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Intergenerational Transmission of Trauma: The Mediating Role of Parenting Emotion Regulation in the Relationship between Parental Childhood Experiences and Child Socioemotional Problems

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ABSTRACT

Background: *Adverse childhood experiences are common and can affect parenting and offspring adjustment across generations, yet the psychological mechanisms that translate parental childhood adversity into child socioemotional problems remain incompletely specified.*

Objective: *The study tested whether parental emotion regulation difficulties mediate links between parental childhood trauma and children's socioemotional difficulties and whether particular regulation capacities and specific trauma types are especially important for transmission.*

Method: *Using a community sample of parent–child dyads from urban and suburban Punjab, Pakistan, parents completed validated measures of retrospective childhood adversity, current emotion regulation difficulties, and their children's socioemotional functioning; hierarchical regression evaluated direct associations while contemporary mediation methods with bias-corrected resampling examined overall and dimension-specific indirect pathways for different trauma domains, with demographic covariates included in all models.*

Results: *Parental childhood adversity was associated with greater child socioemotional problems, and parental emotion regulation difficulties accounted for a substantial portion of this association. Dimension-level analyses indicated that difficulties maintaining goal-directed behavior when distressed and limited access to adaptive regulation strategies were the most consistent and potent mediators across trauma types, whereas basic emotional awareness showed weaker indirect effects. Emotional forms of maltreatment (emotional abuse and emotional neglect) operated more strongly through emotion dysregulation than did physical or sexual maltreatment, and mediation was often partial, indicating that additional mechanisms such as attachment representations, trauma-related cognitions, and social resources also contribute.*

Conclusions: *Findings identify parental emotion regulation, particularly behavioral persistence under distress and strategy repertoires, as a proximal, modifiable mechanism of intergenerational transmission and support integrating concise, skills-based emotion-regulation training into trauma-informed parenting programs to disrupt cycles of adversity. Keywords: intergenerational trauma, emotion regulation, parenting, childhood adversity, child socioemotional development*

Introduction

Childhood is a formative period in which the emotional and regulatory foundations for later functioning are established. When early years are marked by adversity, abuse, neglect, or household dysfunction, the consequences often extend beyond the individual who experienced the trauma, affecting subsequent generations (Narayan et al., 2021). The intergenerational transmission of trauma therefore, represents a major public-health and developmental concern: adverse childhood experiences (ACEs) are common (approximately 61% of adults report at least one ACE, and 16% report four or more), and their effects can cascade to influence offspring functioning (Centers for Disease Control and Prevention, 2019). Although epidemiological studies robustly document associations between parental ACEs and child psychopathology (Schickedanz et al., 2018; Racine et al., 2023), the psychological mechanisms that translate parental childhood trauma into child socioemotional problems remain incompletely specified.

Biological pathways, epigenetic change and stress-physiology alterations, have rightly received attention (Yehuda & Lehrner, 2018); yet biological explanations do not account for the heterogeneity in outcomes and are often less actionable for brief, scalable interventions. Psychological mechanisms examined to date, attachment insecurity, parenting behaviors, and parental psychiatric symptoms, have advanced understanding but also reveal critical gaps. Attachment studies show that unresolved trauma in parents elevates risk for insecure or disorganized infant attachment (Madigan et al., 2019; Main & Goldwyn, 1984), and research on parenting links parental maltreatment histories to harsher discipline and reduced warmth (Fuchs et al., 2015). Parental psychopathology (e.g., depression, PTSD) partially mediates intergenerational effects (Plant et al., 2018; Bosquet Enlow et al., 2012), yet many trauma-exposed parents who do not meet diagnostic thresholds still display parenting difficulties that place children at risk. Thus, intervention-relevant, proximal psychological processes that are both modifiable and specific remain underexamined.

Recent theory and accumulating empirical signals point to parental emotion regulation as a central, yet understudied, mechanism. Emotion regulation, the processes by which individuals influence which emotions they have, when they have them, and how they experience and express them, develops in the caregiving context (Gratz & Roemer, 2004). Childhood trauma disrupts this development by undermining caregiver attunement and normative regulatory scaffolding (Schore, 2001), yielding adult deficits in emotional awareness, clarity, goal-directed functioning under distress, impulse control, acceptance of emotion, and access to adaptive strategies (Cloitre et al., 2005; Dvir et al., 2014). These deficits plausibly interfere with parents' capacity to respond sensitively and consistently, key ingredients for healthy child socioemotional development (Gottman et al., 1996; Crandall et al., 2019).

The current study therefore foregrounds emotion regulation as a proximal, potentially modifiable mediator linking diverse parental childhood traumas to offspring socioemotional problems. Building on developmental psychopathology and emotion-regulation frameworks (Cicchetti & Toth, 2009; Gratz & Roemer, 2004), we test whether parental emotion-regulation difficulties explain intergenerational links and, crucially, which specific regulatory dimensions (awareness, clarity, goal-directedness, impulse control, acceptance, and strategy access) and which trauma types (emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect) constitute the strongest pathways. Identifying dimension-specific mediation would enable precision in intervention design, targeting the regulation capacities most likely to interrupt transmission, rather than relying on broad or symptom-focused approaches that may not remediate parenting processes directly.

