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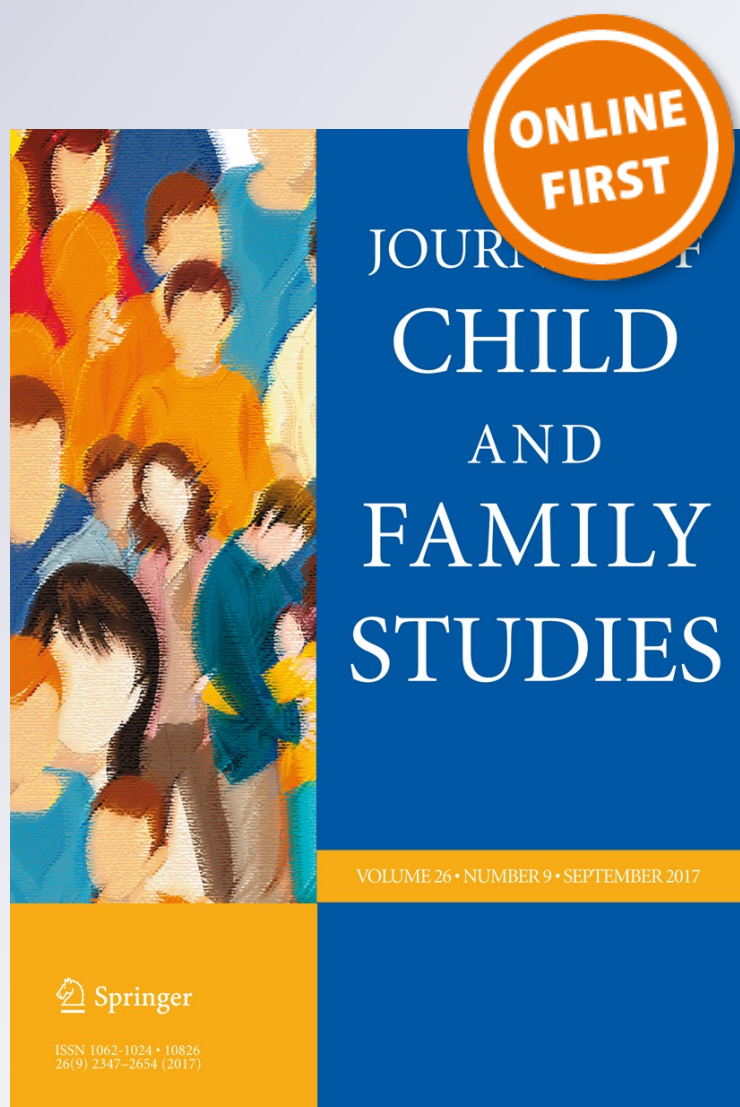
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Children's Adjustment in a Climate of Political Violence: Comparing Mother and Child Reports

Gali Tangir¹ · Rachel Dekel¹ · Tamar Lavi² · Abigail H. Gewirtz³ · Osnat Zamir⁴

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Abstract There is a dearth of research on parent and child reports regarding a parent's parenting and its contribution to a child's adjustment. Therefore, the current study examined: (a) the differences between mother and child reports of aspects of maternal parenting (i.e., care and control), among both boys and girls; (b) which parenting report (i.e., mother's or child's) makes a stronger contribution to mother and child reports of the child's adjustment in the context of political violence. One hundred and twenty-one mother-child dyads (children aged seven to 12 years old ($M = 10.02$, $SD = 1.03$)), who were exposed to prolonged political violence, participated in this study. Maternal care and control were assessed by mother and child reports on the Parental Bonding Instrument. Child's adjustment was assessed both by mother's report of child's total difficulties and child's self-report of posttraumatic stress symptoms (PTSS). Results revealed that both the mothers of girls and the girls themselves reported higher care, in comparison to mothers of boys and the boys themselves, while mothers of boys and the boys themselves reported higher control. Higher maternal control, as reported by the child, was associated with the child's self-reported PTSS. Higher maternal control, as reported by the mother, was associated with the child's total difficulties, as reported by the mother. However, maternal care, whether reported by mother or child, was not found to be associated with the child's

adjustment. School-aged children and their mothers were in agreement regarding maternal dimensions and their contribution to children's adjustment.

