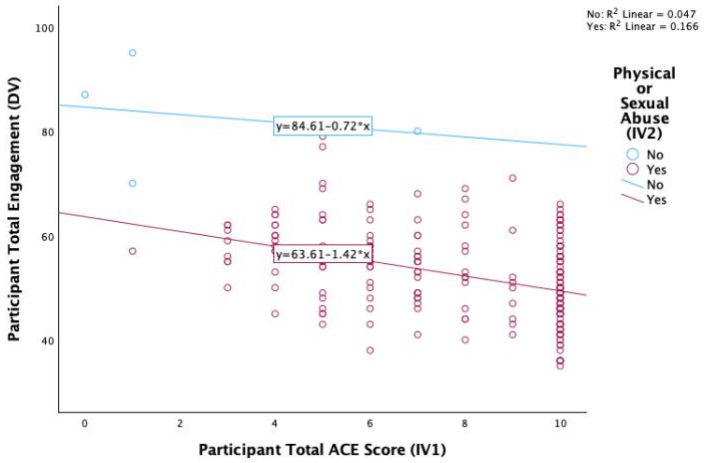
	Model					
	Coeff	SE	t	p	LLCI	ULCI
Constant	84.610	4.874	17.361	.000	75.008	94.211
ACE (IV1)	-.715	1.365	-.524	.601	-3.405	1.974
PSA (IV2)	-21.002	5.190	-4.047	.000	-31.226	-10.777
Int_1	-.707	1.381	-.512	.609	-3.428	2.014

Although on the graph of conditional effect of physical or sexual abuse the slopes were not completely parallel, they were also not different enough to show statistically significant differences or interaction (see Figure 10). The slope to predict parent engagement from ACE scores was approximately the same for the FFY parents who

experienced physical or sexual abuse traumatic events ($y = 63.61 – 1.42*x$) and the FFY parents who did not experience physical or sexual abuse types of traumatic events ($y = 84.61 – 0.72*x$).

Figure 10

Conditional Effect of the Focal Predictor – Physical or Sexual



A non-significant interaction effect meant that I had no statistically significant evidence to support a hypothesis that the relationship between total ACE score (IV1) and parent engagement (DV) is changed or depends on whether the parent endorses physical or sexual abuse types of traumatic events (IV2) or not. Therefore, I could not reject the null hypothesis that physical or sexual abuse types of lifetime traumatic events do not significantly moderate the relationship between frequency of childhood adversity and parent engagement.

Research Question 2$_B$

Do crime-related types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic

experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

To investigate if crime-related types of traumatic experiences moderate the relationship between ACE and parent engagement, I performed a moderator analysis using PROCESS model 1 for one moderator in SPSS (Hayes, 2022; Htway, 2019; Walden University, 2019). The same seven outliers that were removed in the multiple regression for research question 1_B were also removed for the moderation analysis (n = 245). The outcome variable for analysis was parent engagement level (DV). The predictor variable for the analysis was the parent's total ACE score (IV1). The moderator variable evaluated for the analysis was crime-related types of traumatic events (IV3). Altogether, 38.1% of the variability in parent engagement was predicted by the variables in the moderation regression model (see Table 28). This variance in parent engagement was statistically significant Adj. R^2 = .381, $F(3, 241) = 49.423$, $p < .001$.

Table 28

Model Summary – Research Question 2_B

R	R^2	MSE	*F*	df1	df2	*p*
.617	.381	65.322	49.423	3.000	241.000	.000

The change in variability explained by adding the interaction variable to the regression model was .007 or .7% increase in the R^2 (see Table 29). The interaction effect was not statistically significant (p = .105), indicating that crime-related types of traumatic events did not moderate the effect of ACE score on parent engagement β = 1.026, 95% CI (-.216, 2.268), $p > .05$.

Table 29

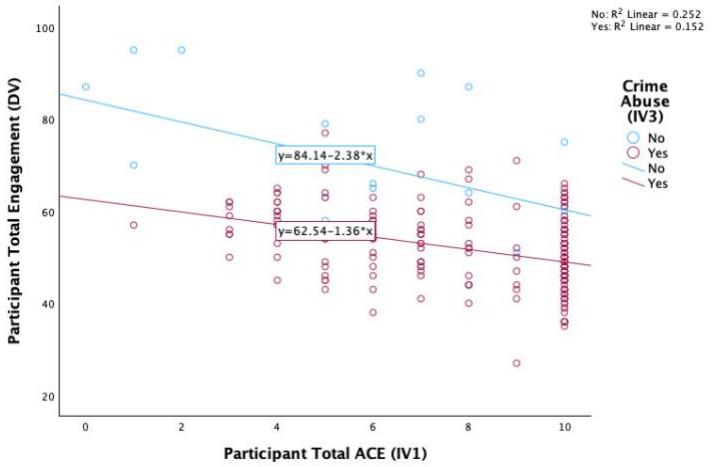
Model – Research Question 2B

	Model					
	Coeff	SE	t	p	LLCI	ULCI
Constant	84.142	3.987	21.104	.000	76.288	91.995
ACE (IV1)	-2.383	.587	-4.061	.000	-3.538	-1.227
Crime (IV3)	-21.601	4.447	-4.858	.000	-30.360	-12.842
Int_1	1.026	.631	1.627	.105	-.216	2.268

Although on the graph of conditional effect of crime the slopes were not completely parallel, they were also not different enough to show statistically significant differences or interaction (see Figure 11). The slope to predict parent engagement from ACE scores was approximately the same for the FFY parents who experienced crime-related traumatic events ($y = 62.54 – 1.36*x$) and the FFY parents who did not experience crime-related traumatic events ($y = 84.14 – 2.38*x$).

Figure 11

Conditional Effect of the Focal Predictor – Crime



Like the first research question regarding IV2, a non-significant interaction effect meant that I had no statistically significant evidence to support a hypothesis that the relationship between total ACE score (IV1) and parent engagement (DV) is changed or depends on whether the parent endorses crime-related traumatic experiences (IV3) or not. Therefore, I could not reject the null hypothesis that crime-related types of lifetime traumatic events do not significantly moderate the relationship between frequency of childhood adversity and parent engagement.

Research Question 2C

Do general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and level of engagement with child safety personnel, as measured by the CECPS?

As was true in the regression analyses for research question 1C, with no variation in the general trauma and disaster types of traumatic events variable, I was not able to run the moderation analysis. The presence of general trauma and disaster types of lifetime traumatic events (IV4) did not moderate the effect of ACE scores (IV1) on parent engagement (DV). Therefore, I could not reject the null hypothesis that general trauma and disaster lifetime traumatic events do not significantly moderate the relationship between frequency of childhood adversity and parent engagement.

Summary

In this chapter, I provided the statistical analysis for my two research questions and reported those results. My purpose for this quantitative survey study was to

empirically evaluate whether the frequency of childhood traumatic events and the types of lifetime traumatic events for FFY parents predicted their total engagement with child welfare. I evaluated this relationship by examining types of traumatic experiences and frequency of ACEs as predictors of parent total engagement. I then examined whether the three types of traumatic experiences moderated the relationship between frequency of ACEs and parent total engagement. I also used descriptive statistics to summarize trends in the demographics of participants and variables of interest.

Of the six research questions I examined in my study, statistical significance was found in two of these but not in the other four regression model results. The results of the multiple regression analyses for research question 1_C were not statistically significant for crime as a predictor of parent engagement. Therefore, I could not reject the null hypothesis as the model indicated there was not sufficient evidence that crime-related traumatic events predict parent total engagement. The results of the moderated multiple regression for research questions 2_A, 2_B, and 2_C were also not statistically significant for all three types of lifetime traumatic experiences as moderators in the relationship between ACE and parent engagement. I could not reject the null hypotheses that the three types of lifetime traumatic experiences do not moderate the relationship between ACE and parent engagement. The results of the multiple regression analyses research questions 1_A and 1_B were statistically significant, indicating that physical and sexual types, as well as crime-related types of lifetime traumatic events predicted parent total engagement. The null hypotheses for research questions 1_A and 1_B were rejected. In Chapter 5, I will interpret the findings, discuss the limitations of my study, and offer recommendations for future

research regarding the focus of my study. I will also share potential positive social change implications because of my study and present recommendations for professional practice.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

My purpose for this quantitative survey study was to empirically evaluate whether the frequency of childhood traumatic events and the types of lifetime traumatic events for FFY parents predicted their total engagement with child welfare. To address the gap in the literature regarding traumatic experiences as a factor in FFY parent levels of engagement with child safety, I examined childhood trauma and lifetime trauma as predictors of FFY parent total engagement with child safety.

When combined with a parent's ACE score, both physical and sexual abuse types of traumatic events $F(2, 236) = 55.821$, $p < .001$, adj. $R^2 = .315$ and crime-related types of traumatic events $F(2, 242) = 72.320$, $p < .001$, adj. $R^2 = .369$ were found to be statistically significant predictors of parent engagement level. General trauma and disaster type of traumatic experiences were found to not be a statistically significant predictor of parent engagement. The interaction effects of the three types of traumatic experiences were not statistically significant either.

Chapter 5 includes discussion and the implications of my study, interpretation of the results based on the conceptual framework and past research, and limitations to be considered. This chapter also includes implications for social change, recommendations for practice, and potential future research opportunities.

Interpretation of the Findings

Past research has failed to include information regarding the trauma history of child safety-involved FFY parents (Cao et al., 2019; Dellor et al., 2022; Isobel et al.,

2017) and child safety is not screening parents for traumatic experiences (Lange et al., 2020a; Lucero et al., 2020; Kottenstette et al., 2020). My study helps to fill this gap by offering information regarding these FFY parents, their experiences of trauma, and their engagement with child safety. My interpretation of my study's findings includes the examination of the characteristics of the sample, the five study variables, and each of my six research questions. I also compared the findings from my study and my interpretation of these to demographics for the state of Arizona and prior research. In the first set of research questions for my study I examined if the frequency of childhood traumatic experiences for FFY parents and the three types of traumatic experiences significantly predicted the FFY parent's total engagement with child safety. The three types of traumatic experiences were physical and sexual abuse, crime-related, and general trauma and disaster. In the second set of research questions, I investigated moderating relationships between the variables.

Sample Characteristics

The demographics information I collected in my study included the parent's role, length of time involved with child safety, race, ethnicity, county of residence, age, education level, relationship status, and number of children. I discuss these characteristics below.