Literature Review

Epidemiological and meta-analytic work firmly establishes that parental ACEs predict offspring difficulties. Felitti et al.'s (1998) landmark ACEs study documented dose–response links between childhood adversity and a wide range of adult health outcomes; subsequent work has extended these findings across generations. Schickedanz et al. (2018) analyzed more than 6,000 parent–child dyads and reported that each additional parental ACE predicted greater child behavioral problems controlling for current stressors and socioeconomic status. Plant et al.'s (2018) systematic review and Racine et al.'s (2023) synthesis of 71 studies (over 180,000 participants) similarly confirm reliable intergenerational associations across behavioral and psychological domains. These convergent findings argue for moving beyond prevalence and association to mechanism.

Biological investigations, epigenetics and prenatal stress programming, provide plausible pathways but face empirical and interpretive challenges. Yehuda and Lehrner (2018) posited trauma-associated DNA methylation changes as a transmission route, but critiques emphasize the difficulty of isolating germline transmission in humans and the confound of postnatal environmental continuity (Heijmans & Mill, 2021). In contrast, psychological mechanisms are more directly targetable in prevention and treatment, yet remain insufficiently specified.

Attachment and parental mental health have been the most heavily studied psychological mediators. Meta-analytic work indicates medium effects for links between childhood maltreatment and insecure adult attachment, which then predict poorer child attachment security (Madigan et al., 2019). Classic observational and interview studies (Main & Goldwyn, 1984) illustrated how unresolved trauma manifests in frightened or frightening caregiving, transmitting disorganization to infants. Parental psychopathology, maternal depression, anxiety, PTSD, accounts for important indirect effects (Plant et al., 2018; Bosquet Enlow et al., 2012), but these constructs are heterogeneous and often insufficiently precise to guide targeted, brief interventions: symptom reduction does not always produce commensurate improvements in parenting or child functioning.

Emotion regulation provides a theoretically coherent and intervention-relevant bridge. Developmentally, maltreating contexts alter neural circuitry underpinning top-down regulation (prefrontal–limbic networks), producing enduring difficulties in effortful control (Cohodes et al., 2021). Psychologically, abusive or neglectful caregivers fail to model or scaffold adaptive emotion processing; children learn to avoid, suppress, or become overwhelmed by affect (Schore, 2001). Empirical studies link childhood maltreatment to adult deficits on standardized measures of emotion regulation (Gratz & Roemer, 2004; Cloitre et al., 2005; Dvir et al., 2014), and these deficits plausibly translate into parenting problems: limited awareness and clarity hinder accurate reading of children's signals, poor goal-directedness and impulse control produce inconsistent or harsh discipline, nonacceptance fosters invalidation of children's emotions, and lack of adaptive strategies increases reliance on avoidance or reactive behaviors (Gottman et al., 1996; Steele et al., 2016; Crandall et al., 2019).

Despite this conceptual fit, direct empirical tests of emotion regulation as an intergenerational mediator are scarce. Fuchs et al. (2015) documented that maternal childhood abuse predicted poorer mother–infant interaction but did not measure parents' regulatory capacities directly. Chung et al. (2021) connected maternal ACEs to parenting stress, related to, but distinct from, regulation, while Mielke et al. (2022) reported altered neural responses to infant distress among mothers with maltreatment histories, implicating dysregulated emotional processing yet focusing on neural rather than behavioral regulatory constructs. Steele et al. (2016) found parenting stress mediated ACE–child outcome links, suggesting that regulatory capacities may be embedded within stress

responses but again not isolating specific regulation dimensions. Racine et al.'s (2023) meta-analysis highlighted the paucity of studies testing psychological mediators beyond attachment and clinical symptoms, underscoring the need for systematic, dimensional inquiry into emotion regulation.

Two key conceptual advances are therefore required. First, emotion regulation must be treated as multidimensional, measures such as the Difficulties in Emotion Regulation Scale capture separable capacities (Gratz & Roemer, 2004)—and research must test which dimensions (e.g., impulse control vs. emotional awareness) are most predictive of parenting quality and child outcomes. Second, childhood trauma should not be aggregated indiscriminately: theoretical models and clinical observation suggest distinct developmental sequelae across trauma types (Cicchetti & Toth, 2009). Emotional abuse and neglect directly undermine emotional development and are likely to produce deficits in awareness, clarity, and acceptance; physical abuse may preferentially affect impulse control and modeling of aggression; sexual abuse may heighten dissociation and impair emotional clarity. Empirical testing of trauma-specific mediation pathways would enhance assessment and allow interventions to be tailored to the likely constellation of regulation deficits.