Keywords Exposure to political violence · Maternal care and control · Mother-child relationship · Multiple informants' report · School-aged children

Introduction

There is a great deal of evidence pointing to the centrality of the parent-child relationship in the emotional and behavioral adjustment of the child. However, parents and children may differ in their perceptions of a parent's parenting dimensions (i.e., care and control). For example, while parents might perceive the care and support they provide for their children as optimal and sufficient, the children themselves, as recipients of this care and support, might perceive it quite differently—i.e., as not optimal and not sufficient—or, of course, vice versa.

These differing perceptions arise for a variety of reasons, such as a parent's misunderstanding or misinterpretation of the child's needs and behavior, or a child's expectations of his/her parent which diverge from that which the parent provides. Understanding whether a child's adjustment is more strongly associated with a child's report or a parent's report of maternal care and control may aid researchers in determining the optimal way to collect data among this population. In other words, one advantage may be increased efficiency (i.e., given the limited time to collect data, doing so via only one report—either parent's or child's—would be more time-effective) while another advantage would be

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decreasing participant burden (i.e., by giving participants fewer but more appropriate measures).

The recognition that parenting plays a major role in the adjustment of children has led to wide-scale investigations of various child-rearing behaviors. The efforts to translate the concept of parenting into operative structures has yielded two main dimensions of warmth and control, and different combinations of these dimensions are seen as forming distinct parenting styles (Winefield et al. 1989). One of the most common perspectives is embodied by the “Parental Bonding” (or “PB”) model (Parker et al. 1979), which has yielded the most widely used empirical measure of parental behaviors in general and of parental behaviors during times of trauma in particular (Bokszczanin 2008; Dekel and Solomon 2014; Enns et al. 2002).

The PBI is comprised of two parenting dimensions—care and control—in terms of sequence, continuity, and continuum. The first, “care,” signifies a sequence/range that stretches from warmth, empathy, and closeness, to distance, indifference, and emotional neglect. The second, “control,” signifies a sequence/range that stretches from over-protectiveness, intrusiveness, and impairment of autonomy, to encouragement of independence, respect for personal space, and facilitation of autonomy. A high level of parental care combined with a low level of parental control has been found to be linked with positive effects on the mental health of children and adolescents (e.g., Freudenstein et al. 2011).

Findings from the few studies which have examined the differences between child and parent perceptions have yielded contradictory findings. For example, Bögels and Melick (2004) studied children aged 9–12 and found that mothers reported on their own parental rearing behaviors (“autonomy-encouragement vs. overprotection,” “acceptance vs. rejection,” and “psychological control”) in a more positive way than did their children. The opposite picture emerged in a study by Drake and Ginsburg (2011), which compared anxious and nonanxious mothers of children aged 6–13, and found that while anxious mothers perceived their parenting and family environment negatively, the children (and an observer) did not. Findings regarding gender differences have also been inconsistent. While Bögels and Melick (2004) did not find that perceptions differed according to gender, another study (Dekel and Solomon 2014) found that adolescent girls reported significantly higher levels of perceived care than did adolescent boys, while there were no gender differences in perceptions of maternal control.

To the best of our knowledge, most studies to date have focused on how the discrepancy between perceptions of maternal care and control might influence children's adjustment (e.g., Guion et al. 2009; Reidler and Swenson 2012), but not on the differing perceptions of care and control, and not on understanding whether the child's

reported perceptions or the mother's reported perceptions make a greater contribution to the child's adjustment. As for statistical preference, it should be noted that Laird and Weems (2011) demonstrated the statistical equivalence of regression models using difference scores (raw or standardized) and regression models using separate scores for each informant.

The importance of parenting in the context of exposure to ongoing traumatic events has been borne out by studies indicating that parents' reactions are even more important to the child's mental health than the severity of the event itself (Cummings et al. 2010; Green et al. 1991). Few studies, however, have examined the contribution of parental care and control to a child's adjustment following traumatic events, and all of them were based solely on the child's report (Bokszczanin 2008; Dekel and Solomon 2014). Dekel and Solomon (2014) found that maternal control was associated with greater distress, more PTSS and lower life satisfaction among Israeli adolescents following the 2006 Lebanon War. Maternal care, on the other hand, contributed to these adolescents' lower distress and greater life satisfaction.

