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The Silent Echoes of War: Parenting and Trauma Transmission in Bosnia and Herzegovina

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Abstract

This study examines the relationship between war-related trauma experienced by mothers in Bosnian families, their parenting styles, and the intergenerational transmission of trauma. The data were collected from a sample of 146 mother-child pairs, consisting of mothers who were directly exposed to the 1992–1995 Bosnian War and their children born after the war. The findings revealed that maternal trauma was significantly associated with control-oriented parenting practices ($r = .17$, $p < .05$), but showed no significant relationship with acceptance levels ($r = -.07$, $p > .05$). Multivariate analysis indicated that there were no statistically significant differences in parenting styles among mothers with low, moderate, and high levels of trauma exposure. Mediation analysis further demonstrated that maternal trauma partially influenced secondary trauma symptoms in children through control-oriented parenting behaviors. This partial mediation was supported by a reduction in the direct effect from $\beta = .18$ to $\beta = .15$. Overall, the results highlight the critical role of parenting behaviors in the intergenerational transmission of trauma. These findings underscore the need for trauma-informed interventions that also address parenting practices in families affected by war, in order to mitigate long-term psychological consequences in post-conflict societies.

Keywords: *war trauma, parenting styles, transgenerational transmission, Bosnia and Herzegovina, mediation analysis*
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Öz

Bu çalışma, Bosna-Hersek'teki ailelerde annelerin savaşla ilişkili yaşadıkları travmaların, benimsedikleri ebeveynlik stilleri üzerindeki etkisini ve bu etkilerin çocuklara aktarılan nesiller arası travma ile olan ilişkisini incelemektedir. Araştırma kapsamında, 1992-1995 yılları arasında gerçekleşen Bosna Savaşı'na doğrudan maruz kalan anneler ile savaş sonrasında dünyaya gelen çocuklarından oluşan toplam 146 anne-çocuk çiftiyle veri toplanmıştır. Elde edilen bulgular, annelerin savaş travmasının özellikle kontrol odaklı ebeveynlik uygulamaları ile anlamlı bir ilişki gösterdiğini ($r = .17$, $p < .05$), ancak kabul düzeyi ile istatistiksel olarak anlamlı bir ilişki içinde olmadığını ($r = -.07$, $p > .05$) ortaya koymuştur. Uygulanan çok değişkenli analiz sonuçlarına göre, annelerin travmaya düşük, orta veya yüksek düzeyde maruz kalma durumları ile ebeveynlik stilleri arasında anlamlı bir farklılık gözlenmemiştir. Aracılık analizi ise, annelerin travmatik yaşantılarının çocuklardaki ikincil travma semptomlarını, kontrol odaklı ebeveynlik uygulamaları aracılığıyla kısmen etkilediğini ortaya koymuştur; doğrudan etkinin $\beta = .18$'den $\beta = .15$'e düşmesiyle bu kısmi aracılık etkisi istatistiksel olarak anlamlı bulunmuştur. Çalışmanın genel sonuçları, ebeveynlik davranışlarının nesiller arası travma aktarımında önemli bir rol oynadığını göstermekte ve özellikle savaştan etkilenen toplumlarda, travma sonrası ruh sağlığı desteklerinin ebeveynlik süreçlerini de kapsayacak şekilde planlanmasının gerekliliğini vurgulamaktadır.

Anahtar Kelimeler: *savaş travması, ebeveynlik stilleri, nesiller arası aktarım, Bosna-Hersek, aracılık analizi*

Introduction

In the wake of prolonged conflict and social upheaval in Bosnia and Herzegovina, the lingering impact of historical violence continues to shape both individual lives and community dynamics. While considerable research has examined the immediate effects of war trauma, there remains a critical gap in understanding how such experiences influence family structures and parenting practices across generations. This study seeks to address that gap by exploring the relationship between maternal war-related trauma and the parenting styles perceived by offspring, as well as the mediating role these practices play in transmitting secondary trauma.

War trauma

Trauma is derived from the Greek word for "wound," and it describes a variety of circumstances that are too much for an individual to cope with and have a lasting effect on their bodily and emotional well-being (Merriam-Webster, 2024). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines trauma as an experience of sexual violence, actual or threatened death, or serious injury, followed by symptoms of avoidance, intrusion, negative changes in mood and cognition, and changes in arousal and reactivity (APA, 2021). An extremely upsetting experience that deviates from the typical range of human cognition is presented by the traumatic event (Van Der Kolk et al., 2012).

War trauma is one of the various forms of trauma and traumatic experiences that exist. At its core, war trauma is an assault on one's feeling of security, unity, and purpose in life. The fabric of the human experience has been severely torn apart. Regardless of whether they are brought on by direct combat, seeing atrocities, or losing loved ones, the psychological impacts of war can linger and impact every aspect of a person's life for a long time (Hunt, 2010).