Parent Role

Past research often included only mothers in the study samples. My study's sample, which also included more mothers (n = 176, 69.6%) than fathers (n = 73, 28.9%), mirrors previous sample compositions within the limited research regarding child-welfare

involved fathers. Half of Arizona's residents are female (United States Census Bureau, n.d.), but I do not have any information about females versus males parents. Six studies in the literature related to my study's variables included only mothers (Fusco, 2015; Koren-Karie & Getzler-Yosef, 2019; Lünnemann et al., 2017; MacIntosh & Menard, 2021; Stephens & Aparicio, 2017; Zvara & Burchinal, 2021). Some fathers were included in a few of the prior studies, which were Cho (2021) with fathers making up 27% of participants, Charest-Belzile et al. (2020) with fathers making up 26% of participants, Villagrana et al. (2022) with fathers making up 9% of participants, and Mirick (2014b) with fathers making up 2% of participants. The authors of these studies emphasized the lack of research regarding fathers, which is observed again in my study, with significantly more mothers than fathers participating. It is possible that the participants in my study who declined to offer their role as a mother or father (n = 4, 1.6%), were fathers, but this would not have significantly increased the representation of fathers overall. With 29% of my participants being fathers, my study had a larger proportion of fathers represented as compared to these past research efforts.

Time Involved with Child Safety

The majority of my study's participants (n = 101, 39.9%) were involved with child safety between one month and six months at the time of taking the survey. The lower engagement scores found in my study may be related to the short time involved with child safety. Bronfenbrenner (1979) suggested that adaptation overload could negatively affect the development and behavior of individuals (see also, Shelton, 2019). From an ecological systems perspective, parents who were struggling prior to child safety

involvement would likely experience greater difficulty in adapting to the changes in their ecosystem, adjusting to their new role as part-time versus full-time parents, and integrating new parenting skills, which could explain the lower engagement scores found in my study.

Seventeen percent of the parents in my study reported child safety involvement for more than one year (*n* = 43). This finding differs from prior reported statistics, which noted that children spend an average of 22 months in the care of child safety in the United States (ACF, 2022). Moreover, almost 77% of the parents in my study had been involved with child safety for less than 1 year (*n* = 194, 76.7%). This finding also differs from the most recent statistics shared by DCS for the state of Arizona where, in comparison, only 44.3% of children in foster care had been in care for less than one year (DCS, 2025).

In Arizona, prior DCS statistics highlighted the length of stay in foster care for more than two years for about 27% of children (DCS, 2022). As of December 31st, 2024, DCS (2025) reported that 31.1% of children were involved for more than two years. Only 17% of my study's participants reported that their children were involved with child welfare for more than one year, which is much lower in comparison to state averages of 27% (ACF, 2022) and 55.7% (DCS, 2025). Even if the 6.3% of FFY parents who declined to answer how long they had been involved with child safety had been involved for more than one year, this would only be 23.3% of these FFY parents as compared to 55.7% noted by DCS. However, I did not separate 1 and 2 years for the length of time involved with child safety, so these comparisons to national and state data are limited.

Interpretations based on comparisons to national and state statistics are also limited because the parents in my study were FFY.

Race and Ethnicity

I presented the racial and ethnic demographics of the FFY parents in my study in Chapter 4. As of July 2023, there were 7,431,344 people living in Arizona, of which non-Hispanic White individuals were the largest racial group at 52.9% of the state's population (United States Census Bureau, n.d.). Similarly, the largest racial group for FFY parents in my study was also White (n = 68, 26.9%). However, this comparison is limited as I did not specify 'non-Hispanic' as a qualifier in the White answer option for race in my study and the proportion of White for race in my study is proportionately less than the state population.

Of the parents who provided their race (n = 160, 63.3%) and ethnicity (n = 170, 67.1%,) the majority self-identified as non-White. The finding of more non-White parents in my study resembles what Cioè-Peña (2023) and Stephens (2022) referred to as an overrepresentation of African American, Native American, and Latinx children in the foster care system and child safety in the United States. The proportion of parents who identified as either Black (n = 47, 18.6%), Asian (n = 35, 13.8%), or Indigenous, Aboriginal, First Nations (n = 30, 11.9%) was much higher in my study when compared to state level statistics, which were 5.5%, 3.9%, and 5.2%.

Only 8.7% of FFY parents (n = 22) in my study identified as Latina/o/x or Hispanic as compared to 32.5% of the adult population in Arizona. There were also 26 parents who identified as Middle Eastern in my study (10.3%), which was not reflected in

the state racial statistics. The proportion of individuals who identified as Native Hawaiian or other Pacific Islander (.3%) in Arizona is much smaller than the proportion of parents in my study (*n* = 12, 4.7%). These findings align with what Giano et al. (2020) noted that there are higher rates of adversity for females and multiracial individuals, which might explain how both groups are well-represented in my study.

County of Residence

My study's sample included at least one FFY parent from all counties in the state of Arizona. Population statistics by county in Arizona as of July 2023 are Apache 0.89%, Cochise 1.69%, Coconino 2.00%, Gila 0.71%, Graham 0.53%, Greenlee 0.13%, La Paz 0.22%, Maricopa 62%, Mohave 3.00%, Navajo 1.46%, Pima 14.36%, Pinal 6.21%, Santa Cruz 0.66%, Yavapai 3.31%, and Yuma 2.85% (Arizona Office of Economic Opportunity, n.d.). There is some similarity and there are some significant differences for these FFY parent's county of residence when compared to these population statistics for the state.

The majority of the FFY parents (*n* = 29, 11.5%) identified Cochise county as their county of residence, which drastically differs from the state population statistics at 1.69%. The number of parents who reported residence in Maricopa (*n* = 28, 11.1%) was only slighter lower than the number of parents residing in Cochise. However, state population statistics identify Maricopa as the most populated county in the state (62%). Pima is identified as the second largest populated county in the state population statistics at 14.36%, but Yuma (*n* = 26, 10.3%), Coconino (*n* = 22, 8.7%), Graham (*n* = 22, 8.7%), Gila (*n* = 20, 7.9%), and Mohave (*n* = 19, 7.5%) counties all had more participants in my

study than Pima (*n* = 17, 6.7%). Both Pinal (*n* = 6, 2.4%) and Yavapai (*n* = 3, 1.2%) counties were much less represented in my study's sample as compared to state population reports of 6.2% and 3.3%. These differences in county of residence may be related to the non-probability sampling methods that I used (Elfil & Negida, 2017). Moreover, snowball sampling allowed participants to share the flyer with others they knew who were eligible, which may have increased representation in specific counties if the flyer was shared more by participants in those locations. Another explanation is that there could also be more FFY parents versus non-FFY parents residing in less populated or rural areas of Arizona.

Age

More than 83% of the parents in my study (*n* = 212, 83.8%) reported being between 18 years old and 64 years old (see Table 8). This is much higher than the rate of this age range within the state of Arizona, where 52.4% of the population is between 18 and 64 (United States Census Bureau, n.d.). Most parents in my study (*n* = 152, 60.1%) were 25-34 years old (*n* = 67, 26.5%) or 35-44 years old (*n* = 85, 33.6%). In comparison, in Arizona 20.7% of individuals were aged 20 to 34 years and 24.2% were aged 35-54 years (Arizona Office of Economic Opportunity, 2022).

Like the comparisons for time involved with child safety, the adults in these Arizona-specific statistics include both adults who are parents and adults who are not parents, which limited these comparisons. There were only 10 parents (4.0%) in my study who were considered young adults between 18 and 24 years of age. Villagrana et al. (2022) included minors and young adults with foster care experiences who were parents

and Zhuvoka (2020) noted that the teenage pregnancy rates for FFY were higher than that of their non-FFY peers. However, I did not include minors in my study or the age at which they had their child(ren), so I cannot make any comparisons to those outcomes in the prior research.

Education Level

Almost two thirds of the FFY parents in my study (*n* = 167, 63.1%) reported an education level of at least a high school diploma or GED. This finding falls within the broad range of 20% to 50% of FFY adults not having a high school or equivalent level of education (Mihalec-Adkins et al., 2020). For the FFY parents in my study, the proportions of those who earned their high school diploma (*n* = 39, 15.4%) or bachelor's degree (*n* = 39, 15.4%) are lower than the state averages, which are 88.7% and 31.8% (United States Census Bureau, n.d.).

Census data from 2022 provided additional information regarding education levels for individuals living in Arizona. More specifically, the Arizona Office of Economic Opportunity (2022) reported that 11.3% of individuals living in Arizona had less than a high school diploma, 23.6% had earned their high school diploma, 33.3% had completed some college or had earned their associate's degree, 19.6% had earned their bachelor's degree, and 12.2% had earned a graduate or professional degree. Slightly more than 26% of FFY parents in my study reported less than a high school diploma or GED level of education (*n* = 67, 26.4%), which is more than twice the state statistic of 11.3%.

The percentage of FFY parents who had earned a graduate degree (*n* = 18, 7.1%) is also lower than the state average of 12.2%. These findings regarding lower levels of

education for the FFY parents in my study, when compared to the state averages, aligns with prior research regarding lower levels of education for FFY (Bruskas, 2008; Chamberlain et al., 2019; Dworsky & Gitlow, 2017; Fusco, 2015; Gypen et al., 2017; Häggman-Laitila et al., 2020; Jones, 2011; Marshall et al., 2011; Mihalec-Adkins et al., 2020; Rosenberg & Kim, 2018). The lower educational level findings for FFY parents in my study also aligned with Bronfenbrenner's (1979) beliefs regarding development and the negative effects of adversity on completing more complex tasks, which would include higher education efforts by these FFY parents. Again, these comparisons were limited as the state-specific data included parents and non-parents in the statistics.

Relationship Status

There was diversity in the relationship status of the FFY parents in my study. Most participants were either married (n = 57, 22.5%) or single (n = 48, 19.0%). Examining the relationship status for parents was important because past research suggested that supportive relationships in adulthood for FFY promoted healthier engagement with child safety (Alink et al., 2019) and that family support is a protective factor within the microsystem (Davidson et al., 2019). Moreover, Stepleton et al. (2018) noted the benefits of a committed relationship included fewer disruptive behaviors in children, cooperation over family responsibilities, and less stress.

Bronfenbrenner (1979) recognized the importance of the people in an individual's life and identified these supports as critical components of the individual's ecosystem (see also, Shelton, 2019). Lack of natural supports was identified as a stressor for FFY (Cho, 2021; Condon & Sadler, 2019; Zhu et al., 2020). An absence of support in

parenting efforts may be more present for the FFY parents who were divorced (*n* = 34, 13.4%), separated (*n* = 30, 11.9%), or widowed (*n* = 8, 3.2%). This interpretation is limited as I did not ask parents about their support system, and parents who are divorced, separated, or widowed may have additional positive supports that could help them to engage with DCS. Future research should incorporate these relationally based factors in consideration of parent engagement with child safety.

