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# The Contribution of Maternal Care and Control, and Community Type to Children's Adjustment to Political Violence

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**Objectives:** This study explored the behavioral and emotional adjustment of Israeli school-age children who are exposed to political violence. Based on Bronfenbrenner's (1986) ecological model and ecological model of psychosocial trauma (Harvey, 2007), we examined the direct contribution of exposure, gender, maternal characteristics (mother's posttraumatic stress symptoms [PTSS], maternal care and maternal control), and community type (development town vs. kibbutz), to school-age children's adjustment. In addition, we examined whether maternal characteristics and community type moderated the association between exposure and adjustment. **Method:** There were 121 mother-child dyads from the development town of Sderot ( $n = 62$ ) and from the surrounding kibbutzim ( $n = 58$ ) participated. **Results:** Revealed that being a boy, living in Sderot, and mothers' higher PTSS, contributed directly to children's total difficulties (i.e., externalizing and internalizing problems), and that maternal control moderated the association between personal exposure and children's total difficulties. Furthermore, being a girl and mother's higher PTSS and higher maternal control contributed directly to children's PTSS. Mother's PTSS moderated the association between personal exposure and children's PTSS. Maternal care was not associated with children's adjustment. **Conclusions:** Both the child's gender and the type of community in which he or she lives are associated with maternal distress and children's adjustment to political violence.

**Keywords:** children's adjustment, exposure to political violence, maternal care and control, school-age children, PTSS

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The region of Israel on the border of the Gaza Strip has been exposed to Qassam-rocket attacks for 15 years. Since the year 2001 until the end of June 2014, a total of 9,478 rockets and 7,460 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 and have experienced concomitant anxiety and uncertainty (Diamond, Lipsitz, & Hoffman, 2013). Therefore, this study investigated the adjustment of chil-

dren aged 8 to 12, who were born into this reality, and familial and communal variables that may have contributed to their adjustment. Because studies conducted in Israel have indicated that mothers are still the primary caretaker, both in intact and in nonintact families (e.g., Slone, Shechner, & Farah, 2012), in this study we chose to focus on maternal relationships.

Bronfenbrenner's (1986) ecological model conceptualizes the context of human development as a series of interrelated systems that are embedded in each other and influence the child both directly and indirectly through his or her multiple interactions with family, peers, and the larger sociocultural context. Harvey's ecological model of psychosocial trauma (Harvey, 2007) adds that in trying to understand the differences in individuals' responses to and recovery from traumatic events, we should take into consideration the characteristics of the event itself. This framework perceives resilience as a multidimensional phenomenon. Thus, an individual can demonstrate impairment in one or more domains, and yet demonstrate remarkable strengths in others.

In keeping with these models, this study examined the direct contribution of the exposure to the political violence (macrosystem), gender (individual characteristic), mother's maternal characteristics (microsystem), and community type (exosystem), to school-age children's adjustment (resilience and recovery). Hence,

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the moderating contributions of maternal care and control, and community type to the association between exposure and adjustment were also examined.

### Children's Adjustment

The literature documents that exposure to political violence has a number of consequences for children's and adolescents' adjustment (Sagi-Schwartz, 2008; Yablon et al., 2011). Studies have mainly focused on the emotional, as opposed to the behavioral, aspects of the adjustment of exposed preschool children and youth: psychological distress, somatic complaints, anxiety and depression, and subjective functioning impairment (Berger et al., 2012; Feldman et al., 2013, 2014). Feldman and her colleagues (2013) examined 148 preschool children (1.5 to 5 years old) living in on the border of the Gaza Strip, and found that 37.8% of them were suffering from posttraumatic stress disorder (PTSD). When the same children were reassessed at ages 7 to 8, 60.3% of 148 of them displayed an Axis-I psychiatric disorder and 62% of those showed several comorbid disorders (Feldman et al., 2014). Another study examined 154 seventh- and eighth-grade students from Sderot (Berger et al., 2012) and found that 43.5% of them have a likely diagnosis of PTSD.

Furthermore, the existing literature on differences in children's adjustment reveals that adolescent girls experience greater emotional distress after exposure to political violence, while adolescent boys exhibit greater amounts of aggressiveness and behavioral problems (Braun-Lewensohn, 2012; Kimhi & Shamai, 2006; Yablon et al., 2011). As mentioned previously, all of these studies have examined either preschool children or adolescents. Because of the paucity of information regarding school-age children and their adjustment, the current research examined the emotional and behavioral adjustment of school-age children (3rd to 6th grade).