When large populations see the horrors of war, as was the case in the former Yugoslavia and during the 1992–1995 conflict in Bosnia and Herzegovina (B&H), the impacts of war become more pronounced and intricate, extending beyond the battlefield. Everyone in Bosnia and Herzegovina has endured a significant deal of pain; nobody has been spared the atrocities of war (Nelson, 2003). Over 2 million people were forcibly displaced and 103,000 people were killed during the conflict in Bosnia and Herzegovina, according to data from the United Nations High Commissioner for Refugees (UNHCR, 2012).

Studies conducted on refugees from different conflict areas, such as Bosnia and Herzegovina, have shown that organized violence, such as war, causes widespread trauma (Klaric et al., 2007). Impregnation, incarceration, losing a family member, deportations, and living in exile can all have short- and long-term effects on survivors' mental health (Lončar et al., 2006). Additionally, another study (Comteße et al., 2019) demonstrated that over ten years after the war and displacement, the cumulative impact of war trauma on mental distress remained.

Transgenerational transmission of trauma

The theory of transgenerational trauma transmission was established in response to horrific personal losses and their significant consequences on the Jewish community during the Holocaust and World War II (Bar-On, 1995). This phrase refers to the transmission of traumatic effects from parents to their children who were born subsequent to the traumatic experiences of their parents. Different generations undergo this transmission (Kellerman, 2001).

Research with children whose parents were first responders and evacuees at the World Trade Center (WTC) following the September 11 terrorist attacks revealed significant mental suffering in these children that is related to their parents' exposure to trauma, despite the fact that most studies on trauma transmission have been done on Holocaust survivors (Hoven et al., 2009). Similarly, Felsen (2018) found that Holocaust survivors' parenting styles were characterized by high levels of control and emotional distance, which contributed to higher rates of anxiety and depression among offspring. And Dozio et al. (2020) showed that maternal PTSD following terror attacks led to insecure

attachment patterns and emotional distress in infants, suggesting that early caregiving behavior is a key factor in trauma transmission.

Also, Yehuda and Bierer (2009) explored the biological basis of trauma transmission, highlighting how epigenetic changes in cortisol regulation among Holocaust survivors and their offspring suggest a physiological mechanism underlying trauma inheritance. While, Yehuda and Lehrner (2018) further investigated the role of epigenetics in trauma transmission, emphasizing how cultural trauma and societal context contribute to psychological inheritance. Their findings underscore the complex interaction between biology and social environment in shaping trauma responses across generations.

However, it's crucial to comprehend how this transfer occurs. Traumatic events can be transmitted to subsequent generations in two ways, according to Kellerman (2001): "indirect and general" and "direct and specific." According to the theory of direct transmission, children are influenced by survivor parents right away and absorb the thought and behavior patterns of the traumatized parent. On the other hand, indirect transmission occurs when parenting, communication, and family dynamics cause youngsters to feel generally deprived.

A few models of trauma transmission exist as well. According to the relational and psychodynamic models of transmission, the second generation inherits feelings that the first generation was unable to consciously experience. As a result, identification occurs unconsciously and self-object differentiation is not achieved (Kellermann, 2001). Conversely, sociocultural and socialization models of transmission emphasize how parents' childrearing practices shape their children's perceptions. They emphasize direct and conscious learning from parents, which is different from the psychodynamic models (Heller, 1982).

Family systems and communication models of transmission are also important to highlight because all of these occur in the family setting. According to Danieli (1985), Holocaust survivors typically raise their children in close-knit families, therefore it is somewhat expected that they will struggle with attachment, individuation, and separation. Nonetheless, it appears that an integrated perspective on trauma transmission, which considers the multifaceted and intricate nature of trauma and its transmission, may be a preferred model (Kellermann, 2001).

Parenting styles

Parenting styles were defined by Steinberg et al. (1994) as an emotional setting where a parent's actions are manifested. As part of their parenting style, they convey a constellation of attitudes toward their child, which creates this environment. According to Kooraneh and Amirsardari (2015), a parenting style helps parents teach their children and set a good example for them while simultaneously upholding the rules and regulations.

There are many different parenting philosophies because each person is unique. However, three parenting philosophies were put forth by Baumrind (1967): permissive, authoritative, and authoritarian. In the authoritative approach, parental demands are realistic and met at high levels (Kuhar, 2010). Both the child and the parents have the freedom to speak and think for themselves, and there is a high level of warmth and friendly interaction between them. They establish the groundwork for their children's future growth and give them the opportunity to express their thoughts (Mussen, 1990). On the other hand, stringent rules, heartlessness, a lack of emotional support, and a disregard for the child's developmental needs are characteristics of an authoritarian parenting style. According to Rhee et al. (2006), this type is associated with characteristics like high control and limited admission, which can result in underlying problems like violence, low self-esteem, and poor social skills. Laxity in social attitudes, discipline, and customs, as well as a lack of parental control, result in underlying problems like aggressiveness, poor self-control, carelessness, emotional difficulties, school dropout, and a propensity towards drugs and crime (Steinberg, 2008). Finally, children raised by permissive parents are not held to high standards.