Other past research highlighted different mechanisms for managing stress for parents, which could affect the level of support or the quality of their relationships (Adams et al., 2019; Condon & Sadler, 2019; Lünnemann et al., 2019; Stephens & Aparicio, 2017), even for those FFY parents who reported they were in a relationship (*n* = 25, 9.9%) or in a partnership (*n* = 33, 13.0%). However, I did not ask these parents about their coping skills or the quality of their relationships, so I cannot interpret this finding further.

Number of Children

I did not have prior data on the number of children that FFY parents typically have for comparison. However, Table 6 presents the number of children for the FFY parents in my study. Most of the FFY parents in my study who offered information regarding how many children they had, had either one child or two children (*n* = 46, 18.2%). Unfortunately, more than half of parents (*n* = 141, 55.7%) declined to provide an answer for how many children they had. The low response rate on this question limits any further interpretation of the number of children for the sample.

Study Variables

The variables in my study were total ACE score (IV1), physical or sexual traumatic experiences (IV2), crime-related traumatic experiences (IV3), general trauma and disaster traumatic experiences (IV4), and parent total engagement (DV). In this section, I interpret the findings from my study for each of these variables and compare these to the prior research I offered in the literature review contained in Chapter 2.

Childhood Adversity

The average ACE score for all study participants was 7.95. The mode ACE score was ten, highlighting the significant amount of childhood adversity experienced by these FFY parents. These findings align with Dellor et al. (2022) who found that the average ACE score for welfare-involved parents was significantly higher than the general population. Goodwin and Tiderington (2022) noted that between 28% and 90% of individuals in developed countries, as well as 61% of men and 51% of women living in the United States have experienced at least one traumatic event. In my study, an ACE score of one or higher was reported by 99.6% of the FFY parents (n = 253). Only one FFY parent in my study reported an ACE score of zero.

Based on the past research by Davidson et al. (2019), these FFY parents, who reported high rates of childhood adversity, would be more likely to experience negative reunification outcomes. This aligns with what Bronfenbrenner (1979) noted regarding potential biological developmental changes for individuals who experience neglect. For example, malnutrition can affect the individual's health throughout the lifespan and their participation in the ecosystem (see also, Shelton, 2019).

According to Feletti et al. (1998; 2019a; 2019b), the majority of my study's participants would also be four times more likely to smoke, be overweight, be physically inactive, be more depressed, and to have attempted suicide. However, the ACE score itself should not be used independently to assess an individual's risk for these health conditions (Anda et al., 2020), and there are additional factors that contribute to these specific behaviors that are outside of the scope of my study. Rebbe et al. (2018) reported that these health outcomes are even more prevalent for FFY who aged out of the foster care system. However, I did not ask parents about these health outcomes or behaviors, or if they aged out of foster care.

Past researchers have recognized that in parents with higher ACE scores or trauma histories there was an increase in harsher punishment towards their child(ren) within the family home (Cao et al., 2019; Oosterman et al., 2019), higher incidence of interpersonal violence in the home (Adams et al., 2019; Lünnemann et al., 2019), poorer parenting behaviors (Condon & Sadler, 2019; Dellor et al., 2022; Oosterman et al., 2019; Stepleton et al., 2018; Wilson-Genderson et al., 2022; Zhang et al., 2021b), lower insight about meeting their child(ren)'s needs (Koren-Karie & Getzler-Yosef, 2021b), and higher rates of depression and behavioral problems in their children (Doi et al., 2021).

The FFY parents in my study were those with higher ACE scores. More than 80% of the FFY parents experienced emotional abuse (n = 223, 88.1%), physical abuse (n = 214, 84.6%), or emotional neglect (n = 208, 82.2%). More than 80% of the FFY parents in my study also experienced mental illness in their household (n = 204, 80.6%). More than 70% of the parents endorsed sexual abuse (n = 199, 78.7%), substance use (n = 199,

78.7%), physical neglect (*n* = 196, 77.5%), parental separation or divorce (*n* = 194, 76.7%), domestic violence (*n* = 192, 75.9%), or having an incarcerated family member (*n* = 183, 72.3%). Physical discipline, violence in the family home, and behavioral issues for children are all potential causes of child safety involvement and a child's removal from a parent's home. I did not ask these FFY parents about the reasons for their child(ren)'s removal from their care, but if these childhood experiences of adversity were reoccurring in the lives of their child(ren), it is understandable that these FFY parents were involved with child safety again (Oosterman et al., 2019; Lünnemann et al., 2019).

Based on the findings in my study, a mode ACE score of 10 and that 99.6% of all FFY parents experienced at least one ACE, appropriate mental health services were likely necessary to remedy the reasons for child safety involvement with these families. Doi et al. (2021) suggested that the level of maternal mental health can mediate the effects of childhood adversity on parenting behaviors if the parents are provided with the appropriate services. These findings support the need to assess for mental health services and support and then appropriately refer parents to these services to address any lingering effects of these past childhood experiences on their current parenting efforts (Kottenstette et al., 2020).

Physical or Sexual Abuse

The range in the percentage of FFY parents endorsing physical or sexual types of traumatic lifetime events was high at between 60.1% and 74.7%. More than half of all FFY parents in my study reported experiencing all six of the physical and sexual abuse types of lifetime traumatic events. The most frequently endorsed events in this category

were ‘intercourse or oral or anal sex against your will’ (*n* = 189, 74.7%) and ‘anyone ever touched private parts of your body, or made you touch theirs, under force or threat’ (*n* = 188, 74.3%). Almost three quarters of participants endorsed sexual situations where control was taken from them, and they were forced to engage in behaviors without their consent. I did not ask these FFY parents about the reasons for their child(ren)’s removal from their home, but if it was due to sexual abuse then prior research may offer some insight.

Koren-Karie and Getzler-Yosef (2019) found that parents with histories of childhood adversity and specifically physical or sexual abuse had lower insight about sexual abuse risk factors for their children. With more than half of the parents in my study reporting all six physical or sexual abuse related traumatic events, it is likely that some of them would also have limited insight into these risk factors. Dunkerley (2017) noted sexual abuse as a contributing factor in substance use, which could also affect these FFY mothers’ abilities to assess risks and parent their child(ren), as well as impact their engagement with child safety systems.

Parents in prior research reported lower parenting satisfaction levels (MacIntosh & Menard, 2021) and more difficulty parenting younger children aged between birth and six years old (Savage et al., 2019). Zvara and Burchinal (2021) identified more oppositional and conduct-related behavioral problems, social interaction challenges, and lower vocabulary scores for children of mothers who had experienced sexual abuse. I did not ask these FFY parents about these specific behaviors or symptoms, but if they are present then the past research indicates they are potentially connected to childhood

adversity. Based on the high rates of endorsement of both physical or sexually based childhood and lifetime events (*n* = 248, 98.0%), the FFY parents in my study were victimized multiple times in their lives. The high level of physical and sexual abuse events for these FFY parents need to be recognized by professionals working within child safety systems.

Crime

Overall, crime-related traumatic events were experienced less often than physical or sexual abuse related events. However, more than 90% of the FFY parents (*n* = 232, 91.7%) endorsed experiencing a crime-related traumatic event in their lifetime. The most frequent event endorsed by these FFY parents was an attempted or successful robbery (*n* = 179, 70.8%). The range of endorsement for the other three traumatic events in this category was 62.5% such as having their home broken into when they were home (*n* = 158) and 69.2% being mugged or having something taken from them by threat of force or actual use of force (*n* = 175). More than 66% of the FFY parents also had their home broken into or attempted to be broken into while they were not there (*n* = 168, 66.4%).

Gilad (2019) suggested that exposure to crime was one of the most damaging experiences in a person's life. The frequency of crime-related traumatic events for these FFY parents likely affects their sense of safety, especially if the family continues to live in neighborhoods with high levels of crime (Cho, 2021; Condon & Sadler, 2019). From an ecological perspective the FFY parents' environments did not offer them a sense of safety, which may have prompted the development of specific coping skills that are directed towards increasing their sense of safety and may negatively affect their

interactions with others and themselves (Bronfenbrenner, 1979; Shelton, 2019; Stephens & Aparicio, 2017). Adaptations after experiencing crime-related events include distancing oneself from others, limiting information shared with authorities, and increased self-reliance (Villagrana et al., 2022). Past researchers have also suggested that parents living in high crime areas may be more likely to use physical discipline (Cuartas, 2018), have children whose development is affected by crime, and hold limited trust in law enforcement or justice system personnel (Gilad, 2019).

I did not examine the coping strategies of FFY parents in my study but based on this past research and the finding that more of these FFY parents endorsed crime than not, it would be very likely that parents create distance from and have limited trust in government employees. As child safety personnel are government employees, it is understandable then that parents would create distance, not share too much, and not trust individuals who hold power over some facet of their lives. This power includes child safety systems and child safety personnel's control over decision-making for their child (Ebersohn & Bouwer, 2015).

General Trauma and Disaster

All the FFY parents in my study reported at least one general trauma or disaster related event in their lifetime (n = 253, 100%). This section of the THQ includes the most questions, with 14 different types of general trauma and disaster-related events. Unfortunately, because all parents endorsed at least one of these events, the variable for this category had no variation and was not able to be included in the multiple regression analyses. The range for events in this category was 56.9% to 77.1%. The most frequently

experienced event was receiving news of serious injury, life-threatening illness, or unexpected death of someone close to them (*n* = 195, 77.1%).

Many of these FFY parents saw someone be seriously injured or killed (*n* = 176, 69.6%) and had a family member or close friend murdered or killed by a drunk driver (*n* = 160, 63.2%). Not only did many of these FFY parents witness or learn about incidents involving people they cared about, but they also experienced many situations where they themselves were not safe. These situations included fearing that they might be killed or seriously injured (*n* = 185, 73.1%), having a serious accident (*n* = 165, 65.2%) and situations where they were actually seriously injured (*n* = 180, 71.1%).

More FFY parents experienced man-made (*n* = 181, 71.5%) than natural disasters (*n* = 168, 66.4%). Past researchers have highlighted the connection between larger responses to natural disasters and prior traumatic experiences for individuals (Agyapong et al., 2022). In my study, due to the high level of endorsement by the FFY parents of general trauma and disaster types of traumatic experiences, these larger responses could be present for many of these parents. Moreover, if the FFY parents had larger responses, as well as significant amounts of general trauma and disaster experiences, then their larger responses to these natural disasters may differ when compared to their peers who have no prior traumatic experiences. There are also documented increased levels of fear, distress, and symptoms of depression in response to natural disasters when that individual also had an ACE score higher than two (Wilson-Genderson et al., 2022). More than 98% of the FFY parents in my study had an ACE score of two or above, which suggests that

these larger responses as compared to peers were likely present for at least some of these FFY parents.