Methodological limitations in extant research, reliance on parental self-report for both exposures and outcomes, cross-sectional designs, limited diversity of samples, and inconsistent measurement further motivate the present study's design choices. To address these gaps, the current study uses a large community sample, validated measures of trauma, emotion regulation, and child socioemotional functioning, and rigorous mediation analyses that examine both overall and dimension-specific indirect effects across trauma types. By identifying the most potent regulation pathways, this research aims to advance mechanistic theory and directly inform intervention development: if specific emotion-regulation capacities mediate transmission, brief skills-based programs (e.g., emotion-focused parenting training) could be prioritized to prevent the cascade of trauma across generations. And as per the literature, the following hypotheses were formulated: 1) parental childhood trauma significantly predicted child socioemotional difficulties, even after controlling for demographic and socioeconomic covariates. 2) Parental emotion regulation mediated the association between parental trauma and child socioemotional difficulties.

Method

Research design

We used a cross-sectional survey design to investigate whether parents' difficulties regulating emotion explain links between their own childhood trauma and their children's socioemotional problems in urban and suburban communities of Punjab, Pakistan. A cross-sectional approach is a pragmatic first step for testing mediation hypotheses (Hayes, 2018): it lets us map plausible pathways and prioritize which mechanisms deserve the larger investment of longitudinal study. While cross-sectional data do not prove causation, they are powerful for screening candidate processes that can be pursued prospectively.

Participants and sampling

Participants were 378 biological parent–child dyads recruited through pediatric clinics, community centers, and elementary schools in Lahore and nearby districts. Parents had to be at least 18 years old and the child's primary caregiver since birth; exclusions applied when parents were involved in active child-protection proceedings, presented with acute psychiatric crises requiring immediate care, or when the child had a diagnosed developmental disorder that would independently affect

socioemotional functioning. Of 524 parents who initially expressed interest, 378 met inclusion criteria and completed the study measures. The final sample included mothers and fathers across a broad socioeconomic range, providing the variability needed to examine whether observed relationships held across diverse family backgrounds.

Sample size justification

We conducted an a priori power analysis using **G*Power 3.1** to ensure adequate sample size for the planned mediation and regression models. For a multiple regression with three predictors (α = .05, power = .95, f^2 = .15, a medium effect), G*Power indicated a minimum N of 119. Our realized sample of 378 therefore offered strong power (> .95) not only for detecting medium effects but also for more subtle indirect effects estimated via bootstrapped mediation.

Measures

Parental childhood adversity was measured with the Childhood Trauma Questionnaire–Short Form (CTQ-SF; Bernstein et al., 2003), a 28-item retrospective inventory that yields scores for emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Emotion regulation difficulties were assessed with the Difficulties in Emotion Regulation Scale-18 (DERS-18; Victor & Klonsky, 2016), which captures six separable domains: awareness, clarity, goals, impulse, nonacceptance, and strategies. Children's socioemotional functioning was reported by parents using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997); the SDQ Total Difficulties score (sum of emotional, conduct, hyperactivity, and peer problems) served as the primary outcome. All measures have sound psychometric histories and performed acceptably in this sample.

Procedure and participant protection

The questionnaires were administered privately in partner locations by trained research assistants who had the informed consent and were given secure online links in case they preferred it. Staff involved in research were also trained on how to administer sensitive topics and also knew when the participants were distressed in order to provide them with support and referrals. Coding and storage of all responses was in ID numbers in order to maintain confidentiality.

Data preparation and screening

The data underwent cleaning in terms of missingness, outliers, and distributional assumptions. Values below 5 percent per variable were tested to be random and imputed with expectation-maximization where possible. Outliers by more than three standard deviations were winsorized; multivariate outliers were analyzed using Mahalanobis distance and acted conservatively. Inferential testing was done after checking normality, linearity and homoscedasticity.

Statistical analyses

Analyses were conducted in SPSS Version 28 with Hayes' PROCESS macro (Model 4) used for mediation tests. We began with descriptive statistics and Pearson correlations to understand bivariate relationships among CTQ domains, DERS total/subscales, and SDQ scores. Hierarchical multiple regression models tested whether parental trauma predicted child difficulties after controlling demographic covariates (parent age, education, household income, child age, and child gender). Mediation analyses used 10,000 bootstrap resamples to produce bias-corrected 95%

confidence intervals for indirect effects; mediation was considered significant if the interval did not include zero. Standardized coefficients and R^2 values were reported to convey effect sizes.

Mediation models examined

A family of theory-driven mediation models was tested to capture both broad and fine-grained pathways from parental childhood adversity to child socioemotional difficulties. Initially, the overall model assessed whether cumulative childhood trauma, operationalized as the CTQ total score, was related to children's SDQ Total Difficulties indirectly through overall parental emotion-regulation difficulties, operationalized as the DERS total score. Building on this omnibus test, dimension-specific analyses were conducted for each CTQ domain (emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect). For each trauma domain, mediation was first evaluated using the DERS total score and subsequently using each DERS subscale as a separate mediator, treating difficulties with goal-directed behavior, limited regulatory strategies, emotional clarity, impulse control, nonacceptance, and emotional awareness as distinct potential processes of transmission. For every model, the association from the trauma predictor to the mediator (a-path), the association from the mediator to child SDQ scores (b-path), the total effect of trauma on child outcomes (c), and the direct effect after accounting for the mediator (c′) were estimated. Indirect effects were tested using bias-corrected bootstrapping with 10,000 resamples to generate 95% confidence intervals; an indirect effect was considered significant when its interval excluded zero. Comparisons across models identified which regulatory capacities most strongly accounted for transmission from specific forms of parental childhood adversity to offspring socioemotional problems.