### Parenting

Parental functioning plays a crucial role in the resilience of children who are living in the midst of distressing circumstances (Masten & Narayan, 2012). The importance of parenting in the shadow of trauma exposure is 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). Children's construction of the meaning and importance of events is largely dependent on their parents' reactions (Cohen, 2008). Hence, for children living in the shadow of political violence, the consequences for their adjustment are both direct, via their own exposure, and indirect, via their caretakers' and significant others' exposure (Masten & Narayan, 2012; Shamai & Kimhi, 2007).

The recognition that parenting plays a major role in the adjustment of children has led to a wide-scale investigation of various child rearing behaviors. The effort to translate the concept of parenting into operative structures has yielded two main dimensions of warmth and control (Winefield, Goldney, Tiggemann, & Winefield, 1989), and different combinations of these dimensions are seen as forming distinct parenting styles. The most common perspectives are those that were developed by Maccoby and Martin (1983) and by Parker, Tupling, and Brown (1979). The first model focuses on "responsiveness" and "demandingness," while the second emphasizes "care" and "control/over-protectiveness" as

the predominant aspects of parenting. The current study is based on the latter model ("Parental Bonding" or "PB") because it has yielded the most widely used empirical measure of parental behaviors (Enns, Cox, & Clara, 2002). The first dimension of the PB, care, signifies warmth, empathy, and closeness, as opposed to distance, indifference, and emotional neglect. The second, control/over-protectiveness, signifies overprotectiveness, intrusiveness, and impairment of autonomy, as opposed to encouragement of independence, respect for personal space, and facilitation of autonomy (Parker et al., 1979). 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 (Freudenstein et al., 2011).

However, it is worth noting that this second dimension—control—generally has a negative connotation under the PB model, more than it has under other models such as Baumrind's (Pedersen, 1994). The negative aspects of control are reflected in excessive monitoring of the child's daily routine and include coercive discipline, psychological control, the withholding of love, and expressions of disappointment that cause the child to feel anxiety, isolation and embarrassment (Barber, 1996; Peterson & Rollins, 1987). Kuppens and her colleagues (Kuppens, Grietens, Onghena, & Michiels, 2009) found that behavioral control and support were positively associated with child prosocial behavior, while psychological control was positively correlated with child conduct problems, and to a lesser extent with child internalizing problems. Only a few studies have examined the contribution of parental care and control to adolescents' adjustment after traumatic events (Boksaczanin, 2008; Dekel & Solomon, 2014). For example, maternal control was associated with greater distress, more posttraumatic stress symptoms (PTSS) and lower life satisfaction among Israeli adolescents after the 2006 Lebanon War. Maternal care, on the other hand, contributed to these adolescents' lower distress and greater life satisfaction (Dekel & Solomon, 2014).

Parenting in general demands a great deal of patience, regulation ability, and listening (Cohen, 2008). The need to cope on a permanent basis with chronic exposure to the constant danger that characterizes the border of the Gaza Strip has led to mothers being depleted of their emotional and psychological resources (Somer & Ataria, 2014), to the extent that their ability to balance between demonstrating care and granting control to their children, are at risk (Somer & Ataria, 2014). Among younger children in this area, there is evidence for the associations between a mother's posttraumatic distress and her child's PTSD and other adjustment problems (Feldman et al., 2014). For example, Pat-Horenczyk and colleagues (2013) found that 57.9% of the mothers with PTSD also had children who suffered from PTSD (Pat-Horenczyk et al., 2013). Indeed, the links may be both genetic and environmental (Feldman et al., 2014). However, the current research focused on caregiving environment.

### Community Type

Community can play a protective role both for adults in their parental role and for children (Cohen, 2008). The role of community in the association between a child's exposure to political violence and a child's adjustment has hardly been explored, though it appears to be an important factor (Kimhi & Shamai, 2004; Sagi-Schwartz, 2008). A community has the ability to moderate

the personal vulnerability of individuals exposed to political violence, via providing a sense of belonging and social support (Dekel & Nuttman-shwartz, 2009). As these are the result of strong leadership, easy access to community resources and social equality (e.g., Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008), those individuals who are living in poor communities with very few resources, may be particularly vulnerable. They lack both the economic and the human capital needed to organize themselves before, during, and after a disaster (Norris et al., 2008).

