

Childhood Trauma and Adolescent Internalizing Problems: Examining the Mediating Role of Psychological Resilience and Moderating Role of Parental Emotional Socialization

Cuiqing Liao ^{a,b}, Dongmei Wang ^{a,*}

^aCAS Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing 100101, China;

^bDepartment of Psychology, University of Chinese Academy of Sciences, Beijing 10049, China;

*wangdm@psych.ac.cn

Abstract. To explore the mediating role of psychological resilience and the moderating role of parental emotional socialization in the relationship between childhood trauma and adolescent internalizing problem. Methods: A sample of 404 groups of adolescent families were recruited in this research to complete the Childhood Trauma Questionnaire, Depression and Anxiety Stress Scale, Emotions as a Child Scale, and 10-item Connor-Davidson Resilience Scale. Results: First of all, childhood trauma was positively correlated with adolescent depression ($r = 0.51$, $P < 0.01$), anxiety ($r = 0.40$, $P < 0.01$), and stress ($r = 0.37$, $P < 0.01$). Secondly, adolescent psychological resilience played a mediating effect between childhood trauma and adolescent internalizing problems, with an effect value of 0.17, accounting for 36.96% of the total effect. In closing, both supportive and non-supportive responses of parental emotional socialization perceived by adolescents moderated the first half of the mediation pathway of adolescent psychological resilience and the direct pathway from childhood trauma to adolescent internalizing problems. Conclusion: Childhood trauma affects adolescent internalizing problems, which is indirectly influenced by psychological resilience. Additionally, the supportive and non-supportive responses of parental emotional socialization perceived by adolescents moderate the above-mentioned mediation process, indicating that improving parental emotional socialization level can reduce the severity of internalizing problems of adolescents with childhood trauma experience.

Keywords: Internalizing Problems; Childhood Trauma; Adolescents; Parental Emotional Socialization; Psychological Resilience.

1. Introduction

Conceptually, internalizing problems are defined as a host of emotional problems within individual psychology, including depression, anxiety, stress, withdrawal, and somatization (Yap et al., 2015), which greatly negatively impact children's physical and mental development, academic achievement, and interpersonal communication (He et al., 2021). Existing research indicates that the accumulated risks in the early stage of the family have a direct impact on internalizing problems in adolescents (Xu et al., 2022). On the same note, clinical research demonstrates that the more childhood trauma adolescents experience, the more likely they are to have internalizing problems (Miller et al., 2011). Nevertheless, few studies have explored its mechanism of action and protection. Consequently, it is of significant importance to investigate the risks and mediating factors involved in adolescent internalizing problems.

Childhood trauma, by definition, refers to the situation in which some behaviors or omissions of parents or other caregivers cause harm, potential harm, or threat to children (John, 2009). Children often suffer from trauma caused by emotional or physical harm, neglect of their needs or feelings, or sexual violence. Studies have shown that these traumatic experiences can lead to more severe symptoms of depression, anxiety, cognitive distortion, and personality impairment in adolescents (Wang et al., 2018). Besides directly affecting internalizing problems, childhood trauma indirectly affects internalizing problems through mediating variables. In this regard, the positive aspects of psychological resilience can help lower the likelihood of depression for people who have suffered from childhood trauma (Wang et al., 2017).

Psychological resilience refers to an individual's capacity to "bounce back" and preserve or restore normal psychological functioning by adapting oneself in difficult situations (Xi et al., 2012). Connor and Davidson contend that psychological resilience is one of the important personality traits that can develop well under adverse conditions (Connor and Davidson, 2003). Relevant research shows that more childhood trauma experiences will lead to worse psychological resilience and more severe depressive symptoms (Wingo et al., 2010). The process model concerning psychological resilience shows that individuals tend to utilize various resources to maintain physical and mental balance when responding to stressful events (Liu et al., 2010). As a buffer against traumatic events, psychological resilience can increase adolescents' enthusiasm and resilience in the face of pressure, and improve their coping ability, thereby reducing their depressive symptoms (Boardman et al., 2011). In particular, individuals with high psychological resilience present fewer negative emotions, which helps to mitigate the effects of early adversity on adult emotions (Boardman et al., 2011). Additionally, the formation and development of psychological resilience are related to the family environment and parental rearing patterns (Yao et al., 2022). According to relevant research, supportive parenting behaviors of parental emotional socialization include parents' perception of children's emotional needs and support for their emotional expression, thus continuously improving their emotional expression ability and increasing their psychological and behavioral adaptability (Eisenberg et al., 20003).