Maccoby and Martin (1983) distinguished two essential components of child-rearing—responsiveness (or sensitiveness) and demandingness—

in their examination of Baumrind's (1967) authoritarian, authoritative, and permissive approaches. The ability of parents to foster their child's uniqueness and self-assertion through warmth, understanding and meeting their needs, and logical communication is a prerequisite for responsiveness. On the other hand, demandingness refers to how parents use direct confrontation, behavior management, maturity demands (behavioral control), and observation or supervision of their everyday activities to force their children to integrate into society.

Trauma and parenting

There is evidence to suggest that mothers' traumatic experiences influence their parenting. More specifically, Henry and colleagues (2004) found that parental controls were tightened, and parental supervision increased following the terrorist attacks of September 11. Parental attitudes and behaviors changed soon after the September 11 terrorist attacks compared to their pre-trauma state, according to another study (Updegraff et al., 2008). It was found that the parents valued caring for their children, protecting them from harm, loving and bonding with them, and being more aware of their needs. Further supporting the influence, Fischer et al. (2010) found that salient cues associated with terrorism threats had a notable impact on authoritarian parenting approaches.

Additionally, there is proof that attachment type is impacted by parental trauma. Therefore, children of Holocaust survivors said that their early years were characterized by difficulties with individuation and familial separation, according to research on survivors and their parent-child connections (Bar-On et al., 1998). In addition to being less able to initiate distinct activities, the parents of these children were too preoccupied with grieving and reliving previous separations to adequately attend to their children's needs for individuation and separation. In addition, members of the second generation were trying to please their parents and protect them from the struggles they were going through (Greenblatt-Kimron et al., 2021).

It is more difficult for parents who are preoccupied with the past to see their child's needs and feelings objectively and respond to them correctly. As a result of trying to highlight the necessity of their presence while simultaneously pushing for independence in an effort to call attention to their situation and feelings, the child subsequently experiences ambiguous attachment (Liotti, 2004). Another study (Sagi-Schwartz et al., 2003) found that Holocaust survivors exhibited less secure connection representations than the control group, which supported this finding.

Negative effect of war are still present among people in Bosnia and Herzegovina and there is an existing gap in research that tries to understand relation between transgenerational transmission of trauma and influence of parenting styles. Therefore, the aim of this study is to investigate the relationship between maternal war-related trauma experiences and the parenting styles perceived by offspring, and how these parenting styles may mediate the transmission of secondary trauma to the offspring.

According to the study aim following hypotheses were formulated:

Hypothesis 1: Maternal war-related trauma experience is significantly correlated with the perceived acceptance and strict control practices of parenting styles.

Hypothesis 2: Offspring perceived parental styles (acceptance and strictness) differ according to the maternal levels of war-related trauma experiences (low, moderate, high).

Hypothesis 3: Parenting styles (acceptance and strictness) mediate the relationship between maternal war-related trauma experience and offspring symptomatology.

Methods

This study employed a cross-sectional correlational design to investigate the relationships between maternal war-related trauma, parenting styles and offspring secondary trauma. A cross-sectional approach was chosen because it allows for the examination of the strength and direction of these associations at a single point in time, which is suitable for exploring trauma transmission patterns and parenting outcomes.

Sample

The sample was selected using a snowball sampling technique due to the sensitive nature of the research and the difficulty in accessing war-affected individuals. Snowball sampling is a non-probability method of sample selection commonly used to locate rare or difficult-to-find populations (Johnson, 2014).

Table 1. Mothers demographic information descriptive data

Variables	N	%
Age (M=47.2; SD=9.5)		
Place of living		
Urban area	112	77%
Rural area	34	23%
Marital status		
Married	89	61%
Divorced	25	17%
Widow	32	22%
Number of children (M=1.94)		
Raising children with husband		
Yes	97	66%
No	49	34%
Education		
Elementary school	16	11%
Secondary school	69	47%
Bachelor degree	36	25%
Master degree	17	12%
PhD	8	5%
Employment status		
Part time employed	33	23%
Full time employed	62	42%
Unemployed	39	27%
Retired	12	8%
Income level		
Low	36	25%
Middle	89	61%
High	21	14%
Age at the beginning of war (M=20.5; SD=9.5)		
Refugee internally displaced person status during the war		
Yes	58	40%
No	88	60%
Injured during the war		
Yes	36	25%
No	110	75%
Lost close family member or friend during the war		
Yes	38	26%
No	108	74%
Psychiatric diagnosis		
Yes	21	14%
No	125	86%

The sample size for the study was calculated using Cohen's d (0.03) to achieve a statistical power of 90% with a 5% Type I error rate. Based on this calculation, a sample size of at least 287 participants was required, allowing for a ±5% deviation from the target values (calculated using G*Power 3.1.9.7). Therefore, the final sample consisted of 150 pairs of mothers and their children (a total of 300 participants).