The current research examines two types of communities unique to Israel: the development town and the kibbutz. The kibbutz is a collective settlement, primarily agricultural, inspired by collectivist ideals of economic and social equality and mutual support and responsibility (Halamish & Tzameret, 2010). Kibbutzim provide a relatively high quality of life, greenery and open space, good educational systems, varied cultural activities, and low crime rates. In contrast, development towns—that were built in the peripheral areas of Israel in the 1950s to provide housing for a large influx of refugees and immigrants—are populated by low socioeconomic status (SES) populations. Among other things, the lack of employment opportunities in the development towns has led to poverty, which has been perpetuated over the years (Yiftachel, 2000).

Sderot is one such development town. It has little infrastructure, high rates of poverty and unemployment, and a poor educational system (Central Bureau of Statistics, 2012; National Insurance Office, 2012). Among the residents of Sderot there is a pervasive feeling that they have been neglected by the government and by their more fortunate counterparts elsewhere in the country (Friedman-Peleg & Goodman, 2010). Previous studies have shown the greater vulnerability of Sderot residents in comparison with residents of the rural areas near the Gaza border (Stein et al., 2013). A random digit-dial telephone survey conducted in August 2007 (7 months after a military operation in Gaza—a time of large numbers of rocket attacks) revealed that residents of Sderot had a much higher rate of probable PTSD (35.2 vs. 6.6%), and the community in which the individual lived was shown to be the most important predictor of PTSD and depression (Stein et al., 2013). Another study conducted in 2005, which compared Sderot with the kibbutzim close to the Gaza border (Dekel & Nuttman-shwartz, 2009), revealed that Sderot residents reported more PTSS even after the impact of exposure had been taken into account. These studies, however, focused on adults, and they were based on self-reports; in addition, the data had been collected over the previous decade, after fewer years of exposure.

### Current Research

The primary objective of this research was to examine the adjustment of 8 to 12 year-old children living through years of rocket attacks from Gaza. We examined background variables known to enhance vulnerability to traumatic stress—for example, immigrant status, educational level, economic status, and previous exposure to trauma events (Brewin, Andrews, & Valentine, 2000; Punamäki et al., 2015; Stein et al., 2013). First, we hypothesized that personal exposure would be associated with poorer children's adjustment. Second, given data showing sex differences in expressions of posttraumatic distress between boys and girls (Yablon et al., 2011), we expected to find higher PTSS among girls compared with boys, and higher total difficulties among boys compared with

girls. Third, we examined the direct and moderating contributions of contextual factors for child adjustment in the shadow of political violence (macrosystem): mother's distress, maternal bonding (microsystem), and community type (exosystem). We hypothesized associations between mothers' distress, maternal care and control, and community type, and children's adjustment. Specifically, we predicted that higher mother's PTSS, lower care and higher control, and living in Sderot, would be associated with poorer child adjustment. Finally, we expected that the mother's PTSS, maternal care and control, and community type would moderate the association between exposure to political violence and a child's adjustment. That is to say, a mother's higher PTSS, lower maternal care, higher maternal control, and living in Sderot would contribute negatively to a school-aged child's adjustment.

## Method

### Participants

The study participants consisted of 121 mother-child dyads. The minimum sample size required for a hierarchical multiple regression analysis with nine predictor variables (and 4 more control variables), with a probability level of 0.05, an anticipated effect size of 0.15, and a desired statistical power level of 80%, is 113 participants (Cohen, 1988; Soper, 2015). The children in the study ranged in age from 7 to 12 years old ( $M = 10.02$ ,  $SD = 1.03$ ) and were either from the development town of Sderot ( $n = 62$ ) or from the surrounding kibbutzim ( $n = 58$ ). *Children's characteristics:* A significantly greater number of boys (60.3%) than girls (39.7%) from Sderot participated in the study. By contrast, a significantly greater number of girls (63.8%) than boys (36.2%) [ $\chi^2(1) = 7.03$ ;  $p < .001$ ] from the kibbutzim participated. *Mothers' characteristics:* Mothers' mean age was 41 years old ( $SD = 5.73$ ). Most of the participants (80.2%) were born in Israel. Religious affinity was stronger among Sderot's mothers (77.8%) than among kibbutzim mothers (40.3%) [ $\chi^2(2) = 19.5$ ;  $p < .001$ ]. Mean number of years of education of kibbutzim mothers ( $M = 15.95$ ,  $SD = 1.85$ ) was higher than that of Sderot mothers ( $M = 13.93$ ,  $SD = 2.47$ ) [ $t(116) = 5.04$ ;  $p < .001$ ]. Kibbutzim mothers ( $M = 2.71$ ,  $SD = 0.71$ ) evaluated their economic status as higher than did Sderot mothers ( $M = 2.36$ ,  $SD = 0.63$ ) [ $t(117) = 2.85$ ;  $p < .05$ ].