The region of Israel situated on the border of the Gaza Strip has been exposed to Qassam-rocket attacks for 15 years. Between 2001 and the end of June 2014, a total of 9478 rockets and 7460 mortars were fired into this area (Israel Security Agency 2014). The children who were born into this situation have never known security and safety from such attacks, nor the lack of anxiety and uncertainty that are inherent in such situations (e.g., Diamond et al. 2013). As in other countries, Israeli society places the best interests of the child over the wishes of the mother (e.g., Gueta and Addad 2014; Sinai-Glazer 2015). Moreover, motherhood is deemed to be particularly important among Jewish women for religious and demographic reasons, and care for the children is seen as almost exclusively the responsibility of the mother (e.g., Sinai-Glazer 2015; Slone et al. 2011).

Parenting in general demands a great deal of patience, an ability to help one's child regulate his/her emotions, and listening (Cohen 2009). A recent qualitative study suggests that the need to cope on a permanent basis with chronic exposure to the constant danger that characterizes the Gaza Strip border area may deplete mothers of the emotional and psychological resources needed to provide care and grant control to their children (Sommer and Ataria 2014). Nevertheless, it must be said that the objective reality—i.e., the dire, dangerous and oftentimes life-threatening circumstances characterizing daily life close to the Gaza Strip—requires a much greater physical protectiveness of children and a resultant decrease in the children's physical autonomy or independence (Gil-Rivas et al. 2004). Parents therefore may be at risk of developing an overprotective parenting style.

It is important to understand the associations between specific parenting practices, developed and applied in the context of concretely dangerous situations, and a child's psychological distress. The few studies which have examined these associations in the context of political violence seem to have implied that even in life-threatening circumstances, granting a degree of autonomy and independence to a child is important. Slone et al. (2011) studied parents and children ages 10–11 from 94 families (42 Arab, 52 Jewish) in Israel and found that children of authoritative mothers (responsive and demanding) demonstrated lower levels of psychological distress than children with authoritarian mothers (low in responsiveness and highly demanding). In other words, children with permissive mothers (highly responsive and low demanding) did not differ from children with authoritative mothers (Slone et al. 2011).

Children of school age are meant to develop a sense of competence and self-esteem as a result of experiencing successes and taking pride in their accomplishments (Erikson 1950). However, the very real security threat and danger that these children experience limits their ability to distance themselves physically from their parents or other adults responsible for them. Children of this age are also characterized by a growing interest in and sensitivity to the feelings and thoughts of other people, meaning that the school-aged children who live in these areas are likely to be preoccupied with their parents' anxieties and worries (Joshi and O'Donnell 2003). Gender boundaries are also very marked in this period (Berk 2013; Sarnoff 1987); i.e., while boys tend to participate in sports, girls are more likely to take part in ballet classes and other creative activities. Existing studies on prolonged exposure have, nevertheless, focused mainly on preschoolers (Pat-Horenczyk et al. 2013), adolescents (Yablon et al. 2011) and adults (Stein et al. 2013) while studies on school-aged children are scarce.

Punamäki et al. (2011) found parenting practices were more supportive of girls and more punitive for boys among a Palestinian community sample of children and adolescents living in the Gaza Strip (ages: 6–16 years old) (Punamäki et al. 2011). In light of the developmental task that typifies this phase, which involves children making a gradual transition toward greater responsibility in regulating their own behavior and interactions with others, it is important to explore the possible impact on their adjustment of growing up in a context of political violence. Moreover, studies using a multiple-informant approach are scarce; those that do exist indicate psychometric effectiveness. They also indicate that school-age children (ages 8–12 years old) are able to report reliably on their parents' parenting practices via questionnaires (e.g., Borelli et al. 2013; Kuppens et al. 2009).

The first aim of this research study was to examine differences between mothers' reports and children's reports, according to the child's gender. We hypothesized that differences would exist between mothers' reports and children's reports, and between girls' reports and boys' reports. In light of the conflicting findings of previous studies and the paucity of research knowledge on this topic in general, and for this age group in particular, we did not predict the directions of the differences in the reports. The second aim was to examine which of the parenting reports (i.e., the mother's or the child's) made a stronger contribution to each informant's report of the child's adjustment in the context of exposure to political violence. We predicted that lower care and higher control, and being a boy, would be associated with a child's greater number of total difficulties, while lower care and higher control, and being a girl, would be associated with a child's greater degree of PTSS. Due to contradictory findings and a paucity of research knowledge, we made no specific hypotheses regarding the differences between these reports.