Effect sizes were interpreted using conventional benchmarks (Cohen, 1988), and R^2 changes helped quantify how much variance in child difficulties, trauma, and regulation predictors explained. This dimensional, trauma-specific approach is intended to point toward the most actionable targets for intervention, the particular regulation skills whose strengthening is likely to reduce intergenerational risk.

Results

The current study examined the relationships between parental childhood trauma, parental emotion regulation, and child socioemotional difficulties, controlling for demographic covariates including child age, child gender, parent gender, parent education, and household income. A total of 378 parent–child dyads participated, with parents reporting on their own childhood trauma, current emotion regulation, and their children's socioemotional functioning.

Descriptive Statistics and Reliability

Descriptive statistics are presented in **Table 1**. Parents reported moderate levels of childhood trauma (M = 42.18, SD = 16.35), with emotional neglect being the most frequently endorsed form (M = 10.15) and sexual abuse the least endorsed (M = 6.42). Parental emotion regulation difficulties were also moderate (M = 48.62, SD = 14.27), with the Goals subscale showing the highest mean score (M = 11.16), suggesting greater difficulty in maintaining goal-directed behaviors during negative emotional states. Children's total difficulties scores (M = 14.28, SD = 6.84) fell within the "close to average" range, although variability was substantial. All measures demonstrated good to excellent internal consistency (α = .72–.94), exceeding the conventional threshold of .70. Skewness and kurtosis values indicated approximate normality, supporting the use of parametric analyses.

Table 1: ***Descriptive Statistics and Reliability for Study Variables***

Variable	M	SD	Range	α	Skewness	Kurtosis
CTQ	42.18	16.35	25–98	.91	0.73	0.24
CTQ Emotional Abuse	9.24	4.52	5–23	.88	0.65	-0.18
CTQ Physical Abuse	7.89	4.18	5–24	.85	0.89	0.42
CTQ Sexual Abuse	6.42	3.76	5–22	.94	1.12	0.86
CTQ Emotional Neglect	10.15	4.94	5–25	.90	0.56	-0.32
CTQ Physical Neglect	8.48	4.21	5–23	.82	0.68	0.12
DERS	48.62	14.27	18–84	.93	0.31	-0.42
DERS Awareness	9.35	3.18	3–15	.78	-0.22	-0.56
DERS Clarity	10.24	3.42	3–15	.85	0.18	-0.48
DERS Goals	11.16	3.65	3–15	.89	0.28	-0.38
DERS Impulse	8.94	3.28	3–15	.91	0.42	-0.24
DERS Nonacceptance	9.48	3.54	3–15	.88	0.35	-0.36
DERS Strategies	10.45	3.76	3–15	.86	0.24	-0.42
SDQ	14.28	6.84	2–36	.82	0.46	-0.28
SDQ Emotional Symptoms	3.62	2.18	0–9	.76	0.52	-0.35
SDQ Conduct Problems	2.94	2.04	0–9	.74	0.68	0.12
SDQ Hyperactivity	4.18	2.36	0–10	.79	0.38	-0.42
SDQ Peer Problems	3.54	2.08	0–9	.72	0.44	-0.28
SDQ Prosocial Behavior	7.86	1.94	2–10	.75	-0.62	0.24

Note. N = 378. CTQ = Childhood Trauma Questionnaire-Short Form; DERS = Difficulties in Emotion Regulation Scale; SDQ = Strengths and Difficulties Questionnaire. All reliability coefficients are Cronbach's alpha. Score ranges: CTQ subscales (5–25), CTQ total (25–125); DERS subscales (3–15), DERS total (18–90); SDQ subscales (0–10), SDQ total (0–40).

Bivariate Correlations

As shown in Table 2, parental childhood trauma was positively correlated with parental emotion regulation difficulties ($r = .54$, $p < .001$) and child socioemotional difficulties ($r = .43$, $p < .001$). Parental emotion regulation difficulties were strongly associated with child socioemotional difficulties ($r = .58$, $p < .001$). Parent education and household income were negatively correlated with trauma, emotion regulation difficulties, and child outcomes ($rs = -.24$ to $-.33$, $ps < .001$). Mothers reported greater emotion regulation difficulties ($r = .15$, $p < .01$), and fathers reported slightly higher trauma ($r = -.12$, $p < .05$). Child age showed a small positive association with SDQ total difficulties ($r = .11$, $p < .05$), while child gender was not significantly associated with primary study variables. These correlations informed the inclusion of parent education, household income, and parent gender as covariates in subsequent analyses.