### Procedures

This study was part of a joint research project conducted by the University of Minnesota, Bar-Ilan University, and Sderot's Resiliency Center (Israel), and it received Institutional Review Board (IRB) approval from all participating institutions. Data was collected during the period of May, 2012 to December 2013 (no correlation between time of data collection and child's adjustment was found). 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 & Arieli, 2011). The study was presented by the primary researchers, the research coordinator, and the interviewers, to mothers of 3rd to 6th grade children as a study dealing with the consequences of living in the shadow of political violence. Approximately 200 women from each type of community (a total of 400 women) were

approached (about a 30% response rate for each community type). The low response rate may be attributed to the fact that this is a small geographical region that has seen many studies conducted in it. There may be a feeling of saturation/research fatigue among the residents.

A telephone call was then made to mothers who were interested 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 assent 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 in the amount of \$25 equivalent. Data from two dyads were excluded as a result of their not fully completing the questionnaires.

## Measures

### Children's adjustment.

*Children's PTSS were assessed via children's completion of the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-RI; Steinberg et al., 2013; Steinberg, Brymer, Decker, & Pynoos, 2004).* This is a 22-item self-report scale based on *Diagnostic and Statistical Manual for Mental Disorders-Fourth Edition (DSM-IV)* PTSD criteria. The frequency of symptom occurrence during the past month is rated on a 5-point Likert scale, ranging from 0 (*not at all*) to 4 (*most of the time*). The child's PTSS are 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-age children (Scrimin et al., 2011). The Hebrew version has been used in several Israeli trauma studies (Pat-Horenczyk, Kenan, Achituv, & Bachar, 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; Goodman, 1997).* This questionnaire is comprised of 25 items, consisting of five scales of five items each: conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behavior (Goodman, 1997). For each scale, except for the prosocial scale, higher scores indicate more problems. In this study, the four problem 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 used the official Hebrew version of the SDQ as translated by the Israeli Ministry of Health and is provided by the SDQ website ([www.sdq.com](http://www.sdq.com)). Cronbach's  $\alpha$  in the current study for the mean total difficulty score was 0.82.

### Independent variables.

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

*Exposure to political violence (based on Pagorek-Eshel & Dekel, 2015).* Because all participants live in a relatively small geographical area that has endured ongoing political violence for a long time, all of the participants were exposed to some degree.

Exposure in this study was assessed by the mother's response to two questions regarding exposure to injury or house damage because of 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 such that if participants answered "yes" to either question, they were considered "personal exposure."

*Exposure to other traumatic events (based on Steinberg et al., 2004).* Children were asked to indicate whether they had experienced a traumatic event in the past (specific examples included automobile accident, disease, death of a relative, being injured in school, or hospitalization). The variable was created by counting the number of events indicated by the child.

*Maternal care and control were assessed by children's responses on the Parental Bonding Instrument (PBI).* The PBI was developed by Parker et al. (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 overprotectiveness, intrusiveness, and impairment of autonomy to encouragement of independence, respect for personal space, and facilitation of autonomy. Children were asked to rate the extent to which each item reflected their perceptions of their mother, on a 4-point Likert scale, ranging from 1 (*very appropriate*) to 4 (*very inappropriate*). The scale has been found to have high internal and test-retest validity (Parker, 1989) and long-term stability over time (Wilhelm, Niven, Parker, & Hadzi-Pavlovic, 2005). The PBIs Hebrew version has been used in several Israeli trauma studies (Dekel & Solomon, 2014). In this study the questionnaire was modified to fit school-age children and was tested first on nonexposed children. In the current study, Cronbach's  $\alpha$  values were .69 for the care dimension, and .71 for the control dimension. Distribution of the maternal care and control dimension indicated that the variability in the care dimension was narrow ( $m = 3.72$ ,  $SD = 0.34$ ,  $min = 2.42$ ,  $max = 4$ ,  $range = 1.58$ ). Thus, it can be inferred that participants reported high maternal care. More variability, however, was found in the maternal control dimension reports ( $m = 2.03$ ,  $SD = 0.47$ ,  $min = 1$ ,  $max = 3.54$ ,  $range = 2.54$ ).