Method

Participants

The sample included 121 Israeli mother–child dyads who lived within 5 km/three miles of the Gaza Strip. Children ranged in age from 7 to 12 years old ($M = 10.02$, $SD = 1.03$) (female: $n = 62$ (51.2%), male: $n = 59$ (48.8%)). Mothers' mean age was 41 years old ($SD = 5.73$), with most of them (80.2%) having been born in Israel. All mothers were married to the fathers of their children. Mothers reported 14.9 mean years of education ($SD = 2.4$), and evaluated their families' economic status as average to good 2.53 ($SD = 0.69$) (range: 1 = very bad to 4 = very good). All of these families had been exposed to a prolonged security threat in their residential areas. Children reported exposure to a mean 1.28 (1.16%) other traumatic events. About half of the mothers ($n = 57$; 47.1%) reported exposure to political violence (defined as "exposure to injury or house damaged," in relation to cases in which the participant answered positively to any type of exposure, whether this exposure was hers personally, or experienced by a family member or acquaintance).

Procedure

This study was part of a joint research project conducted by the University of Minnesota (USA), Bar-Ilan University, and Sderot's Resiliency Center (Israel); IRB approval was received from all participating institutions. Data was collected during the period of May 2012 to December 2013.

Mother–child dyads were recruited in several ways: via informal education centers, Sderot's Resiliency Center, community contacts, and via the snowball sampling method (Cohen and Arieli 2011). The study was presented by the primary researchers, the research coordinator, and the interviewers, to mothers of third to sixth grade children as a study dealing with the effects of living in the shadow of political violence. A telephone call was then placed to mothers who had expressed interest in participating, and a meeting between interviewer and family was arranged at a time and place of the family's choosing (typically the family's home). Both mother and child signed, separately, informed consent forms. Mothers filled out questionnaires independently, while children were helped, according to need, to read and understand the questionnaires. In exchange for their participation, each family was given a gift card equivalent in value to 25 US dollars. Data from two dyads were excluded as a result of their not fully completing the questionnaires.

Measures

Children's posttraumatic stress symptoms were assessed via children's completion of the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-RI). This is a 22-item self-report scale based on DSM-IV Posttraumatic Stress Disorder criteria. The frequency of symptom occurrence during the previous month is rated on a 5-point Likert scale, ranging from 0 (not at all) to 4 (most of the time) Steinberg et al. (2004, 2013). The child's Posttraumatic Stress Disorder Symptoms (PTSS) is calculated by the average score of all the PTSD symptoms indicated by the child. The UCLA PTSD Reaction Index has good psychometric properties and has been used in a variety of cultural settings for school-aged children (Scrimin et al. 2011). The Hebrew version has been used in several Israeli trauma studies (e.g., Pat-Horenczyk et al. 2014). Cronbach's alpha in the current study was 0.91.

Children's total difficulties were assessed via mothers' completion of the strengths and difficulties questionnaire (SDQ). This questionnaire is comprised of 25 items, consisting of five scales of five items each: conduct problems, hyperactivity, emotional symptoms, peer problems, and pro-social behavior (Goodman 1997). For each scale, except for the pro-social scale, higher scores indicate more difficulties. In this study, the four scales were calculated as a sum to produce a Total Difficulties scores (i.e., internalizing and externalizing problems). The SDQ correlates highly (>.80) with the Child Behavior Checklist (CBCL) total score (Achenbach 1991) and has high reliability and validity (Goodman 2001). This study made use of the official Hebrew version of the SDQ, as translated by the Israeli Ministry of Health, which can be found on the SDQ

website (www.sdq.com). Cronbach's alpha in the current study for the mean total difficulty score was 0.82.

Socio-demographic background

This questionnaire, completed by the mothers, included questions regarding place of residence, age of mother and child, mother's birth country, mother's years of education, mother's evaluation of economic status.

Exposure to political violence

Exposure was assessed by the mother's response to two questions regarding exposure to injury or damage to house due to a terror event: "Were you or someone you know (family member or acquaintance) injured during a terror attack?" and "Was your house or the house of someone you know (family member or acquaintance) damaged during a terror attack?" Responses to the two items were combined to create a single dichotomous variable i.e., if participants answered "yes" to either question, they were considered "exposed to injury/damage" (Based on Pagorek-Eshel and Dekel 2015).