The lowest endorsed general trauma or disaster event was engaging in combat in military service (*n* = 144, 56.9%). In 2023, 17,350 active-duty and 14,432 reserve duty military members were assigned to one of five military bases and a total of 12,133 military-dependent children lived in Arizona (Military One Source, n.d.). Arizona also ranks 13th in the country for its veteran population with over half of one million veterans residing in the state (United States Department of Veterans Affairs, 2019). With this information regarding active or retired military personnel residing in Arizona in mind, I am not surprised that more than half of the FFY parents in my study reported that they had engaged in combat. Moreover, this may also provide some insight regarding the high number of parents who reported seeing dead bodies outside of a funeral (*n* = 170, 67.2%) and exposure to dangerous chemicals or radioactivity (*n* = 161, 63.6%). I did not include military-involved families in the literature review but the findings from my study suggest that they are represented in the state's FFY population and should be considered in future research.

Engagement

The range for engagement in my study was 27 to 95 with an average of 54. Kemp et al. (2014) found that when children were removed from their homes the parent's level of engagement decreased. Bronfenbrenner's (1979) ecological systems theory holds that the person changes the systems, and the systems change the person (see also, Shelton, 2019). All the parents in my study had their child(ren) in foster care, living outside of

their home. The FFY parents' systems changed to include non-familial persons, specifically child safety personnel and court systems. Not all the parent total engagement scores in my study were low, but I also did not analyze engagement levels over time. Therefore, I am unable to interpret changes in parent total engagement before and after the removal of their child(ren) by child safety, which could be associated with the changes in their ecological systems (Bronfenbrenner, 1979).

The findings in my study regarding parent total engagement aligned with the themes present in prior research. These themes for child-safety involved parents and their levels of engagement included differentials in sense of power (Gladstone et al., 2012; Gladstone et al., 2014; McGregor et al., 2021; Toros et al., 2018), lack of control and mistrust (Kemp et al., 2014), and powerlessness (Bekaert et al., 2021; McGregor et al., 2021). With around 48% of the parents in my study reporting that they were not sure or disagreed that there was a good reason for DCS involvement, they would likely experience a differential in power (Charest-Belzile et al., 2020).

Parents lose decision-making powers when child safety is involved (Ebersohn & Bouwer, 2015). The child safety worker assumes the guardian role for their child(ren), makes decisions regarding placement, and determines what contact these parents can have with their child(ren). Parents are then asked by child safety and the court to complete a DCS case plan that includes participation in services to address the reasons for DCS involvement. If the parents did not see a good reason for DCS to be involved, which is the case for almost half of the FFY parents in my study, then being asked to

complete tasks to remedy concerns that they do not believe are present would likely encourage a sense of powerlessness (Gladstone et al., 2012; Kemp et al., 2014).

Another situation that could invoke the power difference for these parents is the mandate for supervised-only contact with their child(ren) where child safety personnel is present, monitoring parent-child interactions, and reporting back on these to the court. Bronfenbrenner (1979) used the term observational dyads to describe situations like parent supervised visits and recognized that this resulted in an imbalance of power in the relationship (see also, Shelton, 2019). This imbalance of power is observed in the lower total engagement scores for FFY parents in my study.

This theme of powerlessness connects with the lack of control theme. Almost 47% of the FFY parents felt unsure or disagreed that what DCS wanted them to do was the same as what they wanted to do. Moreover, 48.6% of these parents answered that they were not sure or disagreed on the final question on the CECPS 'DCS is not out to get me,' which repeats past research findings regarding mistrust (Kemp et al., 2014). These FFY parents' responses suggested that a supportive relationship with child safety personnel is not present, which Alink et al. (2019) noted was necessary to improve parent engagement. With almost half of the parents in my study feeling unsure or disagreeing with statements related to collaboration, shared goals, or retaliation, I would also interpret that many of these parents felt powerless in their current situation, which McGregor et al. (2021) identified as connected to parent engagement. It is understandable then that these FFY parents would have lower engagement scores as Bronfenbrenner (1979) suggested that collaboration and reciprocity are needed to address power imbalances in the dyad

and ecosystem (see also, Coakley et al., 2018; McWey et al., 2023; Shelton, 2019; Zhu et al., 2020).

Coakley et al. (2018), Gladstone et al. (2012), and Kemp et al. (2014) examined the parent's perception of the child safety personnel and found that how the parent was judged by the worker was important to understanding parent levels of engagement (see also, Gladstone et al., 2014). For these researchers, a positive perception of the worker's attitude towards them was correlated with higher levels of engagement. However, only 55.7% of the FFY parents in my study believed that what they communicated to their child safety worker would not be turned around and used against them and only 45.5% trusted that their worker would see their side of things. Ebersohn and Bouwer (2015) suggested that effective communication and consistent interactions are needed to support the parent's participation in the various microsystems (see also, Bronfenbrenner, 1994; McWey et al., 2023). The FFY parents' reports of lower levels of trust and ineffective communication with that child safety worker may explain their lower total engagement scores (Condon & Sadler, 2019; Ebersohn & Bouwer, 2015).

Gladstone et al. (2014) found that positive engagement was related to parental perception of having a child safety worker who was sensitive to their situation and demonstrated empathy (see also, McGregor et al., 2021). In my study, 51.4% of the parents believed DCS was not out to get them (CECPS question 19), 54.1% believed their child safety worker understood where they were coming from (CECPS question 16), and 62.4% did not agree that it was hard to work with their case worker (CECPS question 5). However, in each of these situations, more than a third and almost half of these FFY

parents did not trust, felt misunderstood by, or had a hard time working with their assigned child safety worker. The parents' perceptions of their child safety worker, and their lower engagement scores align with Bronfenbrenner's (1979) belief that individuals need to continually recalibrate in relationships to increase their sense of comfort and mutuality in the dyad (see also, Ferguson & Evans, 2019; Shelton, 2019). Without understanding the trauma histories of these parents, the child safety worker may judge the parents' behaviors that are directed towards increasing comfort and mutuality in the relationship with child safety as decreased engagement and a lack of positive development in parenting skills (Bronfenbrenner, 1979).

Research Questions

The first set of research questions for my study examined if the frequency of childhood traumatic experiences for FFY parents and three types of traumatic experiences in their lifetime significantly predicted the FFY parent's total engagement with child safety personnel. The three types of traumatic experiences were physical and sexual abuse types of traumatic experiences, crime-related types of traumatic experiences, and general trauma and disaster types of traumatic experiences.

Research Question 1A: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

ACE score and physical or sexual abuse were statistically significant predictors of parent engagement level $F(2, 236) = 55.821$, $p < .001$, adj. $R^2 = .315$. The regression

equation is *predicted parent engagement = 86.164 – (1.406 * ACE total score) – (22.689 * physical or sexual abuse)*. For each additional ACE item that these parents endorsed, their respective total engagement scores decreased by 1.406 when controlling for physical and sexual abuse. When parents endorsed physical or sexual types of traumatic experiences, total engagement scores decreased by 22.689 when controlling for ACE scores. This is an almost 24% decrease in total parent engagement for these parents. Moreover, FFY parents who had experienced lifetime physical or sexual abuse traumatic events had total engagement scores almost 23 points lower than their FFY parent peers who had not, regardless of their ACE score. For the majority of parents in my study who had ACE scores of ten (n = 127, 50.2%), their total engagement score decreased by more than 14 points. Higher ACE total scores and experiencing lifetime physical or sexual abuse traumatic events significantly decreased total parent engagement scores.

This finding aligns with past research by Oosterman et al. (2019) and Zhang et al. (2021b) regarding the negative effects of childhood adversity on engagement. The predictive relationship found in my study between childhood adversity and lower engagement scores aligns with Bronfenbrenner's (1979) observation that individuals who have experienced abuse in the past will demonstrate fear of abuse in future situations (see also, Shelton, 2019). Moreover, Bronfenbrenner argued that this fear can negatively affect the individual's interactions with others within the ecosystem as they may be untrusting in new relationships based on learning from past poor experiences.

Without assessing for trauma history, Fusco (2015) found that total engagement was lower for FFY mothers as compared to non-FFY mothers. The statistically

significant decrease in engagement for the FFY parents in my study, who experienced both high rates of childhood adversity and physical or sexual abuse in their lifetime, likely explains some of the differing rates for FFY parents and non-FFY parents. However, I did not include non-FFY parents in my study, so I am not able to further interpret this comparison to findings from prior research.

Research Question 1B: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and crime-related types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

ACE score and crime-related traumatic lifetime events were statistically significantly predictors of parent engagement $F(2, 242) = 72.320$, $p < .001$, adj. $R^2 = .369$. Each additional ACE item endorsed by these FFY parents was associated with a 1.495-point decrease in parent engagement scores when controlling for crime-related traumatic experiences. When these FFY parents endorsed crime-related traumatic experiences this was associated with a 15-point decrease in their engagement score when controlling for ACE score. The regression equation is *predicted parent engagement = 72.320 – (1.495 * ACE total score) – (15.061 * crime)*. The total engagement scores for FFY parents who had experienced lifetime crime-related traumatic events were more than 15 points lower than their FFY parent peers who had not, regardless of their ACE score. This is an almost 16% decrease in total parent engagement for these parents. For the majority of parents in my study who had ACE scores of ten ($n = 127$, 50.2%), their total engagement score decreased by almost 15 points. FFY parents with higher total ACE

scores and who had experienced crime-related traumatic events in their life had significantly lower parent total engagement scores.

Past researchers have recognized the lack of research regarding crime-related experiences (Gilad, 2019). The presence of crime in a family's neighborhood affected child development, required additional efforts by parents to promote a sense of safety for their child(ren), and was associated with harsher discipline behaviors in parents (Cuartas, 2018; Gilad, 2019). Residing in higher crime areas correlated with adaptive behaviors that included decreased interpersonal connections and increased self-reliance (Villagrana et al., 2022), which could affect asking for help and overall engagement with child safety personnel. Gilad (2019) viewed violence as a potential coping mechanism that adults implement in response to childhood exposure to crime or violence that can negatively affect adult relationships. I did not ask these FFY parents about their behaviors.

However, if the many FFY parents in my study who endorsed crime-related traumatic experiences also used these types of coping mechanisms, it could negatively affect their engagement with child safety (Cuartas, 2018; Gilad, 2019; Villigrana et al., 2022). Past research has not examined the effects of the person being present or not during the time of the criminal event. Regardless, the many FFY parents in my study who experienced crime-related events, both when they were home and when they were not home, would likely be affected by these incidents in some way, and that effect could be related to the decrease in engagement scores found in my study (Cuartas, 2018; Gilad, 2019; Villigrana et al., 2022). Additional analysis of the specific incidents is needed to further interpret any association between these factors.