In concept, parental emotional socialization refers to the behavior in that parents consciously respond to their children's emotions according to the parenting purpose related to emotions, which reflects their emotional concepts, goals, and values (Hao and Hu, 2017). By responding supportively to their children's negative emotions with acceptance, comfort, and help, parents convey positive emotions during parenting. This helps children improve their emotional regulation strategies and provides a suitable framework for their adaptive emotional adjustment (Silk et al., 2011). Conversely, children are more likely to show a perception of competence and a higher degree of adaptability in the social environment and interpersonal relationships (Eisenberg, et al., 1996). In contrast, parents express negative emotions by responding non-supportively to their children's negative emotions, such as neglect, punishment, or ridicule, which will promote their children's emotional suppression and make them feel indifferent or lonely, thus reducing their social acceptability and adaptability (Godleski et al., 2020). The experience of childhood trauma is prone to cause adolescents' negative emotions. However, parental emotional socialization plays a mediating effect between adolescents' negative emotions and internalizing problems (Briscoe et al., 2019). The theory of the family stress model indicates that children's adjustment to situational risks is influenced by their parent's response to adverse behavior and their interaction in coping with stressful situational experiences, rather than directly by pressure and parental pain (Ugarte et al., 2021). Likewise, relevant empirical research shows that the improvement of parental emotional socialization, including the improvement of parents' empathy, emotional regulation, and parent-child relationship, is conducive to alleviating adolescent internalizing problems (Kehoe et al., 2021). Therefore, it is imperative to explore the mechanism of parental rearing behavior between childhood trauma and internalized distress in adolescents.

This study aims to explore how childhood trauma affects internalizing problems in adolescents, and how psychological resilience and parental emotional socialization mediate and moderate this relationship, based on relevant theories and previous research findings. Meanwhile, this research constructs a moderating mediation model (as shown in Figure 1), proposing the following research hypotheses:

Hypothesis 1: Childhood trauma positively predicts adolescent internalizing problems;

Hypothesis 2: Childhood trauma and internalizing problems are mediated by psychological resilience;

Hypothesis 3: The effects of childhood trauma on psychological resilience and internalizing problems in adolescents are moderated by parental emotional socialization.

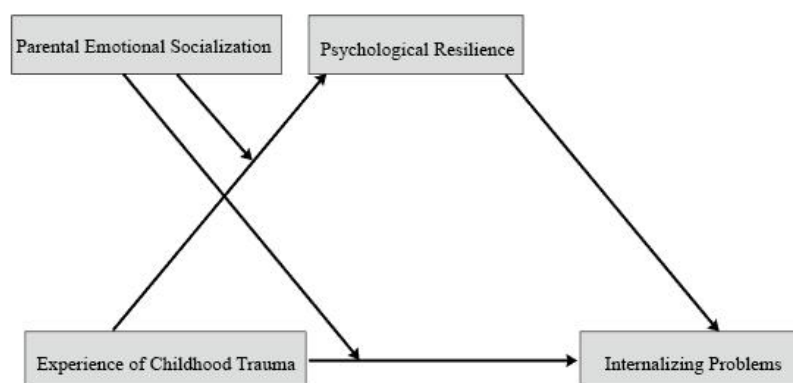


Figure 1 Hypothetical Model on the Relationship among Childhood Trauma, Psychological Resilience, Parental Emotional Socialization, and Adolescent Internalizing Problems