Exposure to other traumatic events

Children were asked to indicate whether they had experienced a traumatic event in the past (specific examples included automobile accidents, illnesses, a relative's death, being injured in school, hospitalization). The variable was created by counting the number of events indicated by the child (Based on Steinberg et al. 2004).

Maternal care and control were assessed by mothers' and children's reports on the Parental bonding instrument (PBI). The PBI was developed by Parker et al. (1979) as a measure for assessing the quality of the parent-child relationship (in this particular study, the mother-child relationship), as perceived retrospectively by adolescents aged 16 years and above. The questionnaire consists of 25 items relating to two dimensions seen as central to the parent-child relationship. The first dimension, "care," refers to the degree of parental care, and ranges from warmth, empathy, and closeness to distance, indifference, and emotional neglect. The second dimension, "control," refers to the degree of parental control, and ranges from over-protectiveness, intrusiveness, and impairment of autonomy to encouragement of independence, respect for personal space, and facilitation of autonomy.

Participants were asked to rate the extent to which each item reflected their perceptions of their mother (or mothers' perceptions of themselves) on a 4-point Likert scale, ranging from 1 (very appropriate) to 4 (very inappropriate). The scale was found to have high internal and test-retest

validity (Parker 1989) and long-term stability over time (Wilhelm et al. 2005). The PBI's Hebrew version (Dinshtein et al. 2011) has been used in several Israeli trauma studies both among youth (Dekel and Solomon 2014) and among adults (Dinshtein et al. 2011; Zerach and Aloni 2014).

In this study, the PBI questionnaire was adapted for school-aged children and was tested first on three non-exposed children. The maternal report version was similarly adapted; for example, a modified item for the child, "helps me as much as I need," was changed, in the maternal version, to, "I help my son as much as he needs." Or, another example of a modified item for the child, "tends to treat me like a baby (sometimes treats me as if I was a baby)," was changed, in the maternal version, to "I tend to treat my child like a baby." In the current study, the Cronbach's alpha values were .78 for the "care" dimension reported by the mother and 0.69 reported by the child, and .64 for the "control" dimension reported by the mother and 0.71 reported by the child. Distribution of the maternal care and control dimensions indicated that the variability in the care dimension, both by mother's report and by child's report, was narrow. That is, high maternal care was reported by the vast majority of participants. More variability, however, was found in the maternal control dimension as reported by both mothers and children (Table 1).

Data Analyses

First, in order to describe the differences between maternal care and control based on respondent (mother or child) and child's gender, MANOVA for repeated measures with two independent variables (the reporter, i.e., mother or child, and child's gender), and two dependent variables (care and control) was performed. Second, in order to examine the relationships between maternal care and control and children's adjustment (second hypothesis), correlations between reports of maternal care and control according to respondent (mother or child), and dependent variables, were performed, separately for boys and girls. After that, correlations between background variables (exposure to injury/damage, mother's evaluation of economic situation, mother's years of education, child's other traumatic events, mother's age and

child's age) and child adjustment variables were examined in order to determine which background variables would enter the regressions.

In order to examine which of the parenting reports (i.e., the mother's, or the child's) made a more significant and stronger contribution to children's adjustment in the context of exposure to injury/damage, four hierarchical regressions consisting of four steps each were performed, predicting the child's total difficulties (reported by the mother) and the child's PTSS (reported by the child). The first two steps were identical to all four regressions and included the background variables of child's gender, mother's evaluation of economic situation, mother's years of education and child's experience of other traumatic events. In the second step we entered the exposure variable.

In the third step, maternal care and control as reported by either the mother (i.e., mother's report of care, mother's report of control) or by the child (i.e., child's report of care, child's report of control) were entered, and in the fourth step the reports of maternal care and control by the other respondent (the one who was *not* entered in the former step) were entered. Two such regressions consisting of these four steps each (once with the maternal care and control as reported by the mother, and a second time with the maternal care and control as reported by the child) were performed twice for each of the dependent variables: child's total difficulties and child's PTSS. Due to the similarity of the contributions between the two formats described, only one is presented (maternal care and control as reported by the child, beyond the contribution of the mother's report) (Table 2).