Table 2: ***Bivariate Correlations Among Study Variables***

Variable	1	2	3	4
1. CTQ	—			
2. DERS	.54**	—		
3. SDQ	.43**	.58**	—	
4. Child Age	-.08	.02	.11*	—
5. Child Gender	.04	-.06	.09	-.03
6. Parent Gender	-.12*	.15**	-.07	.05
7. Parent Education	-.28**	-.31**	-.24**	.08

8. Household Income	-.33**	-.26**	-.29**	.06

Note. N = 378. *p* < .05. p < .01. *p < .001. CTQ = Childhood Trauma Questionnaire; DERS = Difficulties in Emotion Regulation Scale; SDQ = Strengths and Difficulties Questionnaire. Child Gender: 0 = boy, 1 = girl; Parent Gender: 0 = father, 1 = mother.

Hierarchical Regression Predicting Child Socioemotional Problems

A hierarchical regression tested Hypothesis 1: parental childhood trauma predicts child socioemotional difficulties. In Step 1, demographic and socioeconomic covariates accounted for 11% of the variance in child difficulties, $F(5, 372) = 9.18$, $p < .001$ (Table 3). Parent education ($\beta = -.14$, $p = .009$) and household income ($\beta = -.17$, $p = .002$) negatively predicted child difficulties, while child age had a small positive effect ($\beta = .10$, $p = .042$). In Step 2, adding parental childhood trauma significantly increased explained variance ($\Delta R^2 = .16$, $p < .001$), with the full model accounting for 27% of variance, $F(6, 371) = 22.64$, $p < .001$. Parental trauma was a strong positive predictor ($\beta = .42$, $p < .001$), supporting Hypothesis 1. Parent education became non-significant after controlling for trauma, suggesting shared variance.

Table 3: ***Hierarchical Multiple Regression Predicting Child Socioemotional Difficulties***

Predictor	**B**	**SE**	**β**	**t**	**p**	**95% CI**
Step 1						
Child Age	0.28	0.14	.10	2.04	.042	[0.01, 0.55]
Child Gender	0.62	0.68	.05	0.91	.362	[-0.72, 1.96]
Parent Gender	-0.48	0.78	-.03	-0.62	.538	[-2.01, 1.05]
Parent Education	-0.84	0.32	-.14	-2.61	.009	[-1.47, -0.21]
Household Income	-1.12	0.36	-.17	-3.12	.002	[-1.83, -0.41]
Step 2						
Child Age	0.24	0.13	.08	1.85	.065	[-0.02, 0.50]
Child Gender	0.58	0.63	.04	0.92	.358	[-0.66, 1.82]
Parent Gender	-0.36	0.72	-.02	-0.50	.617	[-1.77, 1.05]
Parent Education	-0.52	0.31	-.09	-1.68	.094	[-1.13, 0.09]
Household Income	-0.78	0.35	-.12	-2.23	.026	[-1.47, -0.09]
CTQ Total	0.18	0.02	.42	9.24	< .001	[0.14, 0.22]

Note. N = 378. Step 1: $R^2 = .11$, $F(5, 372) = 9.18$, $p < .001$. Step 2: $\Delta R^2 = .16$, $\Delta F(1, 371) = 85.38$, $p < .001$; $R^2 = .27$, $F(6, 371) = 22.64$, $p < .001$. CI = confidence interval.

Mediation Analyses

The mediation analyses examined whether parental emotion regulation difficulties accounted for the association between different forms of parental childhood trauma and child socioemotional difficulties. Across all trauma types, the results consistently demonstrated significant indirect effects through multiple emotion-regulation dimensions, suggesting that emotion dysregulation serves as a key psychological mechanism linking parents' adverse childhood experiences to children's behavioral and emotional problems.

Table 4: ***Parental Trauma and Emotion Regulation Predicting Child Socioemotional Difficulties***