*Mothers' PTSS were assessed by the PTSD Inventory (Solomon, Benbenishty, Neria, Abramowitz, Ginzburg, & Ohry, 1993).* This scale includes 17 items, to which participants respond using a 4-point scale, from 1 (*not at all*) to 4 (*extremely*). Mothers in this study were asked to rate the extent to which they had been bothered by each symptom over the past month in relation to the Israel-Gaza war, enables the assessment of PTSS severity. The average score across all symptoms served as the overall PTSS severity score. This scale has demonstrated high internal consistency in previous studies (Solomon et al., 1993), as well as high convergent validity when compared with diagnoses based on structured clinical interviews (e.g., SCID; Solomon et al., 1993). In the

present study, we obtained internal consistency reliability coefficients of Cronbach's  $\alpha = 0.92$ .

### Statistical Analysis

First, to describe children's adjustment and maternal care and control, and mother's PTSS, independent  $t$  tests were performed. Second, correlations between study variables and dependent variables were investigated to examine the first, second, and third hypotheses and to determine which background variables would enter the regressions. Economic status, years of education, and other child traumatic life events were all correlated with total difficulties: that is, evaluated lower economic statuses,  $r = -0.42$ ,  $p = .000$ , fewer years of education,  $r = -0.19$ ,  $p = .041$ , and a higher number of other traumatic events,  $r = .33$ ,  $p = .000$  were associated with more child total difficulties. Years of education and other traumatic events were also correlated with children's PTSS: that is, those children of mothers with fewer years of education,  $r = -0.24$ ,  $p = .009$ , who reported higher number of other traumatic events,  $r = .20$ ,  $p = .027$ , reported more PTSS. None of the correlations between the other background variables (religiousness, mother's having been born in Israel, mother's age, and child's age) and child's adjustment were found to be significant.

To examine the multivariate model predicting children's total difficulties and PTSS, two hierarchical regressions—consisting of five steps each—were performed. The first four steps were Enter, and the last was Stepwise. In each of the two regressions, the first step included the background variables of child gender, economic status, mother years of education, and child experience of other traumatic events. In the second step, we entered the independent variables: personal exposure (y/n) and type of community (kibbutz vs. development town). Mother's PTSS was entered in the third step. In the fourth step, maternal care and control were entered. In the fifth step, all four possible interactions combining personal exposure with maternal care and control, personal exposure with community type, and personal exposure with mother's PTSS, were entered. Only two of the interactions were significant and those are presented in supplemental Tables 3 and 4 (Personal Exposure  $\times$  Maternal Control and Personal Exposure  $\times$  Maternal PTSS). The interactions were analyzed according to procedures outlined by Preacher, Curran, and Bauer (2006), which were developed specifically for 2-way regression models.

## Results

### Description of Children's Adjustment, Maternal Care and Control, and Mother's PTSS

Supplemental Table 1 presents the means and  $SD$ s of children's adjustment according to type of community and gender. Mothers from Sderot reported significantly higher total difficulties among their children ( $M = 2.56$ ) than did mothers from the kibbutzim ( $M = 1.60$ ) [ $t(119) = -4.75$ ;  $p < .001$ ]. Mothers of boys reported significantly higher total difficulties ( $M = 2.52$ ) than did mothers of girls ( $M = 1.70$ ) [ $t(119) = 3.96$ ;  $p < .001$ ]. No significant differences were found in children's PTSS between types of community [ $t(119) = -0.65$ ;  $p = .515$ ] or gender [ $t(119) = -1.07$ ;  $p = .288$ ]. Sderot mothers reported higher PTSS ( $M = 1.84$ ,

$SD = 0.59$ ) than kibbutz mothers ( $M = 1.44$ ,  $SD = 0.51$ ) [ $t(119) = -3.93$ ;  $p < .001$ ]. Sderot mothers also reported higher maternal control ( $M = 2.11$ ,  $SD = 0.52$ ) than kibbutz mothers ( $M = 1.94$ ,  $SD = 0.40$ ) [ $t(119) = -2.09$ ;  $p = .038$ ]. No differences were found in maternal care between types of community [ $t(119) = 0.13$ ;  $p = .895$ ].