Results

Table 2 presents the correlations between maternal care and control, and dependent variables, according to respondent (mother or child) and child's gender. Maternal control, as reported by the child and/or the mother, was significantly positively correlated with child's self-reported PTSS and child's total difficulties, both for girls and boys. That is to say, higher maternal control, as reported by the child and/or by the mother, was correlated with child's self-reported higher PTSS and mother's report of child's greater total difficulties. Among girls only, a significant positive correlation was found between maternal control, as reported by the mother, and child's self-reported PTSS, meaning that the mother's report of higher maternal control was correlated with the child's self-reported higher PTSS. No significant correlations were found between the child's (regardless of whether the child was a boy or a girl) report on maternal control and the mother's report of the child's total difficulties. None of the correlations between maternal care,

Table 1 Distribution of the maternal care and control dimensions, by respondent (mother or child) ($N = 121$)

Maternal dimension	Reporter	M	SD	Minimum	Maximum	Range
Care	Child	3.72	0.34	2.42	4	1.58
	Mother	3.77	0.26	2.58	4	1.42
Control	Child	2.03	0.47	1	3.54	2.54
	Mother	2.01	0.35	1.15	3	1.85

Table 2 Correlations between perceptions of maternal care and control and child's adjustment, by respondent (mother or child) and by child's gender ($N = 121$)

	Child's gender	Total difficulties	Child's PTSS
Care-child's report	Boys	0.04	-0.18
	Girls	0.06	0.02
Care-mother's report	Boys	-0.23	0.08
	Girls	-0.19	-0.02
Control-child's report	Boys	0.01	0.42***
	Girls	0.09	0.25*
Control-mother's report	Boys	0.33**	-0.02
	Girls	0.45***	0.31*

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

whether reported by child or by mother, and child's adjustment were found to be significant.

Exposure to injury/damage, mother's evaluation of the family's economic status, mother's years of education, and child's exposure to other traumatic events were all correlated with mother's report of child's total difficulties; i.e., mother's reported exposure to injury/damage ($r = 0.29$, $p = 0.001$), mother's evaluation of lower economic status ($r = -0.42$, $p = 0.000$), mother's fewer years of education ($r = -0.19$, $p = 0.041$) and child's higher number of other traumatic events ($r = 0.33$, $p = 0.000$) were correlated with child's greater risk for more difficulties. Child's exposure to a higher number of other traumatic events ($r = 0.20$, $p = 0.027$) and fewer years of maternal education ($r = -0.24$, $p = 0.009$) were associated with child's report of more PTSS. None of the correlations between the other background variables that were checked (mother's age and child's age) and child's adjustment were found to be significant.

Figure 1 indicates that for both care and control, no main effect by respondent was found [$F(2, 118) = 0.96$, $p = .37$, partial $\eta^2 = .02$], nor was any interaction effect found between respondent and child's gender [$F(2, 118) = 1.16$, $p = .32$, partial $\eta^2 = 0.02$]. However, we did find a main effect for child's gender [$F(2, 118) = 9.54$, $p < .001$, partial $\eta^2 = 0.14$], both for care [$F(1, 119) = 5.03$, $p = .027$, partial $\eta^2 = 0.04$] and control [$F(1, 119) = 15.42$, $p < .001$, partial $\eta^2 = 0.12$]. Univariate analysis revealed that mothers of girls and girls themselves reported higher care ($M = 3.79$) than mothers of boys and boys themselves ($M = 3.71$), while mothers of boys and boys themselves reported higher control ($M = 2.13$) than mothers of girls and girls themselves ($M = 1.92$).

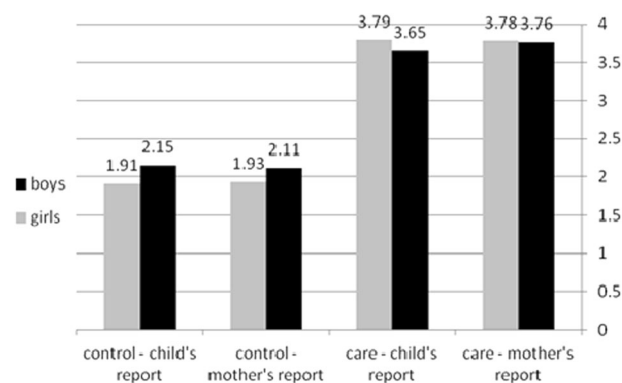
**Fig. 1** Differences between perceptions of maternal care and control based on respondent (mother or child) and child's gender

Table 3 presents the Beta coefficients of each of the four steps for each of the two hierarchical regressions examining the contribution of maternal care and control, as reported by children and mothers, to child's adjustment, as reported by children and mothers.