Research Question 1C: Does the frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, significantly predict the level of engagement with child safety personnel, as measured by the CECPS?

The variables of crime-related traumatic events and ACE score were not found to be statistically significant predictors of parent total engagement scores. All FFY parents endorsed at least one general trauma or disaster traumatic event in their lifetime. I did not examine the individual general trauma and disaster events, which may have provided some information about any relationship between these specific events and FFY parent engagement with child safety. Although I was not able to conduct multiple regression analysis of ACE and general trauma and disaster types of lifetime traumatic events as predictors of engagement, further interpretation can be made based on the endorsement of events and past research.

Agyapong et al. (2022) suggested that exposure to natural disasters can negatively affect an individual's routines, sense of wellness, and mental health status and that these effects are greater for individuals with prior trauma histories. Wilson-Genderson et al. (2022) found that individuals who experienced natural disasters had higher levels of fear, distress, and symptoms of depression. As all but one of the FFY parents in my study experienced at least one childhood traumatic event, the response to experiencing a natural disaster could affect their engagement with child safety and other systems involved in their reunification efforts with their child(ren).

Bountress et al. (2020) found that parent-child communication was negatively affected, and symptoms of posttraumatic stress and depression increased for children after experiencing a tornado. Again, with 99.6% of FFY parents in my study experiencing ACEs, their ability to parent their child(ren) could be affected, especially with increased mental health related symptoms and strained communication, which also affect engagement (Agyapong et al., 2022; Bountress et al., 2020; Wilson-Genderson et al., 2022). However, how these experiences affected their engagement with child safety is still unknown.

The second set of research questions for my study examined whether the three types of traumatic experiences moderated the relationship between the frequency of childhood traumatic experiences and the FFY parent's total engagement with child safety.

Research Question 2A: Do physical or sexual abuse types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

The overall moderated regression model showed that physical or sexual abuse types of traumatic experiences moderated the relationship between ACE total score and parent engagement scores ($p < .0.01$), but the interaction effect was not statistically significant $\beta = -.707$, 95% CI (-3.428, 2.014), $p = .609$. With non-significance found in the moderated regression analysis, I cannot say that physical or sexual abuse type of traumatic events significantly moderates the relationship between the FFY parent's ACE

score and their total engagement score. Whether a parent endorses physical and sexual abuse types of traumatic experiences or does not endorse these, the relationship between ACE scores and parent total engagement is not statistically significantly different. Further investigation is needed to rule out limitations in my study design.

Research Question 2$_B$: Do crime-related types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by the ACE, and the level of engagement with child safety personnel, as measured by the CECPS?

The overall moderated regression model showed that crime-related types of traumatic experiences moderated the relationship between ACE total score and parent engagement scores ($p < .0.01$). However, the interaction effect was not statistically significant $\beta = 1.026$, 95% CI (-.216, 2.268), $p = .105$. With non-significance found in the moderated regression analyses, I cannot say that endorsing crime-related traumatic events significantly moderates the relationship between the FFY parent's ACE score and their total engagement score. Whether a parent endorses crime-related types of traumatic experiences in their lifetime or not, the relationship between ACE scores and parent engagement levels is not significantly different. Again, further investigation is needed to rule out limitations in my study design.

Research Question 2C: Do general trauma and disaster types of traumatic experiences for FFY parents, as measured by the THQ, moderate the relationship between frequency of childhood traumatic experiences for FFY parents, as measured by

the ACE, and level of engagement with child safety personnel, as measured by the CECPS?

Due to the lack of variability in this variable for the FFY parents in my study, I was not able to complete the moderated multiple regression analyses. All FFY parents in my study endorsed a general trauma or disaster-related traumatic event in their lifetime so there is no range of scores to detect relations between these variables (Warner, 2013). Further investigation around the moderating effect of these types of traumatic experiences on the relationship between childhood adversity and parent total engagement is needed to address limitations based on my study design (Baron & Kenny, 1986).

Limitations of the Study

The English-only language I used in my study is a limitation due to the number of Spanish speakers living in the state of Arizona. Although most people residing in the state of Arizona speak English, Spanish is the second most spoken language (Arizona Almanac, 2024). The voices of these Spanish-speaking FFY parents are missing from my study. Therefore, the generalizability of the results can only be attributed to parents who are able to read in English. My study was also limited in scope due to the geographical setting of Arizona as the location of my study. My study findings are not generalizable to other states where child welfare policies, procedures, and laws are different to those in the state of Arizona (Cioè-Peña, 2023; Font & Gershoff, 2020; Maguire-Jack et al., 2020).

The non-experimental nature of my study limits any causal inferences (Walden University, 2015). Both physical or sexual abuse and crime-related traumatic lifetime

experiences were found to be statistically significant predictors of parent total engagement, but this does not mean that there is a causal relationship (Walden University, 2015; Warner, 2013). Moreover, my study was self-report and there is a potential for incorrect recall in self-report surveys (Bowling et al., 2016; Burkholder et al., 2016; Dube et al., 2004), which could affect the information provided by these parents and the findings from my study. Stephens and Aparicio (2017) suggested that parents who were less engaged with child safety may be more willing to participate in a study where their voice is heard. Although the FFY parents in my study spoke for themselves, based on Stephens and Aparicio's (2017) research, the presence of FFY parents who felt unheard and unseen in other settings might be higher in this sample.

Due to the cross-sectional design of my study, I was not able to assess changes over time (Clow & James, 2014; Creswell & Creswell, 2018). I cannot assess the effects of traumatic events that occurred after the parent participated in my study. Also, I cannot assess the effects of more recent traumatic events versus traumatic events that happened years ago. These time-related factors could affect the parent's engagement separately from the variables that I included in my study. I did not explore the level of current trauma symptoms or parent participation in community services and resources. Both trauma symptoms and participation in services or resources could change over time, which could also affect parent total engagement scores (Bronfenbrenner, 1979; Charest-Belzile et al., 2020).

I did not ask participants about the number of placements they experienced while in foster care as a child, how long they were involved with child safety, how old they

were when they entered foster care, or the outcome of their own childhood involvement with child safety. For children who aged out of foster care, negative outcomes of dating violence, legal issues after leaving foster care, time spent in jail after foster care, experiencing homelessness, and number of pregnancies were connected to longer time spent in care and more placements changes while in care (Reilly & Schlinkert, 2024; see also, Armstrong-Heimsoth et al., 2021; Bruskas, 2008).

Rosenberg and Kim (2018) reported that 37% of FFY who aged out of foster care experience homelessness in adulthood and 66% experience homelessness within six months of aging out of foster care (see also, Font & Gershoff, 2020). These negative outcomes could decrease parent engagement but were not directly examined in my study. I also did not ask participants about their access to transportation, which Armstrong-Heimsoth et al. (2021) identified as a barrier to getting to work, continuing educational enrollment, and maintaining relationships, all of which could also negatively affect parent engagement with child safety (see also, Cao et al., 2019; Findley & Crutchfield, 2022).

The agreement with DCS was that I would personally visit each DCS office in the state to place my study flyers. Driving to each of the DCS offices affected the immediate display of flyers after IRB approval. I was not able to go to all the DCS office as two more rural offices had post office boxes and no physical address on the DCS website. I had to call and request e-mail contacts to send the flyers there. However, unlike other offices, I was not able to visually confirm that they would display the flyer. My study also required participants to have internet, which could present a limitation if a parent did not have access to internet, and this affect may be more pronounced for parents living in

more rural areas of the state. Parents who live in rural areas or did not have internet access may be missing from my study.

The costs associated with this research study were not a limitation. However, the time required for efforts to request permission to display the flyer may have been. Although funding did not negatively affect my ability to drive to various locations around the state, taking time off work and using personal finances to fund these efforts affected my ability to possibly reach more locations. This likely affects the generalizability of my study's findings to more remote areas of the state of Arizona that I may not have been able to contact and display the flyer to reach participants in those areas. The online sharing of the flyer in parenting and FFY support groups may have decreased this limitation through increased access to the flyer for individuals living in more remote areas who were part of these groups. However, I am not able to confirm this.

With a very high and quick response rate after I shared the updated survey flyer to include a gift card for eligible participants who completed the survey, I questioned the potential for survey bot, or computer-generated responses (Falk et al., 2025; Karumathil, & Tripathi, 2025). As Falk et al. (2025) discussed, higher numbers of categories and higher numbers of items in the surveys can support accuracy. My study included three different assessments and nine demographics questions. I set up the survey to only allow individuals to proceed in the survey once they had answered the previous question. I also set up security factors with the AppyReward application where individuals were required to each have unique IP and e-mail addresses to request their gift card. With IRB permission, I individually e-mailed participants to confirm their responses to two items

on the survey, which were their education level and county of residence. The response rate to the e-mails was quite low, which is commonly found (Karumathil, & Tripathi, 2025). However, I was able to identify non-eligible participants from these e-mails and remove their information prior to data analyses.

I was not able to complete regression analysis regarding general trauma and disaster events as a predictor for parent engagement. Using 'yes' and 'no' categories for these types of events prevented me from conducting the regression analysis as all parents reported experiencing at least one of the 14 general trauma or disaster events. Creating interaction variables for each of the 14 questions and conducting separate moderated multiple regression analysis with ACE scores and parent total engagement might have resulted in significant interactions (Warner, 2013). A change in my study design could then have provided some information about potential moderating effects of specific general trauma and disaster-related traumatic experiences on the relationship between ACE score and parent engagement.

Recommendations

In my study, I sought to include the under-researched population of child safety-involved FFY parents. This research was necessary to increase understanding regarding the differences in engagement between parents who have experienced foster care themselves and parents who have not (Mihalec-Adkins et al., 2020; Yoshioka-Maxwell & Rice, 2020; Zhukova, 2020). Although my study fills a gap regarding the trauma histories of FFY parents who are involved with child safety, a full understanding of their engagement with child safety is still largely unknown. This section includes my

discussion of recommendations based on what is known from prior research and from the findings of my study.

Additional research is needed regarding strengths or resources-based factors, versus just the adversity, to better understand how these parents participate in child safety processes and systems. Most of the participants in my study had earned their high school diploma and were either in a relationship or married versus single or divorced. Within each of these demographic categories, education level and relationship status, there was an opportunity to explore assets, resources, and strengths accessed by these FFY parents.

I did not examine how these FFY parents were able to complete at least a high school level of education and maintain a relationship despite their significant number of traumatic experiences. Information gained through investigating other assets could help professionals who directly work within these systems and policy makers who contribute to systemic changes understand how these parents engage in mandated reunification case plans (Bekaert et al., 2021; Campbell & Khin, 2020; Stahl, 2020). This strengths-based research might also help researchers and other stakeholders understand the shorter lengths of time involved with child safety that were reported by the FFY parents in my study as compared to the most recent statistics from DCS.