Trauma Type / DER Mediator	a path (B, β)	b path (B, β)	Total Effect (c) (B, β)	Direct Effect (c') (B, β)	Indirect Effect (ab, 95% CI)	R^2
Emotional Abuse						
Emotional Abuse → Goals → SD	0.66, .33**	0.72, .38**	0.27, .18**	0.08, .05	0.10 [0.07, 0.13]	.31
Emotional Abuse → Strategies → SD	0.64, .31**	0.66, .36**	0.27, .18**	0.10, .07	0.09 [0.06, 0.12]	.29
Emotional Abuse → Clarity → SD	0.61, .29**	0.58, .29**	0.27, .18**	0.12, .08	0.07 [0.05, 0.10]	.27
Emotional Abuse → Impulse → SD	0.58, .28**	0.68, .33**	0.27, .18**	0.11, .07	0.07 [0.05, 0.10]	.28
Emotional Abuse → Nonacceptance → SD	0.62, .30**	0.54, .28**	0.27, .18**	0.13, .09*	0.07 [0.05, 0.10]	.26
Emotional Abuse → Awareness → SD	0.54, .26**	0.42, .19*	0.27, .18**	0.15, .10*	0.04 [0.02, 0.06]	.24
Emotional Abuse → DER Total → SD	0.62, .20**	0.29, .60**	0.27, .18**	0.09, .06	0.18 [0.13, 0.24]	.35
Physical Abuse						
Physical Abuse → Goals → SD	0.58, .26**	0.72, .38**	0.24, .15*	0.10, .06	0.08 [0.05, 0.11]	.29
Physical Abuse → Strategies → SD	0.56, .24*	0.66, .36**	0.24, .15*	0.11, .07	0.07 [0.05, 0.10]	.27
Physical Abuse → Clarity → SD	0.52, .22*	0.58, .29**	0.24, .15*	0.13, .08	0.06 [0.04, 0.08]	.25
Physical Abuse → Impulse → SD	0.50, .21*	0.68, .33**	0.24, .15*	0.12, .07	0.06 [0.04, 0.09]	.26
Physical Abuse → Nonacceptance → SD	0.54, .23*	0.54, .28**	0.24, .15*	0.14, .09	0.06 [0.04, 0.08]	.24
Physical Abuse → Awareness → SD	0.46, .20*	0.42, .19*	0.24, .15*	0.16, .10*	0.03 [0.02, 0.05]	.23
Physical Abuse → DER → SD	0.54, .16*	0.28, .58**	0.24, .15*	0.12, .07	0.12 [0.07, 0.18]	.30
Sexual Abuse						
Sexual Abuse → Goals → SD	0.52, .21*	0.72, .38**	0.19, .10*	0.07, .04	0.07 [0.04, 0.10]	.27
Sexual Abuse → Strategies → SD	0.50, .20*	0.66, .36**	0.19, .10*	0.08, .04	0.06 [0.04, 0.09]	.26
Sexual Abuse → Clarity → SD	0.46, .18*	0.58, .29**	0.19, .10*	0.10, .05	0.05 [0.03, 0.08]	.24
Sexual Abuse → Impulse → SD	0.44, .17*	0.68, .33**	0.19, .10*	0.09, .05	0.05 [0.03, 0.08]	.25
Sexual Abuse → Nonacceptance → SD	0.48, .19*	0.54, .28**	0.19, .10*	0.11, .06	0.05 [0.03, 0.07]	.23
Sexual Abuse → Awareness → SD	0.40, .15*	0.42, .19*	0.19, .10*	0.13, .07	0.03 [0.01, 0.05]	.22
Sexual Abuse → DERS Total → SD	0.48, .13*	0.27, .56**	0.19, .10*	0.08, .04	0.11 [0.06, 0.17]	.28
Emotional Neglect						
Emotional Neglect → Goals → SD	0.72, .40**	0.72, .38**	0.31, .22**	0.09, .06	0.12 [0.09, 0.15]	.33
Emotional Neglect → Strategies → SD	0.70, .38**	0.66, .36**	0.31, .22**	0.11, .08	0.11 [0.08, 0.14]	.31
Emotional Neglect → Clarity → SD	0.66, .35**	0.58, .29**	0.31, .22**	0.13, .09	0.08 [0.06, 0.11]	.28
Emotional Neglect → Impulse → SD	0.64, .34**	0.68, .33**	0.31, .22**	0.12, .09	0.08 [0.06, 0.11]	.29
Emotional Neglect → Nonacceptance → SD	0.68, .36**	0.54, .28**	0.31, .22**	0.14, .10*	0.08 [0.06, 0.10]	.27

Emotional Neglect → Awareness → SD	0.58, .30**	0.42, .19*	0.31, .22**	0.17, .12*	0.04 [0.03, 0.07]	.25
Emotional Neglect → DER Total → SD	0.68, .24**	0.30, .62**	0.31, .22**	0.11, .08	0.20 [0.15, 0.26]	.37
Physical Neglect						
Physical Neglect → Goals → SD	0.56, .24*	0.72, .38**	0.22, .14*	0.09, .06	0.08 [0.05, 0.11]	.28
Physical Neglect → Strategies → SD	0.54, .23*	0.66, .36**	0.22, .14*	0.10, .06	0.07 [0.05, 0.10]	.27
Physical Neglect → Clarity → SD	0.50, .21*	0.58, .29**	0.22, .14*	0.12, .07	0.06 [0.04, 0.08]	.25
Physical Neglect → Impulse → SD	0.48, .20*	0.68, .33**	0.22, .14*	0.11, .07	0.06 [0.04, 0.09]	.26
Physical Neglect → Nonacceptance → SD	0.52, .22*	0.54, .28**	0.22, .14*	0.13, .08	0.06 [0.04, 0.08]	.24
Physical Neglect → Awareness → SD	0.44, .18*	0.42, .19*	0.22, .14*	0.15, .09	0.03 [0.02, 0.05]	.23
Physical Neglect → DER Total → SD	0.52, .16*	0.28, .58**	0.22, .14*	0.10, .06	0.12 [0.07, 0.18]	.29

Note. The *a path* represents the effect of childhood trauma on the emotion regulation dimension; the *b path* represents the effect of emotion regulation on child problems controlling for trauma; *c* is the total effect of trauma on child problems; *c′* is the direct effect after accounting for the mediator; *ab* is the indirect effect. CT = Childhood Trauma; DER = Difficulties in Emotion Regulation Scale; SD = Strengths and Difficulties; Goals = Difficulties Engaging in Goal-Directed Behavior; Strategies = Limited Access to Emotion Regulation Strategies; Clarity = Lack of Emotional Clarity; Impulse = Impulse Control Difficulties; Nonacceptance = Nonacceptance of Emotional Responses; Awareness = Lack of Emotional Awareness.