### Correlations Between Independent Variables and Children's Adjustment

Supplemental Table 2 presents the correlations between the independent variables and the measures of children's adjustment. Personal exposure, mother's PTSS, and living in Sderot were positively correlated with more children's total difficulties. The association between personal exposure and child's total difficulties was significant only among boys. Maternal control was positively correlated only with children's PTSS. None of the correlations between maternal care and child's adjustment were found to be significant.

### Multivariate Analysis

To examine the contribution of mother's PTSS, maternal care and control and type of community to child's adjustment, supplemental Tables 3 and 4 presents the  $\beta$  coefficients of each of the five steps for each one of the regressions.

**Total difficulties.** The independent variables together explained 50.2% of the variance,  $F(1, 106) = 4.349$ ,  $p = .039$  in child's total difficulties. As can be seen in the first step, being a boy (compared with being a girl), having a lower economic status, and having a greater number of other traumatic events contributed significantly to total difficulties. Community type and personal exposure (Step 2) also contributed to total difficulties, so that living in Sderot and personal exposure contributed significantly to total difficulties. Mother's PTSS (Step 3) contributed significantly negatively to child's total difficulties. Regarding the maternal care and control (Step 4), they did not contribute directly to total difficulties. However, in the fifth step, the interaction between personal exposure and maternal control was found to be significant. Probing this interaction revealed that while the positive association between personal exposure and total difficulties among those demonstrating high maternal control was significant ( $B = 0.883$ ,  $p = .001$ ), this association among those demonstrating low maternal control was not significant ( $B = -.683$ ,  $p = .113$ ; see Figure 1).

**Children's PTSS.** The independent variables together explained 27.4% of the variance in children's PTSS,  $F(1, 106) = 10.809$ ,  $p = .001$ . As can be seen in the first step, being a girl (compared with being a boy), having lower economic status, and children's reports of more other traumatic events contributed significantly to a children's higher PTSS. Community type and personal exposure (Step 2) and mother's PTSS (Step 3) made no contribution to children's PTSS. Only maternal control contributed significantly to children's PTSS, so that higher maternal control contributed to child's greater number of PTSS. Maternal care made no contribution to children's PTSS (Step 4). In the fifth step, only the interaction between personal exposure and mother's PTSS was found to be significant. Probing this interaction revealed that the negative association between personal exposure and children's

PTSS among those with mothers who had high PTSS was significant ( $B = -23.41, p = .001$ ), and this association among those with mothers who had low PTSS was positive and also significant ( $B = 15.16, p = .014$ ; see Figure 2).

## Discussion

For the past 15 years, many children in Israel have been exposed to political violence. The current study sought to broaden the understanding of the influence of key risk and protective factors in these children's adjustment, as manifested in their PTSS and total difficulties (i.e., externalizing and internalizing problems). The research findings regarding gender, maternal characteristics, and community type—in the association between exposure to political violence and school-age children's adjustment—reinforce the understanding that adjustment is a function of individual characteristics, close relationships, community environment, and the event itself (Bronfenbrenner, 1986; Harvey, 2007; Maercker & Horn, 2013). The current study's main findings highlighted the negative contributions of personal exposure, maternal control, mother's PTSS, and living in a development town, to the adjustment of exposed school-age children. Child gender was significant: being a boy contributed to more total difficulties, while being a girl contributed to higher PTSS. Maternal care, however, was high in the entire sample and was not significantly associated with children's adjustment.

Findings regarding the contribution of maternal control to child PTSS suggest that children need to feel that their parents are giving them some degree of autonomy and independence. Overprotection or restriction of a child's range of activities, and granting him or her insufficient autonomy, prevent the child from having the opportunity to develop a healthy sense of autonomy; the child instead receives the destabilizing message that "the world is a dangerous place." Overprotecting children leads to a sense of lack of control and helplessness, and impairs their emotional adjustment (Wei & Kendall, 2014). A legitimate dilemma arises for parents in these cases, because in situations marked by ongoing political violence, it is in fact often necessary to keep children close to home for their own personal safety (Diamond et al., 2013).