The total set of the independent variables explained 42.6% of the variance in child's total difficulties ($F(2107) = 0.167$, $p = 0.846$). In the first step, being a boy (as compared to being a girl), lower economic status, and child's greater number of other traumatic events contributed significantly to child's total difficulties. Exposure to injury/damage (Step 2) also contributed to child's total difficulties so that exposure as reported by mother contributed significantly to child's total difficulties. Maternal control, as reported by mother (Step 3), contributed significantly to child's total difficulties so that higher maternal control as reported by mother contributed significantly to child's total difficulties. Maternal care and control as reported by the child made no contribution to child's total difficulties (Step 4).

The total set of the independent variables explained 17.8% of the variance in child's self-reported PTSS ($F(2107) = 3.924$, $p = 0.023$). As can be seen in the first step, mother's fewer years of education and child's greater number of other traumatic events contributed significantly to child's self-reported higher PTSS. Exposure to injury/damage (Step 2) and maternal care and control, as reported by mother (Step 3), made no contribution to child's self-reported PTSS. Maternal control, as reported by child (Step 4), contributed significantly to child's self-reported PTSS so that higher maternal control as reported by child contributed significantly to child's self-reported PTSS.

Discussion

This study explored mother and child reports on the same maternal dimensions (care and control) in a population that

Table 3 Summary of hierarchical regression analysis for contribution of child and mother reports on maternal care and control to child's adjustment ($N = 117$)

Variables	Child's PTSS			Total difficulties		
	<i>B</i>	SE	<i>B</i>	<i>B</i>	SE	β
Step 1						
Child's gender	4.63	2.95	0.14	-0.57	0.20	-0.23**
Economic status	-1.32	2.27	-0.06	-0.56	0.15	-0.32***
Mother's years of education	-1.42	0.54	-0.24**	-0.03	0.04	-0.08
Child's other negative life events	2.55	1.27	0.18*	0.25	0.08	0.24**
Step 2						
Exposure to injury/damage	-1.31	2.99	-0.04	0.51	0.19	0.21**
Step 3						
Care—mother's report	2.06	5.86	0.03	-0.53	0.36	-0.11
Control—mother's report	1.55	4.72	0.03	0.95	0.29	0.28***
Step 4						
Care—child's report	-1.28	5.03	-0.02	0.18	0.32	0.05
Control—child's report	9.14	3.55	0.26*	0.01	0.22	0.00
	$R^2 = 0.18^*$			$R^2 = 0.43$		

Two regressions consisting of these four steps each (once with the maternal care and control reported by the mother in Step 3, and a second time with the maternal care and control reported by the child in Step 3) were performed twice for each of the dependent variables: child's total difficulties and PTSS. Due to the similarity of contributions between the two formats described, only one is presented (maternal care and control as reported by the child, beyond the contribution of the mother's report)

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

has been exposed to prolonged political violence. Findings indicate that overall there is agreement between mothers and children regarding the care and control provided by the mother, among both boys and girls (Van Rooij et al. 2015). The PBI has generally been used among individuals from the age of 16 and up, in order to assess their perceptions of their mothers' parenting retrospectively. The current study provides initial support for the possibility of using the PBI among school-aged children as well, to assess their mothers' parenting, and among their mothers, to assess their own parenting as previously done by others in different variations (Borelli et al. 2013; Kuppens et al. 2009).

Mothers of girls and girls themselves reported higher maternal care, in comparison to mothers of boys and boys themselves, while mothers of boys and boys themselves reported higher maternal control, in comparison to mothers of girls and girls themselves. This finding may be attributed to parents' different *expectations* regarding gender roles which are then integrated into their different *attitudes* towards boys and girls (Tenenbaum and May 2014). Girls are subtly or not so subtly guided towards focusing on relationships, caring for others, and showing sensitivity to and taking responsibility for others (Chodorow 1978; Gilligan 1982; Leman and Tenenbaum 2014), while boys are more directed towards independence/ autonomy and assertiveness (Tenenbaum and May 2014). In other words, parents nurture selfhood and independence in boys, as part of

their male identity, while in girls they nurture attention to relationships.