Table 2. Children demographic information descriptive data

Variables	N	%
Age (M=19.1; SD=4.9)		
Gender		
Female	93	64%
Male	53	36%
Place of living		
Urban area	121	83%
Rural area	25	17%
Marital status		
Single	98	67%
Living with the partner	16	11%
Married	25	17%
Divorced	7	5%
Widow	0	0%
Have children		
Yes	21	14%
No	125	86%
Education		
Elementary school	24	17%
Secondary school	79	54%
Bachelor degree	34	23%
Master degree	9	6%
PhD	0	0%
Employment status		
Part time employed	17	12%
Full time employed	26	18%
Unemployed	103	70%
Retired	0	0%
Income level		
Low	34	23%
Middle	95	65%
High	17	12%
Psychiatric diagnosis		
Yes	11	8%
No	135	92%

Pairs of mothers and one of their children from Bosnia and Herzegovina were the research participants. Mothers who were living in Bosnia and Herzegovina during the war (1992–1995) and who were still residing there at the time of data collection were eligible to participate in the study. The existence of any illness that could impair memory and brain function, such as dementia, was an exclusion criterion. Alternatively, their children had to be born after the war, be at least 16 years old at the time of data collection, and reside in Bosnia and

Herzegovina in order to be eligible. The 16-year age criterion was chosen because cognitive maturity and emotional awareness are generally well-developed by mid-adolescence (Steinberg, 2005). At this age, participants are more capable of reflecting on and reporting their perceived parenting experiences and psychological states with sufficient accuracy and insight.

However, after analysing collected data, 4 pairs withdraw from the study because questionnaire were uncompleted with missing data and at the end there were 146 pairs or 292 participants (see Table 1 and Table 2).

Instruments

A separate set of questionnaires was created for mothers and their children. Mother questionnaire set include demographic information form, Harvard trauma questionnaire (HTQ), and The Brief Symptom Inventory (BSI).

Demographic Information Form for mothers consists of 13 questions that ask mothers to share information about their age, place of living, marital status, number of children, did they raised children with husband, education level, employment status, level of income, how old they were during the war, were they refugees, were they injured during the war and did their family member or friend died during the war.

The Harvard Trauma Questionnaire (HTQ) is a self-report scale, and it consists of four sections: trauma events, personal description of one's most traumatic experience, head injury, and trauma symptoms. This instrument is translated and adapted for the B&H population by the Harvard Program in Refugee Trauma (Mollica et al., 2004). The HTQ conducted on the Bosnian sample, on general population, showed strong reliability (α = 0.89) (Oruc et al., 2008). The Cronbach's alpha in the current sample was 0.85, indicating good internal consistency.

In addition to reliability, the HTQ has shown strong validity across different populations. Construct validity has been confirmed through factor analysis, which consistently identifies symptom clusters aligning with the diagnostic criteria for post-traumatic stress disorder (PTSD) outlined in the DSM-IV and DSM-5 (Mollica et al., 1992). The scale demonstrates high sensitivity and specificity for PTSD diagnosis, with studies showing sensitivity values above 0.85 and specificity above 0.80 when compared to clinical interviews (Mollica et al., 1992).

The HTQ has also demonstrated convergent validity with other trauma-related measures, including the Posttraumatic Diagnostic Scale (PDS) and the Impact of Event Scale (IES), with correlation coefficients ranging between 0.70 and 0.80 (Mollica et al., 2004). The Bosnian version of the HTQ maintains the original factor structure and internal consistency observed in other populations, confirming its cultural relevance and measurement accuracy.

The Brief Symptom Inventory (BSI) consists of 53 items, which cover nine dimensions of symptoms: somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. (Derogatis, 1993). Participants rank items on 5-point Likert-type scale from 0 (not at all) to 4 (extremely).

The BSI was used in this study to assess both maternal and offspring psychological distress. Mothers completed the BSI to measure the psychological impact of their war-related trauma, while offspring completed the same inventory to assess their symptomatology related to secondary trauma.

BSI Serbian version was used in this study, and it also has good internal consistency reliability ranging from α=0.64 psychoticism to α=0.86 on somatization (Injac Stević et al., 2019).

In the current study, Cronbach's alpha coefficients for the subscales were as follows: somatization $\alpha = 0.69$; obsession-compulsion $\alpha = 0.75$; interpersonal sensitivity $\alpha = 0.73$; depression $\alpha = 0.84$, anxiety $\alpha = 0.78$, hostility $\alpha = 0.77$, phobic anxiety $\alpha = 0.72$, paranoid ideation $\alpha = 0.74$; psychoticism $\alpha = 0.69$, with an overall internal consistency coefficient of 0.91. These results indicate that the BSI demonstrated strong internal consistency and reliable measurement across all symptom dimensions in the current sample.

On the other side child questionnaires set include demographic information form, The Brief Symptom Inventory (BSI), and Steinberg Parenting Scale.

Demographic Information Form for child consists of 10 questions that ask children to share information about their age, gender, place of living, marital status, do they have children, number of children, education level, employment status and level of income.

Steinberg Parenting Styles Scale is a 26-item scale in which questions are divided into three clusters that identify the primary facets of parenting: parental strictness-supervision (8 items), psychological autonomy-granting (9 items), and acceptance-involvement (9 items). (Lamborn et al., 1991).