Future studies should include the surveys in non-English languages. Although English is spoken by more than 70% of the people living in this state, FFY studies in Spanish and various American Indian languages could increase access to eligible FFY parents (American Almanac, 2024). Moreover, surveys in these additional languages could support a more accurate reflection of the experiences of FFY parents in the state

who are involved with child welfare systems but were unable to participate in my study due to its English-only requirement. Non-English speaking FFY parents could provide additional information regarding their engagement with child safety, which might also be affected by language barriers. Future research efforts that include non-English speaking participants support culturally grounded services and care (Campbell & Khin, 2020).

Future research could further examine traumatic experiences and the parent's childhood experiences during the time that they were involved with child safety. The attachment relationships with caregivers during childhood become templates for relationships in adulthood (Alink et al., 2019; Reidy et al., 2021; Schweiger & O'Brien, 2005), so examining them may offer insight regarding the parent's engagement with child safety as an adult. Bronfenbrenner (1979) suggested that an individual's participation within their ecosystem can be affected by when and how past experiences occurred (see also, Mahajan, 2018). Asking FFY parents more about their own child safety involvement could also provide more information regarding the documented outcomes associated with aging out of foster care that have been highlighted in the previous research.

Qualitative approaches to further address the gap in the literature regarding the effects of traumatic experiences on engagement with child safety for parents involved with these systems may provide richer information regarding the daily lived experiences of these parents than quantitative research efforts (Stephens & Aparicio, 2017; Walden University, 2015). Although my study provided information regarding the specific traumatic events and engagement behaviors, I did not fully explore the meaning of these

experiences for these FFY parents, which could have affected their participation in the ecosystem. Wilson and Neville (2009) suggested that culturally safe research efforts include collaboration with the population of which the research pertains. Therefore, FFY parents could be invited to and included in the planning, designing, and implementing of future research, which Wilson and Neville reported could increase the likelihood of these parents feeling heard and respected.

Comparison of FFY parent outcomes across states may provide additional information regarding state-specific needs of FFY parents. Acknowledgement of state-based differences in child safety procedures and laws must be considered in those comparisons (Cioè-Peña, 2023; Font & Gershoff, 2020; Maguire-Jack et al., 2020). Another between groups-based research effort to explore is the comparison of trauma histories for FFY versus non-FFY parents in the same study, which could provide insight regarding parent engagement with child safety for both groups of parents within their respective states. Those research efforts could highlight specific needs of FFY parents that are not present in non-FFY parents. Also using a longitudinal design in future studies could address the aforementioned factors that affect engagement over time (Clow & James, 2014).

Separating tribal and state-involved child welfare may offer additional information about the needs of child safety-involved parents and their engagement. From my professional experiences, when indigenous parents are involved with child safety, this can occur on the reservation through tribal CPS or outside of tribal lands through ICWA DCS and ICWA tribal staff members during the child safety court dependency. I did not

differentiate between tribal versus state child safety systems for the FFY parents in my study and factors specific to each of these child safety systems could also affect the parents' engagement. Separating these systems and populations in future research studies could offer insight regarding specific needs of parents based on which child safety systems they have experienced in the past and are currently experiencing with their child(ren).

About 29% of my study's participants were fathers. The inclusion of fathers in research with this population is critical, as children were more likely to be reunited with their family when multiple parents were involved in the child safety family reunification case plans (Coakley et al., 2018). Although I have a large proportion of fathers in my sample as compared to prior research samples, I did not assess differences between mothers and fathers. Future research that examines between group differences could provide insight regarding the unique needs of FFY mothers and FFY fathers.

Looking at differences between mothers and fathers could offer some insight regarding specific services and supports to address the concerns related to child safety involvement, which may require addressing the effects of past traumatic events on current parenting efforts (Kottenstette et al., 2020). Since fathers have been ignored or left out of reunification efforts by child safety personnel (Brewsaugh et al., 2018), understanding more about their unique needs might help child safety professionals in connecting with fathers and including them in family reunification case plans. This understanding from further research regarding fathers' unique needs may also help

professional counselors address systemic barriers that may affect fathers' engagement in counseling services (Zhu et al., 2020).

My study established that there are FFY parents involved with child safety in the state of Arizona. These FFY parents can provide specific insight regarding measures to interrupt transgenerational child safety involvement. Increasing agencies' openness to collaboration in research studies around the state of Arizona could support additional research efforts. The response to my request to display my study flyer was overwhelmingly 'no.' One DCS contracted provider in the Phoenix area denied the request to display flyers by offering that "…I met with our leadership and it was unanimously decided that we would not participate because the research study does not provide value to Terros Health employees or patients…" (hrteam@terroshealth.org, personal communication, May 15, 2024). Phoenix is in Maricopa county, which is the most populated county in the state. With more than 12 community health offices throughout the Phoenix area, a partnership with DCS, other various health and human services organizations, and accepting the insurance plan provided to child safety involved children (Terros health, 2023), Terros Health could have been a great setting for welfare-involved Terros Health patients to see the flyer and choose to participate.

Although past research suggested that behavioral health and child safety personnel were aware of the presence of trauma histories for child-safety involved parents (Cao et al., 2019) more than half of my more than 580 requests to display my study flyer were denied. I am unsure about the specific reasons for most of the denials to display my study flyers in IRB-approved locations as I did not receive a response or

follow up from many of my outreach efforts. I am hopeful that a shift in agency policies and procedures in the future will occur to allow service-enrolled individuals the opportunity to choose to participate in research, if they wish to do so (ACA, 2014, G.2.a.).

The final recommendation relates to poverty or financial factors that may affect parent engagement. Past research by Chamberlain et al. (2019) recognized an increased likelihood of socio-economic challenges for parents who had a history of maltreatment (see also, Charest-Belzile et al., 2020; Cho, 2021; Mihalec-Adkins et al., 2020). Parents who experience poverty are more often involved with child safety systems (Dunkerley, 2017). Ferguson and Evans (2019) noted the negative effects of poverty are multileveled and the associated risks affect functioning of child(ren) and parent(s), as well as the systems they interact with.

More recent research highlighted that socioeconomic vulnerability negatively affects a parent's ability to meet basic needs of family members, is associated with slower reunification rates, and is connected to the frequency of involvement with child safety for families who were living in poverty (Findley & Crutchfield, 2022; Palmer et al., 2024; see also Cho, 2021; Cioè-Peña, 2023). Therefore, future studies should also consider the effects of poverty as a factor impacting engagement for FFY parents involved with child safety. An ecological approach in future research regarding poverty as a factor influencing engagement would provide professionals working within the child welfare systems insight regarding this social problem (Crawford et al., 202; Twintoh et al., 2021).

Implications

The population of FFY parents and the effects of traumatic experiences on engagement with child safety have been left out of much prior research (Cao et al., 2019). Brewsaugh et al. (2022) suggested that FFY parents are the population least understood by child safety personnel. It is the limited prior research regarding FFY parents that prompted my study, which fills this gap and provides information to increase understanding. My study also establishes that there is a population of FFY parents in the state of Arizona, and findings from my study illuminate these FFY parents' histories of adversity. Future research, both qualitative and quantitative, is needed to better understand the unique needs of these FFY parents.

More than half of all children involved with child safety in the United States (ACF, 2022; Thomas & Scharp, 2020) and in the state of Arizona (DCS, 2022) have a case plan goal other than family reunification. At the time of completing my study, newer statistics were available from Arizona DCS, but the number of children with case plan goals that are not family reunification mirrors these prior numbers. As of December 31st, 2024, 49.4% of children in foster care have a goal of reunification (DCS, 2025). Milner and Kelly (2021) reported that less than 50% of children or youth involved with child safety in the United States successfully reunify with a parent (see also, Font & Gershoff, 2020).

Moreover, Wilderman et al. (2020) noted that one in 100 children will experience the termination of parent rights after being placed in foster care. Although these statistics are not specific to FFY parents, since child safety family outcomes are related to parent

engagement (Cao et al., 2019; Davidson et al., 2019; Fusco, 2015; Gladstone et al., 2014; Kemp et al., 2014; Marshall et al., 2011), understanding additional factors that are associated with parent engagement is critical to improving child safety outcomes for both FFY parents and non-FFY parents.

Findings from my study can be incorporated into efforts to improve the child welfare system, the child safety personnel's onboarding training experiences, and in child safety personnel's ongoing interactions with FFY parents (Brewsaugh et al., 2022). These changes require accountability within child safety systems and child safety personnel (Font & Gershoff, 2020). Accountability for change for child safety personnel includes an increased understanding of the parent's experiences or history that could trigger a positive shift in the child safety personnel's perspective of these FFY parents.

Although previous efforts have been made to increase trauma awareness in child welfare professionals, the consistent implementation of trauma informed child welfare trainings has not yet occurred and the previous training material primarily related to traumatic experiences for the child(ren) in foster care, not the parents (Walsh et al., 2019). With the findings from my study regarding parent engagement and the effects of physical, sexual, and crime-related lifetime traumatic events on engagement, child safety has more information regarding parent needs. Leadership within the child safety systems could use this information to adapt current trainings or to identify new trainings for child safety personnel to improve family outcomes.

Sharing the results of my study with other professionals who are tasked with providing behavioral health services, fostering children, caring for these children at day

care centers, legally representing parents or children in court proceedings, teaching these children, medically treating these children, or advocating for these children in some other manner could shift how these professionals interact with FFY parents. Having this information could change how these professionals view these parents and their parenting behaviors (Stahl, 2020). This change might include the perspective of parents using adaptive behaviors in response to complex or chronic trauma instead of parent resistance or lack of engagement. Moreover, the parent's traumatic experiences could offer insight into the physiological changes and poor coping skills displayed by these FFY parents during reunification efforts with child safety (Condon & Sadler, 2019; Oosterman et al., 2019; Stephens & Aparicio, 2017; Wilson-Genderson et al., 2022; Zhang et al., 2021b).

At the microsystem level, sharing the results of my study with foster parents or congregate care staff could improve the interactions and relationships between these providers and the FFY parent(s), which Ebersohn and Brewer (2015) suggested positively affects the child's development. This information could cause a shift in these individual's interactions with parents to increase safe and consistent contact, which McWey et al. (2023) suggested decreased externalizing symptoms for adolescents in foster care. Increasing awareness of how FFY parents engage with child safety systems and how their history of trauma may affect their interactions could improve the relationships between parents and welfare-assigned caregivers. These improved relationships, or at least a basic understanding of a parent's history, could increase empathy and collaboration, which is then modeled to the child(ren).