The fact that girls are more relationally directed than boys, an aspect which certainly colors the mother/daughter relationship, (Butler and Shalit-naggar 2008) may also lead girls to perceive their mothers as more caring than boys perceive their mothers (Canetti et al. 1997; Dekel and Solomon 2014). In general, boys are expected to manifest more autonomy and independence than girls, simply because they are boys. Nevertheless, in dangerous situations, such as the one which for many years has characterized life in and around the Gaza Strip, this physical independence may potentially be life-threatening.

However, among girls only, a significant positive correlation was found between maternal control as reported by the mother and the girl's self-reported PTSS. It is also important to remember that parents' behaviors are sometimes reactions to their children's behaviors and not only their potential cause (Kerr and Stattin 2003). When mothers demonstrate a greater amount of controlling behavior towards their daughters, it may be as a result of the daughters' own difficulties and distress.

This study's second aim was to detect whose reported perceptions (i.e., the mother's, or the child's) made a stronger contribution to mother and child reports of children's adjustment in the context of exposure to political violence. Several notable findings emerged. First, higher

maternal control as reported by the child made a unique and significant contribution to the child's self-reported higher PTSS. Other studies have also found that the child's experience of the mother as controlling was connected to the child's self-reported distress (Bokszczanin 2008; Dekel and Solomon 2014; Drake and Ginsburg 2011; Lima et al. 2014; Slone et al. 2011). It may be that high maternal control, as perceived by the child, is connected to a sense of lack of control and helplessness among children, impairing their emotional adjustment (e.g., Wei and Kendall 2014).

Second, higher maternal control, as reported by the mother, made a unique and significant contribution to the child's total difficulties, as reported by the mother. One explanation for this finding may be the effect of the mother's emotional state on her reporting, as mothers reported on their own maternal control and their child's adjustment (i.e., total difficulties). Another study that was conducted in the same geographical area as the current study found that mothers who suffered from post-traumatic stress disorder reported enforcing restrictions on their children's movements and confining them to safe-zones (Sommer and Ataria 2014). It may be that distressed mothers perceive their motherhood more negatively and as being more controlling than it actually is, and they may also perceive their children's behavior as more problematic than it actually is (Drake and Ginsburg 2011).

Finally, maternal care, either as reported by child or by mother, made no contribution to child's adjustment. Distribution of the maternal care dimension indicated that the variability in the care dimension, both by mother's report and by child's report, was narrow, i.e., high maternal care was reported by the vast majority of participants. More variability, however, was found in the maternal control dimension as reported both by mothers and children.

Limitations and directions for future research

First, as is typical of political conflict studies (Cohen and Arieli 2011), this study used convenience rather than random sampling. The cross-sectional design obviously does not allow for any causal inferences. Future studies should use a matched control group and a longitudinal design; the latter would provide the opportunity to learn about the trajectories of the exposure's consequences on parenting and adjustment over time. Second, the use of self-report measures increases the likelihood of method bias. Future research would benefit from using other methodologies such as objective observer ratings, medical records, school reports, biological measures and/or examining other aspects of parenting, such as role reversal between parent and child. Doing so would provide a more valid and wider understanding regarding perceptions of parent-child relationships and their connection to child's adjustment.

Third, as this study was conducted in a specific security situation, the ability to generalize from the findings to other security situations and contexts is limited. Fourth, while mothers and children reported on the same parenting behaviors (i.e., via the Parental Bonding Instrument), the child's adjustment was assessed by mother and child reports on two different measures: mothers reported the child's total difficulties (externalizing and internalizing behaviors), and children reported their own post-traumatic stress symptoms. Finally, fathers and other members of the family may also play a critical role in the emotional development of children in general and following exposure to trauma (Zerach and Aloni 2014). Thus, future studies should examine the contributions of the father and significant others to children's adjustment.

The finding that exposed school-age children and their mothers reported similarly on perceptions of maternal care and control validates the use of this measure among this specific age group and allows for the reliance on a single report in the future (either the mother's or the child's). The use of a single report would both increase efficiency (i.e., given the limited time to collect data, doing so via only one report—either mother's or child's—would be more time-effective) while another advantage would be decreasing participant burden (i.e., by giving participants fewer but more appropriate measures).

Author Contributions G.T.: The study was part of her Ph.D. She was part of the design team and executed the study, analyzed the data, and wrote the paper. R.D.: Co-PI, initiating, designing, executing and writing. T.L.: Helped in designing study, recruiting participants, and final editing. A.H.G.: PI, initiating, designing, and final editing. O.Z.: Part of the wider designing of the project and final editing.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no competing interests.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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