The Bosnian version of the scale also shows fair internal consistency reliability for acceptance-involvement α=0.75, psychological autonomy-granting α=0.74, and behavioral strictness-supervision α=0.72 (Hasanagić & Leto, 2020). However, in the current study Cronbach's alpha coefficients were for acceptance-involvement α=0.76, psychological autonomy-granting α=0.71, and behavioral strictness-supervision α=0.74.

The scale has shown strong construct validity in previous studies. Confirmatory factor analysis (CFA) has consistently supported the three-factor structure of the scale across different cultural contexts (Steinberg et al., 1994; Lamborn et al., 1991). Factor loadings for the three parenting dimensions have typically ranged between 0.60 and 0.80, indicating good structural integrity of the scale.

The scale also demonstrates good convergent validity. Studies have shown significant correlations between high parental involvement and positive psychological outcomes, such as higher academic performance, self-esteem, and emotional regulation in adolescents (González-Cámara et al., 2019; McCurdy et al., 2020; Steinberg et al., 1994;). High parental control (strictness-supervision) has been linked to lower rates of risky behavior and delinquency, while psychological autonomy-granting is associated with higher levels of independent decision-making and lower levels of psychological distress (Gray & Steinberg, 1999; Soenens et al., 2007).

The Bosnian version maintains the original factor structure and internal consistency observed in other cultural adaptations. Cross-cultural studies have confirmed that the scale captures culturally specific parenting patterns while preserving its core structure and reliability (Hasanagić & Leto, 2020).

Procedures

This study was reviewed and approved by the Association of Psychologist in Federation of Bosnia and Herzegovina Ethic Committee (ID 1-3/2022). All procedures followed ethical guidelines and informed consent was obtained from all participants, ensuring confidentiality and the right to withdraw at any time.

The mother and child were asked to form a pair, and the mother was informed that she could only create a pair with one of her children. All questionnaires were administered in one of three official local languages in Bosnia and Herzegovina (Bosnian, Croatian, or Serbian). It was requested that mothers and their children fill out questionnaires separately. Participants completed the questionnaires independently, in a quiet, comfortable environment.

Before conducting the study, the Harvard Trauma Questionnaire (HTQ), Brief Symptom Inventory (BSI), and Steinberg Parenting Styles Scale had already been translated and validated for use in the Balkan context in previous research (e.g., Mollica et al., 2004; Injac Stević et al., 2019; Hasanagić & Leto, 2020). To further ensure the appropriateness of these instruments for the present study, a group of experts in clinical psychology and trauma research reviewed the scales for cultural and contextual relevance. A preliminary pilot study was conducted with a sample of 20 mother-child pairs to confirm the clarity and relevance of the items in the current population. The final versions demonstrated high internal consistency and construct validity in the study sample.

Recruitment began by contacting local associations and non-governmental organizations

(NGOs) that provide support and services to individuals who experienced war trauma in Bosnia and Herzegovina. These organizations helped to identify and introduce potential participants, particularly mothers who survived the war and their offspring. In parallel, the researcher reached out to university students whose families had been affected by the war. University of Sarajevo staff and student organizations facilitated this process by distributing information about the study and encouraging eligible students to participate. Once an initial pool of participants was established, the researcher employed snowball sampling by asking participating mothers and students to recommend other individuals who met the study's inclusion criteria. This method allowed the sample size to grow organically and enabled the researcher to reach individuals who might have been hesitant to participate without a personal connection or recommendation.

Considering the potentially distressing nature of the survey content, special care was taken to minimize psychological discomfort. Participants were explicitly informed that if they experienced any emotional distress or discomfort during or after completing the survey, they would be offered access to free psychological support. The researchers established a referral pathway to qualified mental health professionals who were available to provide counseling and emotional support if needed. Moreover, participants were encouraged to contact the research if they had any concerns or needed further clarification about the study after participation. By implementing these measures, the study maintained high ethical standards while safeguarding the mental health of participants.

Data analysis

IBM SPSS Statistics version 26 was used for statistical analysis. Before conducting main analysis, data cleaning procedures (Tabachnick & Fidell, 2007) were followed in terms of data accuracy, missingness, univariate and multivariate outliers, normality, linearity, homoscedasticity and multicollinearity and singularity. At the end of these procedures, 8 (4 pairs) cases with 5 % and more missing values were deleted.

Firstly, descriptives for demographic variables were examined. Then, reliability analyses were conducted for all scales. Following this, the correlations of all variables were inspected. Before the main regression analyses, a multivariate analysis of variance (MANOVA), for levels of mother's war-trauma exposure on two perceived parenting styles was conducted. After that, the regression analyses were conducted and mediations were tested.

For all mediation analyses, Baron and Kenny's (1986) four conditions were considered. First of these four conditions requires the predictor variable to be related with the dependent variable. As a second condition, the predictor variable needs to be related to the mediator. Third, when the effect of mediator is controlled, the effect of the predictor variable on the dependent variable must decrease. Finally, as the fourth condition, after controlling the effect of the mediator, if the effect of the predictor is reduced to a non-significant level, then this proves a full mediation; whereas when its effect declines but still remains significant, this might indicate a partial mediation.