As was found in prior studies (Pat-Horenczyk et al., 2013), mother's distress (PTSS) was also associated with children's adjustment. Highly distressed mothers may be more self-absorbed and thus less emotionally available to their children, and less able to provide calm and comfort (Cohen, 2008). Children of these mothers may be continuously scanning the environment for possible signs of danger. The interaction between exposure and mother's PTSS demonstrates that children whose mothers were personally exposed, exhibit the same levels of PTSS—regardless of mother's PTSS. However, among children whose mothers were not personally exposed, high level of mother's PTSS "predict" higher children's PTSS. Hence, when there was no personal exposure, the child's distress was higher than when there was personal exposure. We would suggest that when the mother's PTSS are high and there is personal exposure, the child can attribute the mother's distress to an objective external cause, thereby decreasing his or her distress. When, on the other hand, the mother's PTSS are high and there is no personal exposure, the child cannot attribute the mother's distress to an objective external cause. Essentially, because there is no external anchor on which to hang his or her

distress, his or her experience remains chaotic. When the child is less able to explain the chaos in his or her life, his or her distress increases.

The current study's findings also pointed to the greater vulnerability among Sderot residents than among kibbutz residents in terms of SES, personal exposure, mothers' distress, and children's total difficulties. A mother's emotional and economic distress cut into the space she would ordinarily be able to devote to parenting, educating, and helping to regulate her children (Sommer & Ataria, 2014); this may in turn be associated with more difficulties among children. Given the fact that everyone in the community is essentially "in the same boat," there are few people to whom to turn, both for children in need of strong authority figures and for adults looking for support and connection (Norris et al., 2008; Sagi-Schwartz, 2008). People, especially women, long for social connections and support during times of stress (Taylor, 2006), support they are perhaps less able to find in vulnerable communities.

The region of Israel on the border of the Gaza Strip—is a relatively small geographical area and has endured ongoing political violence for a long time; as a result, all of the participants were exposed to some degree. The exposure variable in this study, therefore, was quite stringent (i.e., exposure to injury or home destruction). It could be that mothers who reported personal exposure were distressed and this distress may have colored their interpretation regarding their children's behavior, which they therefore interpreted as problematic (Butler & Shalit-Naggar, 2008). Furthermore, the same behavior enacted by a boy can be interpreted differently when enacted by a girl, and vice versa, and the parents' responses to it, may differ according to gender as well (Steinberg et al., 2013).

**Study's limitations.** The study used convenience rather than random sampling as is typical of political conflict studies (Cohen & Arieli, 2011). 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 adjustment over time. The use of self-report measures increases the likelihood of method bias, particularly when examining questions that rely solely on maternal report. Future studies should use multiple methods and informants, such as medical records, school reports, and biological measures. Furthermore, it was difficult to determine whether mother's PTSS was because of the exposure to political violence or because of other types of traumatic events. Additionally, children themselves may report PTSS that is caused by secondary trauma and not by the exposure to the security situation itself. A gift card was given to all participants, but it may be that this gift had more meaning for the Sderot residents, given their lower economic status, than for the other participants. Finally, fathers also play a critical role in the emotional development of children in general and following exposure to trauma (Zerach & Aloni, 2015). Thus, future studies should examine the contribution of paternal care and control to children's adjustment both separately and in combination with maternal care and control.

**Study's implications.** Maternal distress in the wake of exposure to political violence is associated with mother and child report of children's adjustment. One way to help these children would be to focus on the mothers' own mental health as well as her parenting strategies. A natural reaction to violence is to tighten the reins

on one's children, but helping mother's learn how to balance that with their children's autonomy is important. The emphasis in parenting training should be placed on improvements in the relationship and trust, given that trust has been found to enhance disclosure and reduce delinquency (Hoeve et al., 2009). Both maternal distress and children's adjustment seem to be related to the type of community in which they live. Our findings suggest that both children and mothers who are exposed over a long period of time to political violence could benefit from strong and supportive community environments. However, the current study does not explicitly address which aspects of community are important. Hence, future studies should examine specific features/characteristics/aspects of the community (e.g., measures of social support, collective efficacy).

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