At the mesosystem level, day care center staff, teachers, coaches, and other professionals in settings where the child receives care should also receive this information. Being informed could better prepare these professionals to support structured transitions and effective communication between themselves, the FFY parent(s), foster parents, child safety personnel, and the child (Ebersohn & Bouwer, 2015; see also, Piel et al., 2017). A child with a history of violence or neglect at home is going to have multiple opportunities to connect with peers, day care staff, social workers, therapists, and others who are part of the mesosystem. Understanding how the child was parented through the lens of the parent's experiences could support more trauma aware responses to these behaviors (Mirick, 2014b).

Additional participants in the mesosystem could be church supports or healthcare providers, which make up resources or services that FFY parents may continue to participate in when a child is in foster care. Sharing the information with these FFY parents and educating them on the potential effects of transgenerational trauma within their systems could help these FFY parents more openly communicate concerns with doctors and medical staff, which could positively affect the medical care that their children receive.

Efforts to create changes at the exosystem level requires sharing this information with judges, lawyers, and various court staff, as well as, medical or mental health agencies, community resource offices, and child welfare food and insurance assistance programming staff. Guided by research regarding the potential effects of traumatic experiences for FFY parents, these professionals can then incorporate more trauma-aware

and empathy-based approaches in their work with these FFY parents (Stahl, 2020; see also, Brewsaugh et al., 2022; Merrick & Guinn, 2018; Radey et al., 2016; Villigrana et al., 2022). This could also include a shift in recognizing how a parent's ability to meet their child(ren)'s basic needs are affected by various factors and may result in more advocacy for resources for these parents based on this knowledge.

Furthermore, these changes could also indirectly and positively affect the children of these FFY parents (Condon & Sadler, 2019; Crawford et al., 2020; Fearnley, 2020; Koren-Karie & Getzler-Yosef, 2019; Palmer et al., 2024; Shelton, 2019; Villagrana et al., 2022). With client consent, professional counselors can be critical agents of change and advocate for systemic changes to promote access to services and support development for FFY parents who are their clients (ACA, 2014, Section A.7.b.; B.1.a.; & B.1.c.).

Each of the potential positive social changes identified for the microsystem, mesosystem, and exosystem levels could lead to change in the macrosystem level. The information gained from my study regarding FFY parents could positively change the culture in child safety systems, and more specifically, the beliefs about families with transgenerational involvement in these systems. Additionally, the findings from my study regarding FFY parents and their extensive trauma histories should be considered in discussions held by those in power who shape the culture of child safety (Brewsaugh et al., 2022). This consideration could interrupt the structural bias (LaBrenz et al., 2021) and structural racism (Cioè-Peña, 2023; Findley & Crutchfield, 2022; Stephens, 2022) that previous research has identified within the macrosystem (see also, Condon & Sadler, 2019; Dunkerley, 2017).

Such consideration could also contribute to not only trauma-aware, but also culturally informed healing interventions and processes for individuals of communities that are over-represented in the child safety systems (Campbell & Khin, 2020). This macrosystem level change would require a more individualized approach in work with FFY parents, which could include an exploration of the parent's trauma history to increase understanding of FFY parents' behaviors in reunification efforts based on their past experiences. The individualized approach has the potential to reframe the belief about parents being unwilling to an understanding of parents' inability to meet reunification requirements without appropriate support (Mirick, 2014b). A change in the culture of child safety systems through increased awareness of the potential effects of traumatic experiences on parenting engagement and individualized approaches, could better prepare child safety personnel to work with these parents towards reunification (Lucero et al., 2020).

Combining the information about the trauma histories of FFY parents gained in my study with prior research that highlighted an overrepresentation of African American, Native American, and Latinx children in foster care and child safety systems, may also address the structural bias within child safety, the family courts, and mental healthcare systems (Cioè-Peña, 2023; Findley & Crutchfield, 2022; Stephens, 2022). Acknowledging structural bias in these systems requires an intentional effort to recognize that these factors may be outside of the FFY parent's control. These efforts could then increase insight regarding how the experiences of these parents may affect their functioning in various environments. Both efforts may result in professionals advocating

for changes in policies and procedures within these systems in support of family reunification. These changes in policies and advocacy efforts could decrease the likelihood of removal by child safety in the first place (Merrick & Guinn, 2018).

Another cultural shift that could be inspired by the results of my study relates to a connection to self for professionals within the various child welfare systems. Asking professionals to acknowledge the potential effects of trauma on a FFY parent's engagement within these systems, may also prompt the professional's self-exploration into how their personal experiences may affect their own engagement within these same child safety systems (Stahl, 2020). This final shift in child welfare culture requires that I share the information gained from my study about these FFY parents while also asking professionals to take that personal inventory. These professionals include counselors who are required to complete continuing education requirements and monitor their personal values so that these do not impede their ability to perform their jobs (ACA, 2014, Section A.4.b.; C.2.d.; & C.2.f.).

Transgenerational trauma, including a pattern of involvement of parents with child safety as children and then again as parents, is one component of the chronosystem. The timely assessment of needs and subsequent referrals for appropriate services for these FFY parents requires that child safety personnel acknowledge their unique histories of high levels of adversity in childhood and lifetime traumatic experiences that likely affect their parenting efforts (Cao et al., 2019; Font & Gershoff, 2020; Lindell et al., 2020). Higher parenting stress levels for parents with unresolved trauma related to childhood adversity (Cao et al., 2019; Isobel et al., 2017; Iyengar et al., 2019; Lucero et

al., 2020) will likely not decrease if appropriate services are not provided to these parents. The length of time involved with child safety for 17% of the FFY parents in my study was longer than one year. However, more than 55% of children involved with child safety in Arizona in December 2024 were involved for more than one year (DCS, 2025). How parents spend their time while involved with child safety likely affects child safety outcomes for their families.

With the information from my study, child safety personnel could better identify and connect these parents with the resources needed to increase safe and positive parenting time while the situations that resulted in child safety involvement are addressed (Lucero et al., 2020). More appropriate referrals for trauma-aware mental health services could also create change in the various other systems partners that are involved with these families and child safety personnel. In addition to understanding the trauma history of parents, child safety personnel need to be aware of what trauma-aware services are available in their local community to make these referrals (Cao et al., 2019).

An increase in public awareness of the unique experiences of FFY parents could promote the use of and funding for trauma-aware services to address the concerns that brought these parents back into the child welfare system. Increased public awareness might also decrease the stigma associated with child safety involvement for these parents that prior research reported negatively affects their engagement (Condon & Sadler, 2019; Dunkerley, 2017; Kemp et al., 2014; Mirick, 2014a; Stephens, 2017). These specific changes might decrease the length of time in care for these children and families and interrupt transgenerational involvement with child safety.

These study implications require that I share responsibility for action towards positive social change. I need to openly share the information I gained from completing my study with those who are involved in child safety systems at all levels (Bridgen, 2017) and with those actors who can affect positive social change (ACA, 2014, Section G.). This includes sharing this information with the FFY parents who are the subject of this research (Wilson & Neville, 2009). My responsibility for action towards positive social change also includes continuing to advocate for the positive social changes identified above, participating in conferences, collaborating with community providers, and engaging in conversations with the courts, parents, child safety, and other systems participants at all levels.

Conclusion

My study was a snapshot in time that addressed the gap in knowledge surrounding FFY parents' trauma histories and the effects of these traumatic events on their engagement with child safety. There is a population of parents in Arizona who are transgenerationally involved with child safety. For these FFY parents, their total engagement scores were significantly lower when they endorsed physical or sexual lifetime traumatic experiences and crime-related lifetime traumatic experiences, by almost 24% and almost 16%. Furthermore, each additional ACE experienced by these FFY parents correlated with a more than one-point decrease in their total engagement scores. The findings from my study support the need for trauma screenings by professionals within the child safety systems to better meet the needs of these parents and increase their engagement in family reunification efforts.

Acknowledging and assessing FFY parent trauma histories is just one small step in the change efforts directed at increasing parent engagement and improving child safety outcomes. Large change within the ecosystem requires complex smaller changes (Bronfenbrenner, 1979). Other change efforts include additional research to better understand the unique needs of this population and their engagement with child safety.

Future research should include the voices of non-English speaking participants and fathers, as well as examine prior foster care experiences, changes in engagement over time, differences across states, comparisons to non-FFY parents, and strengths or resources. Open communication at all systems levels is another small step that may result in positive social change within the child safety systems. Both continued research and discussion regarding the relationship between trauma history and engagement may increase trauma-aware approaches, interventions, and policies to transform the culture of child safety to meet the unique needs of these parents.

Physical, sexual, and crime-related traumatic experiences are predictors of parent total engagement for FFY parents involved with child welfare. Professionals who are working within the child safety systems and with these parents need to reserve judgment regarding engagement until the parent's trauma history is explored and understood. "Simply put, the research demonstrates that noticing and acknowledging the pain that parents are experiencing and taking some action to show them that we care about them as people can have a dramatic impact on outcomes" (Markey & Sankaran, 2020, p. 917). The FFY parents who participated in my study reported very high levels of adverse experiences. Although those experiences may not excuse the parenting behaviors that

resulted in their child(ren) entering the foster care system, acknowledging their histories of adversity offers context to what they might bring to the table and how they sit at the table for discussions about child safety and their family.

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Appendix A: Inclusion Criteria

Please confirm that you meet the following:

_____ I am able to read in English

_____ I reside in the state of Arizona

_____ I am at least at least 18 years old

_____ I was involved with AZ DCS when I was a child

_____ I have a child who is or children who are involved with AZ DCS

_____ I have experienced at least one traumatic experience during my life

_____ I am able to legally give my consent to participate in a study

Appendix B: Study Flyer

Survey Study Seeks Former Foster Youth (FFY) Parents

Were you in foster care as a child?
Are your children currently in DCS custody?

Please consider participating in this study to help mental health and child welfare professionals understand and help parents. For this study, you are invited to describe your experiences with trauma and engagement with child welfare.

About the Study:

- Three online surveys (approximately 30 minutes of your time). To protect your privacy, no identifying information will be collected. Your answers will be anonymous.
- This study is not connected to DCS, will not affect your DCS case plan, and DCS cannot answer any questions regarding this study.

Volunteers must meet these requirements:

- At least 18 years old & live in Arizona
- Have experienced at least one traumatic event in their life
- Were also involved in DCS/ CPS as a child
- Have a child/ children involved with DCS
- Able to read English

To confidentially volunteer, visit the link below or scan the code in your phone:

https://www.surveymonkey.com/r/8DM2L8D

This survey is part of the doctoral study for Sarah Gordon ([redacted]), a doctoral candidate at Walden University (IRB # 01-24-24-1005089). The study will begin in January 2024.