Findings

As a first step the correlations of the related variables were examined (see Table 3). Maternal war related trauma experience was significantly related with only strict control practices of parenting styles ($r = .17$, $p < .05$). Also, there was negative significant correlation between acceptance and control parenting styles ($r = -.39$, $p < .01$).

Table 3. Correlation between Harvard Trauma Questionnaire trauma events and parenting styles (acceptance & control)

Variables	1	2	3
1.Maternal war-related trauma experience		-.07	.17*
2. Acceptance			.39**
3. Control			

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

So, as a second step in order to test whether this correlation supports the idea that maternal trauma have some difference on the perception of mother's parenting styles, a MANOVA was conducted. For this purposes, mother's scores for war related

trauma experience were divided into three categories called "mother's low-level war-trauma experience" (42.5 %, N=62), "mother's moderate level war-trauma experience" (30.1%, N=44) and "mother's high-level war-trauma experience" (27.4%, N=40).

To test how two different parenting styles (acceptance and control) differ according to three levels of maternal war-trauma experience (high, moderate, low), a MANOVA was conducted.

Results showed a non-significant difference of maternal war-trauma experience levels on parenting styles (Multivariate F (4, 290) = 1.07, n.s.) (Table 4).

Table 4. MANOVA for maternal war-related trauma experience differences on parenting styles (acceptance & control)

Variables	Multivariate F	df	Wilks' Λ	Multivariate η^2	Univariate F	η^2	p
Maternal war-related trauma experience	1.07	4, 290	.95	.01			.36
Acceptance		2, 146			.91	.01	.41
Control		2, 146			1.63	.02	.20

**** p < .001, ** p < .01, * p < .05*

For mediation analyses, Baron and Kenny's (1986) four conditions were considered as explained in the method section.

Also, to formally test the significance of the mediation effect, the bootstrapping method recommended by Hayes (2009) was applied with 5,000 resamples. This method estimates the indirect effect and generates a 95% confidence interval (CI). If the CI does not include zero, the mediation effect is considered statistically significant. In addition to bootstrapping, a Sobel test was conducted to confirm the mediation effect. The Sobel test evaluates the significance of the indirect effect based on the product of the paths from the independent variable to the mediator and from the mediator to the outcome variable. Consistent results from both the bootstrapping method and the Sobel test provide strong support for the mediation model.

Regarding these rules for the mediation analyses, before testing the mediation effects of the two parenting styles (acceptance and control), first of all, the relationships of the maternal war-related trauma experience with offspring symptomatology and parenting styles were considered. Since only the control dimension of parenting styles was associated with maternal war-related trauma experience; therefore, the mediation analysis was conducted for only this parenting style.

To be able to test Hypotheses 3 for this possible mediation effect, maternal war-related trauma experience was put into regression analysis as the predictor variable when offspring symptomatology was taken as the dependent variable.

The results confirmed a partial mediation effect of control parenting style in the relationship between maternal war-related trauma experience and offspring symptomatology. In Step 1, maternal trauma significantly predicted offspring symptomatology (β=.18, t= 2.47, p<.01), indicating that higher maternal trauma exposure was associated with higher levels of offspring trauma-related symptoms.

Table 5. Regression analysis of offspring symptomatology for testing the mediation effect of control parenting style

Steps	Variables in set	F Changes	df	t	β	Partial Correlation (pr)	Model R^2	95% CI (Bootstrap)
1	Maternal war-related trauma experience	5.16**	1, 146	2.49**	.18	.18	.04	[.04, .22]
2	Parenting styles Control	5.23**	1, 146	2.47**	.18	.18	.07	[.05, .23]
Final step	Maternal war-related trauma experience			2.12*	.15	.15		[.03, .20]
	Parenting styles Control			2.49**	.18	.18		[.06, .24]

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

In Step 2, when control parenting style was added as a mediator, the model remained significant (F(1, 146)=5.23, p<.01) with a slightly reduced direct effect of maternal trauma on offspring symptomatology (β=.15, t= 2.12, p<.05). This reduction in the strength of the direct path suggests that control parenting style partially mediated the relationship between maternal trauma and offspring trauma symptoms.

The bootstrapping analysis provided further support for the mediation effect. The 95% confidence intervals (CIs) for the indirect effects did not include zero ([.04, .22] in Step 1 and [.03, .20] in the final model), confirming that the mediation effect was statistically significant. Additionally, the Sobel test (Figure 1) yielded consistent results (p=.02 for Step 1 and p=.03 for the final model), reinforcing the robustness of the mediation effect. The partial mediation effect suggests that while maternal trauma exposure directly influences offspring symptomatology, the effect is also transmitted through increased control parenting practices.

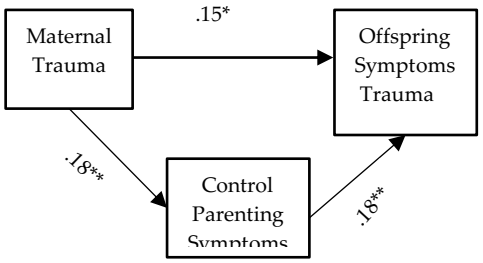

Figure 1. Path Analytic Model with Sobel Test Results

Discussion

The aim of the present study investigated the relationships between maternal war-related trauma experiences, parenting styles (acceptance and control), and offspring secondary trauma.