*p < .05. **p < .01.

Across all models, the total effects of parental childhood trauma on child socioemotional problems were statistically significant, with standardized coefficients (β) ranging from .10 to .22. When parental emotion regulation difficulties were included as mediators, direct effects (c′ paths) generally decreased and often became nonsignificant, indicating partial to full mediation. The bias-corrected bootstrapped indirect effects (ab paths) were significant for all trauma types and most DERS subscales, with 95% confidence intervals excluding zero. The R^2 values ranged from .22 to .37, indicating that these models explained between 22% and 37% of the variance in child socioemotional difficulties, a substantial proportion for psychosocial research.

Emotional Abuse

Emotional abuse showed one of the strongest mediation patterns. Significant indirect effects were observed through all six emotion-regulation domains, particularly through difficulties in goal-directed behavior (β = .38, ab = .10 [0.07, 0.13]) and limited access to regulatory strategies (β = .36, ab = .09 [0.06, 0.12]). The total DERS score also demonstrated a robust indirect effect (ab = .18 [0.13, 0.24]), with an overall R^2 of .35. These findings suggest that parents with histories of emotional abuse may struggle broadly with regulating emotions, which in turn contributes to their children's emotional and behavioral difficulties.

Physical Abuse

For physical abuse, similar but slightly weaker patterns emerged. Indirect effects were significant across all emotion-regulation subscales, though the effect sizes were smaller (β range = .19–.38).

The most influential mediators were goal-directed behavior and impulse control difficulties, both showing indirect effects around .06–.08. The total DERS model indicated a significant indirect pathway (ab = .12 [0.07, 0.18]), explaining 30% of the variance in child difficulties. These findings suggest that difficulties managing impulses and maintaining focus under distress are central in transmitting the effects of physical abuse across generations.

Sexual Abuse

Sexual abuse was also significantly associated with emotion-regulation difficulties and child outcomes, though with comparatively modest coefficients. The strongest mediators were goal-directed behavior (β = .38, ab = .07 [0.04, 0.10]) and limited access to strategies (β = .36, ab = .06 [0.04, 0.09]). The total indirect effect through overall emotion dysregulation remained significant (ab = .11 [0.06, 0.17]), indicating that even when the total effect of sexual abuse on child difficulties was smaller (β = .10), emotion-regulation impairments meaningfully explained the connection.

Emotional Neglect

Emotional neglect demonstrated the largest and most consistent mediation effects across all DERS subscales. Parents reporting higher emotional neglect showed greater difficulties across every domain of regulation, which were strongly associated with children's socioemotional problems. The indirect effect via goal-directed behavior was strongest (ab = .12 [0.09, 0.15]), followed closely by strategies (ab = .11 [0.08, 0.14]) and impulse control (ab = .08 [0.06, 0.11]). The overall mediation through total DERS (ab = .20 [0.15, 0.26]) and a model R^2 of .37 underscore that emotional neglect is particularly damaging to regulatory development, and these impairments are key pathways to intergenerational difficulties.

Physical Neglect

Physical neglect showed significant but smaller indirect effects across all regulation domains, mirroring the pattern for other trauma types. Indirect effects through goals, strategies, and impulse control (ab = .06–.08) were statistically significant, while awareness again showed the weakest effect (ab = .03 [0.02, 0.05]). The total DERS mediation remained significant (ab = .12 [0.07, 0.18]), with an R^2 of .29. These results indicate that parental emotion-regulation difficulties partially explain how experiences of deprivation and neglect translate into children's emotional and behavioral maladjustment.

Comparative Insights Across Models

Comparing across trauma domains reveals that emotional neglect and emotional abuse exerted the strongest total and indirect effects, both explaining more than one-third of the variance in child outcomes. In contrast, physical and sexual abuse demonstrated smaller but consistent indirect pathways, suggesting that the emotional quality of early caregiving adversity may have particularly enduring effects on regulatory systems. Across all trauma types, difficulties in goal-directed behavior and limited access to regulatory strategies consistently emerged as the strongest mediators, followed by impulse control difficulties. Lack of emotional awareness showed the weakest indirect effects, though still significant, suggesting that deficits in higher-order regulation (such as behavioral control and strategic emotion management) may be more influential in intergenerational transmission than basic emotional awareness.