Appendix C: DCS Flyer Permission

ARIZONA DEPARTMENT of CHILD SAFETY

David Lujan, Director
Katie Hobbs, Governor

9/18/2023

Sarah Gordon [redacted]

Re: Trauma as a Predictor of Engagement Among Former Foster Youth Mothers Involved with Child Welfare

Dear Ms. Gordon:

The Arizona Department of Child Safety (DCS) is in receipt of the *Trauma as a Predictor of Engagement Among Former Foster Youth Mothers Involved with Child Welfare* research request. This project hopes to investigate a possible correlation between mother's trauma history and her child's involvement in foster care or the level of engagement for these mothers in relation to their trauma histories. This initiative plans to examine the transgenerational effects of trauma and support professionals and the development of new interventions to aid mothers who were previously involved in the child welfare system as youth.

The study plans to survey a sample size of 213 adult mothers who are currently involved with DCS and were also involved with DCS as youth. Participants will anonymously and voluntarily complete the Adverse Childhood Experience Questionnaire, the Trauma History Questionnaire, and the Family Survey (CECPS). Flyers for the study will be posted in community health offices, and you are requesting permission to post flyers in DCS offices around the state.

This research request is approved conditionally upon the following:

1. The research shall be limited to the design presented in the proposal. The DCS Research Committee must approve of any substantive changes in the research design before the changes are implemented.
2. The Department must review all information derived from this project, including

summaries, scholarly papers or other printed material before the information is released to the public.

3. The research findings must be presented to DCS leadership upon request.
4. A copy of the finished research paper must be submitted to DCS Executive Leadership and the Research Review Committee upon completion.
5. The posting and removal of flyers is the sole responsibility of the requester. DCS will not assist with the distribution, posting, and/or removal of any flyers. However, DCS will notify identified managers that posting and removal of flyers is approved to ensure access to reception areas is provided.

[redacted]

6. The flyer must contain information stating that this is not a DCS project, is in no way the responsibility of DCS, and participation has no impact on existing DCS services or a parent's permanency plan and goals.
7. The flyer must contain contact information for representatives who are able to answer any questions potential participants may have. It must also contain information that states that DCS staff are unable to and will not answer any questions about this project.
8. If the researcher is unable to obtain the desired sample size, DCS will not be contacted for additional assistance in recruitment and/or participation.

DCS is supportive of efforts to improve the lives of mothers and families.
Sincerely,

[redacted]
Chief Operating Officer

From: [redacted] <[redacted]>
Sent: Friday, December 22, 2023 4:02 PM
To: Sarah Gordon <[redacted]>
Cc: [redacted] <[redacted]>
Subject: RE: Research Review Committee Contact Information

Ms. Gordon,

The committee reviewed your updated research request and approves of the changes.

As to your question regarding DCS's review prior to release to the public, DCS requests to have the option to review the findings before they are published. This is unlikely to cause a delay or prevent your graduation.

[redacted]

ARIZONA DEPARTMENT of CHILD SAFETY

[redacted]

AZDCS Website|Twitter|Facebook|LinkedIn |IG

To report child abuse or neglect: 1-888-SOS-CHILD

Safety · Accountability · Change · Family · Engagement · Compassion · Teaming · Advocacy · Equity

Appendix D: Arizona Crisis and Behavioral Health Support Information

National 24-hour Crisis Hotlines

- 988 – call or text – suicide and crisis lifeline
- 741741 – Text the word 'HOME'

Arizona Statewide Crisis Hotline

- 18445344673 – call
- 44673 – text
- https://crisis.solari-inc.org/start-a-chat/ - online chat

Arizona County-specific Crisis Contact Information:

- 18664956735 – Apache, Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma
- 18777564090 – Coconino
- 18006311314 – Gila
- 18777564090 – Mohave, Navajo, Yavapai
- 18006311314 – Maricopa
- 18002593449 – Ak Chin, Gila River Indian communities
- 18553316432 – Salt River Indian community
- 18444238759 – Tohono O'odham Indian community

Ongoing Counseling Referrals

- 211 Arizona – call or visit link https://211arizona.org/

** Arizona has 24-7-365 crisis support services by phone and in person in the community available to any resident of Arizona, regardless of current health insurance coverage **

Appendix E: Debriefing Statement at Study Completion

Thank you for your participation! The purpose of this study is to better understand how traumatic experiences for former foster youth (FFY) parents may affect their current level of engagement with child safety.

If you have any questions about the study or you would like to be notified regarding findings from this study, please contact the researcher at [redacted]

This is a sensitive topic and for some, the questions in this study may cause discomfort. If you find yourself currently in significant discomfort and would like to talk with someone, please review the resources below for your area.

National 24-hour Crisis Hotlines

- 988 – call or text – suicide and crisis lifeline
- 741741 – Text the word 'HOME'

Arizona Statewide Crisis Hotline

- 18445344673 – call
- 44673 – text
- https://crisis.solari-inc.org/start-a-chat/ - online chat

Arizona County-specific Crisis Contact Information:

- 18664956735 – Apache, Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, Yuma
- 18777564090 – Coconino
- 18006311314 – Gila
- 18777564090 – Mohave, Navajo, Yavapai
- 18006311314 – Maricopa
- 18002593449 – Ak Chin, Gila River Indian communities
- 18553316432 – Salt River Indian community
- 18444238759 – Tohono O'odham Indian community

Ongoing Counseling Referrals

- 211 Arizona – call or visit link https://211arizona.org/

**** Arizona has 24-7-365 crisis support services by phone and in-person in your community available to any resident of Arizona, regardless of current health insurance coverage ****

Appendix F: Demographics Questionnaire

Please select:

a) Mother

b) Father

What is your age in years?

a) 18-24

b) 25-34

c) 35-44

d) 45-54

e) 55-64

f) 65-74

g) 75 or older

h) I prefer not to answer.

Ethnicity reflects the cultural traditions, values, and practices that are shared by people across generations. What label best describes your ethnicity?

a) Arab, Middle Eastern, or North African

b) Asian or Asian American

c) Black or African American

d) Hispanic, Latina/o/x

e) Native American, Alaska Native

f) Native Hawaiian or Other Pacific Islander

g) White or European American

h) Other, not listed here

i) I prefer not to answer.

Race is generally tied to physical characteristics such as skin tone, facial features, and height, among other characteristics. What label best describes your race?

a) Asian

b) Black

c) Indigenous, Aboriginal, First Nations

d) Latina/o/x or Hispanic

e) Middle Eastern

f) White

g) I prefer not to answer.

Which county do you live in?

a) Apache

b) Cochise

c) Coconino

d) Gila

e) Graham

f) Greenlee

g) La Paz

h) Maricopa

i) Mohave

j) Navajo

k) Pima

l) Pinal

m) Santa Cruz

n) Yavapai

o) Yuma

What is your current relationship status?

a) In a relationship

b) Divorced

c) In a civil union/ domestic partnership

d) Married

e) Separated

f) Single

g) Widowed

h) I prefer not to answer

How many children do you have? _____

How long have you been involved with child welfare this time?

a) Less than one month

b) One month – six months

c) Six months – one year

d) More than one year

Which of the following is the highest degree or level you have earned or completed?

a) No schooling

b) Elementary

c) Middle school

d) High school or GED

e) Post high school certificate

f) Associate's degree

g) Bachelor's degree

h) Master's degree

i) Doctoral degree

j) I prefer not to answer

Appendix G: THQ Permission

Re: Research request for THQ

[redacted] <[redacted]>
Wed 3/15/2023 3:48 PM
To:

- Sarah Gordon <[redacted]>

You are correct about the THQ; it is in the public domain. I am sending the link to the instrument in several languages and the article to cite with it, and that serves as a manual. Best wishes with the research. [redacted]

https://ctc.georgetown.edu/toolkit/

--
[redacted]

On Wednesday, March 15, 2023, Sarah Gordon <[redacted]> wrote:
Good afternoon [redacted],

I am working on my doctoral dissertation in counselor education and supervision with a specialization in trauma and crisis. One of the instruments I hope to use is the Trauma History Questionnaire. I believe from my research thus far that this is public domain; however, I wanted to reach out and determine/ gain your permission if needed. The population of interest for this study is former foster youth adults who are involved with child safety. The goal is to increase awareness and support policy changes to address barriers to engagement with child safety.

Thank you in advance,
Sarah Gordon

Appendix H: CECPS Permission

From: [redacted] <[redacted]>
Sent: Friday, January 6, 2023 12:41 PM
To: Sarah Gordon <[redacted]>
Subject: Re: Research quest

Hello Sarah. I would be happy to have you use the Engagement measure for your study. There are a couple of cautionary notes, however. If you are planning to administer the scale via in-person interviews, the 19-item CECPS should work well. But if you need to administer it as a paper-pencil survey, I strongly encourage you to use a short-form version I subsequently developed for that purpose. The longer scale has some double negatives that are confusing on paper. It was purposeful at the time in order to reflect the experience of the respondents but we needed to simplify it for broader use.

The short-form, though not in the literature, holds up well psychometrically with the longer measure.

Let me know if you would like me to send it to you.

Thanks for reaching out, and best of luck with your work.

[redacted]

On Thu, Jan 5, 2023 at 8:03 AM Sarah Gordon <[redacted]> wrote:
Good morning [redacted],

I am currently developing my proposal for my dissertation. I am respectfully seeking permission to include your scale in this research effort. I am hoping to examine the relationship between trauma in former foster youth mothers and their level of engagement with the department of child safety in the state of arizona. I am hopeful that this research will support increased trauma awareness in child welfare staff and promote positive outcomes for families.

Thank you for your consideration,
Sarah Gordon

Appendix I: Updated Survey Flyer 04/29/2025

Survey Study Seeks Former Foster Youth (FFY) Parents

Were you in foster care as a child?
Are your children currently in DCS/ CPS custody?

Please consider participating in this study to help mental health and child welfare professionals understand and help parents. For this study, you are invited to describe your experiences with trauma and engagement with child welfare.

About the Study:

- Three online surveys (approximately 15 minutes of your time). To protect your privacy, no identifying information will be collected. Your answers will be anonymous.
- This study is not connected to DCS/ CPS, will not affect your DCS/ CPS case plan, and DCS/ CPS cannot answer any questions regarding this study.

Volunteers must meet these requirements:

- At least 18 years old & live in Arizona.
- Have experienced at least one traumatic event in their life.
- Were also involved in DCS/ CPS as a child.
- Have a child/ children involved with DCS/ CPS
- Able to read English.

To confidentially volunteer and receive a $15 gift card for completing the survey - scan the code or visit the link:

https://www.surveymonkey.com/r/8DM2L8D

This survey is part of the doctoral study for Sarah Gordon ([redacted]), a doctoral candidate at Walden University (IRB # 01-24-24-1005089). The study began in January 2024.