Maternal trauma and parenting styles

Although the maternal war-related trauma experiences were expected to be related to both of the perceived parenting styles (acceptance and control), this correlation was only significant for control parenting style practices. As the mothers were exposed to the war-related traumatic experiences during the war in Bosnia and Herzegovina, when they became mothers, they seemed to use more discipline and control parenting style on their children. This is expected regarding the information that can be found in the literature since it is evident that mothers increased their monitoring practices and tended to tighten parental rules following a traumatic experience (Henry et al., 2004). Also, these findings align with previous studies suggesting that trauma exposure may lead parents to adopt stricter or more controlling parenting behaviors, possibly as a maladaptive coping mechanism to maintain a sense of order or protect their children from perceived threats (Van Ee et al., 2015).

Research further supports the link between trauma exposure and increased parental control. Afzal et al. (2022) conducted a systematic review that found parental overprotection and intrusive control were associated with higher levels of post-traumatic stress symptoms in children. Their findings highlight that excessive parental monitoring may inhibit the development of independent coping mechanisms, reinforcing trauma-related stress in offspring. Similarly, Kerbage et al. (2022) observed that trauma-exposed parents frequently resort to increased supervision and restriction of autonomy as coping strategies. While these behaviors may offer short-term protection, they often lead to long-term psychological distress in children. Also, Littleton et al. (2007) conducted a meta-analysis showing that overprotection and control were particularly common following community-wide traumatic events, such as natural disasters and mass violence. They noted that these parenting behaviors reflect an attempt to prevent further harm but can increase anxiety and hypervigilance in children. In addition, Williamson et al. (2016) reported that parental control following trauma exposure is often driven by the parents' own unresolved trauma responses. Their study indicated that parents' distress and hypervigilance are frequently transferred to their children, reinforcing a cycle of trauma transmission. Powell et al. (2021) also noted that trauma-exposed parents are more likely to engage in emotionally restrictive and controlling behaviors, limiting a child's ability to independently process stress and develop adaptive coping mechanisms. This pattern aligns with the theory of intergenerational trauma transmission, where parental attempts to shield children from harm may inadvertently heighten psychological distress and dependency in offspring.

On the other side, the absence of a significant relationship between maternal trauma and acceptance could indicate that maternal trauma impacts specific dimensions of parenting styles rather than universally affecting all parenting behaviors. This selective influence might stem from the complex interplay of emotional and behavioral responses triggered by trauma. For example, while trauma may heighten vigilance and control as protective mechanisms, it may not necessarily diminish a parent's capacity for warmth and acceptance, which are shaped by additional factors such as personality, social support, and resilience (Leen-Feldner et al., 2013).

This is consistent with research showing that trauma-related hypervigilance and emotional dysregulation often co-exist with the capacity for emotional warmth and responsiveness, depending on the mother's level of psychological resilience and social support (Ferguson, 2013; Johnson et al., 2018).

Furthermore, attachment theory provides a framework for understanding these findings. Mothers with unresolved trauma may struggle with emotional availability, leading to inconsistencies in parenting behaviors. Bowlby (1997) suggested that secure attachment depends on a caregiver's capacity to respond sensitively and consistently to a child's emotional needs. Mothers preoccupied with trauma may have difficulty recognizing and responding to their children's emotional cues, leading to heightened control but not necessarily reduced warmth (Bar-On et al., 1998).

Parenting styles across trauma levels

To examine whether parenting styles differ according to levels of maternal trauma, the second hypothesis tested the effects of low, moderate, and high trauma experiences on perceived parenting styles. Contrary to expectations, the MANOVA results indicated no significant differences in parenting styles across the three trauma levels. Although the literature gives some support for the relation between maternal war-related traumatic experience and their parenting styles (Fischer et al., 2010). The levels of maternal war-related trauma experiences (low, moderate, and high) did not significantly differ in the parenting styles (acceptance and control). This finding suggests that the degree of trauma exposure may not play a decisive role in shaping overall perceptions of parenting styles.

One possible explanation for this non-significant finding is the variability in how trauma is processed and expressed. Mothers with high trauma exposure may exhibit both heightened control behaviors and compensatory warmth, resulting in no net difference in perceived parenting styles across trauma levels. This mixed pattern of parenting behavior is supported by research showing that trauma-exposed mothers often adopt protective control strategies while maintaining emotional warmth to foster security and emotional connection with their children (Scheeringa & Zeanah, 2001; Van Ee et al., 2012).

Additionally, cultural norms and expectations surrounding parenting could mediate the impact of trauma, potentially dampening its influence on parenting behaviors in specific contexts (Masten & Narayan, 2011). In Bosnia and Herzegovina, collectivist norms and strong family ties may buffer the impact of trauma on parenting behaviors. Research has shown that in collectivist cultures, parental control is often interpreted as a form of care and protection rather than authoritarianism (Masten, 2013). This may explain why maternal control did not vary significantly across trauma levels, as protective parenting behaviors are culturally reinforced.