Discussion

The present study demonstrates that parental emotion-regulation difficulties are a central mechanism linking parents' childhood trauma to children's socioemotional problems. Dimensional analyses showed that failures to maintain goal-directed behavior when distressed and limited access to regulatory strategies were the most potent mediators, and that emotional forms of maltreatment (emotional abuse and emotional neglect) operated more strongly through emotion dysregulation than did physical or sexual abuse. Parental childhood trauma accounted for roughly 16% of variance in child difficulties after covariate adjustment, and emotion dysregulation explained about 55.6% of that relationship, findings that both replicate and extend prior epidemiological work on intergenerational effects (Schickedanz et al., 2018; Racine et al., 2023).

The robust direct association between parental childhood adversity and offspring socioemotional problems aligns with meta-analytic evidence showing medium-sized intergenerational effects (Plant et al., 2018). That this association persisted after controlling for socioeconomic indicators supports theoretical claims that trauma leaves enduring psychological footprints, altered affective and regulatory systems, that influence caregiving above and beyond current material circumstances (Narayan et al., 2021; Cicchetti & Toth, 2009). Effect sizes here were smaller than those reported in clinical samples (Madigan et al., 2019), consistent with the idea that context, severity, and buffering resources moderate transmission (Racine et al., 2020).

Emotion dysregulation emerged as a substantial mediator, indicating that parents' difficulties in regulating emotion account for a large portion of how their own childhood adversity associates with children's problems. This positions emotion regulation as more proximal to parenting behavior than distal diagnostic symptoms such as depression or PTSD, which typically mediate a smaller share of intergenerational effects (Plant et al., 2018; Bosquet Enlow et al., 2012). The finding is theoretically coherent with affect-regulation frameworks: early adversity disrupts the development of regulatory capacities (Schore, 2001), and these regulatory deficits undermine moment-to-moment caregiving when children are distressed, thereby increasing the risk of offspring maladjustment (Gottman et al., 1996). Nevertheless, mediation was partial in many models, indicating additional mechanisms, such as unresolved attachment representations, trauma-related attributions, social isolation, and dissociation, also contribute to transmission (Main & Goldwyn, 1984; Chung et al., 2021; Mielke et al., 2022).

Unpacking emotion regulation dimensionally clarified which processes are most consequential for transmission. Difficulties maintaining goal-directed behavior under distress consistently accounted for the largest indirect effects, suggesting that the inability to preserve routines, follow-through, and consistent discipline when upset creates the unpredictable caregiving environments that impair children's self-regulation (Sroufe, 2006; Steele et al., 2016). Limited access to adaptive regulatory strategies was the second-strongest mediator, implying that parents who lack diverse, effective ways to manage strong emotions are more likely to rely on maladaptive coping (e.g., avoidance, rumination) that models poor regulation for children. In comparison, false alarms on fundamental emotional awareness generated less salient indirect effects, which implies that awareness with no coping skills to act is not enough to safeguard parenting quality, an important addition to the current emotion-focused theories (Gratz et al., 2004; Dvir et al., 2014).

The differences between different types of traumas were not insignificant: the highest total and indirect impact through emotion dysregulation was observed in emotional neglect and emotional abuse, but physical and sexual abuse had smaller, yet still significant, indirect effects. This trend is in line with domain-specific developmental theories that assume that emotional maltreatment has

the most direct deleterious effect on regulatory development (Cicchetti and Toth, 2009). Regulation-based interventions can be especially useful with parents whose histories are marked by emotional abuse; those with a history of physical abuse may require an augmentation of regulation skills training with aggression modeling, threat sensitivity, or discipline beliefs interventions.

Clinical and policy implications

Results recommend that parenting programs for trauma-exposed adults integrate explicit training in emotion-regulation skills, particularly modules that support maintaining goal-directed parenting under distress, expanding strategy repertoires, and improving impulse control rather than relying solely on behavioral-management training or symptom reduction. Evidence-based parenting interventions (e.g., PCIT, Incredible Years, Triple P) could be strengthened by adding concise, skills-based regulation modules adapted from DBT or ACT, making them more trauma-informed and implementable in community settings. At a policy level, embedding emotion-regulation screening and brief interventions into primary care, home visiting, and early childhood services could help prevent intergenerational transmission at scale.

Limitations and future directions

Important limitations qualify interpretation. The cross-sectional design limits causal claims and leaves open reverse or bidirectional explanations; longitudinal and experimental studies are needed to test whether improving parental regulation reduces child problems. Reliance on parental self-report invites shared-method bias; future work should incorporate observational, teacher-report, and physiological measures of regulation (e.g., heart-rate variability). The community sample may underrepresent severe trauma and clinical pathology, so replication in high-risk and culturally diverse populations is essential. Future research should test randomized interventions that target the specific regulation dimensions identified here, examine moderators such as child temperament and social support, and integrate psychological process research with neurobiological indices to create multilevel prevention strategies.

Conclusion

By specifying emotion regulation, especially goal-directed persistence under distress and access to adaptive strategies, as a principal, modifiable pathway linking parental childhood trauma to child socioemotional difficulties, this study clarifies where interventions can most effectively intervene to break cycles of adversity. Targeted, scalable emotion-regulation training within parenting programs offers a promising route to reducing intergenerational transmission and improving child mental health.

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