Moreover, research on trauma transmission has shown that the nature of the traumatic event (e.g., war-related violence versus interpersonal trauma) and the availability of social and institutional support may shape parental responses (Danieli, 1998). Therefore, the non-significant difference in parenting styles across trauma levels highlights the importance of examining contextual and cultural factors in trauma research.

While this finding challenges the assumption that greater trauma exposure leads to more pronounced shifts in parenting styles, it underscores the importance of considering individual differences in trauma responses. Factors such as the timing of trauma, availability of support systems, and personal coping mechanisms could moderate the

relationship between trauma severity and parenting behaviors.

Mediation of parenting style in transgenerational trauma

When it comes to analyses of the mediator role of parenting styles on offspring secondary trauma understand through offspring symptomatology, this was partially confirmed by conducted analyses.

The maternal war-related trauma experience predicted offspring secondary trauma through the partial mediator role of control parenting style of mothers. So, higher levels of maternal war-related traumatic experiences led to higher levels of control parenting style practices that, in turn, were associated with a higher level of offspring secondary trauma. It seems understandable that higher exposure to adverse war-related traumatic events may make mothers more protective when it comes to their children in order to protect them from experiencing such kinds of negativities in their lives (Henry et al., 2004). However, it did not count the contra-productive effect of this parenting style, which leads to a higher level of offspring symptomatology, which on one side confirms transgenerational transmission of trauma but also highlights the negative effects of the control parenting style.

This result aligns with the theory of transgenerational transmission of trauma proposed by Kellerman (2001), which suggests that trauma can be transmitted across generations through both direct mechanisms (e.g., parental modeling and communication) and indirect mechanisms (e.g., parenting practices and emotional climate). Increased parental control in response to trauma may reflect an unconscious attempt to shield children from future harm, but this protective behavior may paradoxically increase psychological distress in children. Also, Van Ee et al. (2015) found that maternal PTSD symptoms were associated with increased overprotection and intrusive parenting, which in turn were linked to higher levels of anxiety and depression in offspring. Similarly, studies on Holocaust survivors and their offspring have shown that trauma-related parental control and hypervigilance are linked to increased psychological distress in children (Yehuda & Lehrner et al., 2018).

So, this partial mediation highlights the role of control-oriented parenting practices in transmitting trauma-related stress to the next generation. Strict control behaviors, often characterized by heightened demands for compliance and reduced autonomy, may inadvertently contribute to the development of secondary trauma in offspring. These behaviors might amplify stress and anxiety in children, particularly when they are perceived as excessive or inconsistent with the child's developmental needs (Morris & Steinberg, 2013).

Interestingly, acceptance parenting style was not significantly associated with maternal trauma and was therefore excluded from the mediation analysis. This finding suggests that while acceptance plays a critical role in child development, it may not serve as a key pathway for the intergenerational transmission of trauma. Instead, the emphasis on control highlights the importance of addressing behavioral dimensions of parenting in trauma-informed interventions.

Implications and limitations

The findings of this study have important theoretical and practical implications. From a theoretical perspective, the results support the framework of intergenerational trauma transmission, which posits that trauma-related stress can be transmitted to offspring through parenting behaviors (Danieli, 1998). The partial mediation effect of the control parenting style provides empirical support for this framework while highlighting the specific mechanisms involved.

Practically, these findings underscore the need for targeted interventions to support trauma-affected parents. Programs aimed at promoting adaptive parenting practices, such as fostering autonomy-supportive behaviors and reducing overcontrol, could mitigate the risk of secondary trauma in children. Trauma-informed parenting programs should also address the emotional and

psychological needs of parents, helping them process their trauma and develop healthy coping strategies.

Despite its contributions, this study has several limitations. Firstly, the gender of the offspring, education, and income levels of both mothers and children that were not included within the analyses so far may have important roles and impacts on the study results.

Secondly, the instruments used were self-reported, which may influence the quality of the data. In relation to this point, the offspring's report of parenting styles may be congruent with their current mood or satisfaction level rather than reflecting the mother's real parenting practices. Moreover, asking mothers about past traumas may have also resulted in mothers' false memories of past events.

Another limitation is the exclusive focus on maternal trauma. Paternal influences and broader family dynamics were not examined, leaving an incomplete picture of the intergenerational transmission process. Future studies should adopt a family systems perspective to capture the complex interactions among family members.

Conclusion

In summary, this study highlights the complex interplay between maternal trauma, parenting styles, and offspring secondary trauma. While maternal trauma was associated with stricter control behaviors, its impact on overall parenting style perceptions was limited. However, the partial mediation effect of the control parenting style underscores its critical role in the transgenerational transmission of trauma. These findings emphasize the need for trauma-informed parenting interventions that address both emotional and behavioral aspects of parenting. By fostering adaptive parenting practices and supporting trauma-affected parents, we can break the cycle of transgenerational trauma and promote the well-being of future generations.

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