2. Methods

2.1 Participants

Based on cluster sampling, this research used online and offline methods to select families of students in grade 6 and grade 7 from a school in Jiangsu province, and invited parents through the school to make them participate in this research. With the informed consent of the parents mentioned above, the survey was conducted anonymously, involving 419 students and their parents. Furthermore, this research ensured the data quality through the questions related to attention discrimination and accurate matching. After eliminating 15 invalid questionnaires, we collected 404 valid questionnaires, achieving a high response rate of 94.42%. Overall, the subjects in this research included 215 males (accounting for 53.21%) and 189 females (accounting for 46.79%), with an average age of 12.61 ± 0.73 years old, among which 236 were only children (accounting for 58.42%) and 168 were non-only children (accounting for 41.58%). Among them, 115 subjects' primary fosterer (accounting for 28.47%) was their father, whereas 289 subjects' primary fosterer (accounting for 71.53%) was their mother. Regarding educational attainment, the proportion of the fosterers with junior high school or below education background is 11.39%, while those with senior high school, junior college, bachelor's degree, and master degree or higher education background account for 14.85%, 32.43%, 37.62%, and 3.71% respectively. Additionally, regarding the income level of the subjects, the proportion of the fosterers with a monthly income of less than CNY 3,000 is 3.47%, while those with monthly income between CNY 3,001–6,000, CNY 6,001–10,000, CNY 10,001–30,000 and above CNY 30,001 are 28.47%, 34.65%, 28.71%, and 4.70% respectively. Last, it is worth mentioning that this research has passed the ethical review of the author's affiliation.

2.2 Research Methods

2.2.1 Childhood Trauma Questionnaire (CTQ)

This research uses the Chinese version (Zhao et al., 2005) of the Childhood Trauma Questionnaire (CTQ henceforth), compiled by Bernstein (2003) and revised by Zhao et al.(2005). The questionnaire contains 25 items and employs a 5-point Likert scale (1=never, whereas 5=always), with a higher score indicating that the subjects experienced more trauma. Fu et al. applied it to the normal population in China, thus proving the reliability of its reliability and validity (Fu et al., 2005). In this research, Cronbach's α coefficient reported by adolescents is 0.84.

2.2.2 Depression-Anxiety-Stress Scale

The Chinese version of the Depression-Anxiety-Stress Scale, compiled by Lovibond (Lovibond and Lovibond, 1995) and revised by Gong et al. (2010), is adopted in this research. To put it concretely, the scale includes three sub-scales involving depression, anxiety, and stress, with 21

items, and uses a 4-point Likert scale (0=never, whereas 3=always). This scale reflects a good internal consistency among adolescents in China (Wang et al,2016). In this research, Cronbach's α coefficient reported by adolescents is 0.97.

2.2.3 Emotions as a Child Scale

The Chinese version of the Emotions as a Child Scale, compiled by Magai (1996) and revised by Luo et al. (2020), is adopted in this research. The scale has 45 items involving three emotions, including anger, sadness, and fear, and uses a 5-point Likert scale (1=never, whereas 5=always). This scale reflects a good internal consistency among adolescents in China. In this research, the Cronbach's α coefficients reported by adolescents and their parents are 0.88 and 0.89, respectively.

2.2.4 10-item Connor-Davidson Resilience Scale (CD-RISC-10)

The 10-item Connor-Davidson Resilience Scale (CD-RISC-10 henceforth), compiled by Connor and Davidson and revised by Campbell-Sills (2007), is used to assess the psychological resilience situation of adolescents, with a total of 10 items. Meanwhile, it adopts a five-point scale (0=never, whereas 4=always), with a total score ranging from 0 to 40. A higher score indicates stronger psychological resilience. Notably, this research is reported by adolescents, with Cronbach's α coefficient of 0.91.

2.3 Statistical Treatment

SPSS26.0 is used to calculate the Pearson correlation coefficient and conduct an independent-samples T test, while the PROCESS macroprogram is used to carry out the moderated mediation effect test. In the meantime, Model 8 and the Bootstrap method are used to extract 5000 samples to estimate the 95% confidence interval of the effect.

3. Results

3.1 Common Method Bias Test

The potential common method bias was tested using Harman's single-factor test (Zhou and Long, 2004). Exploratory factor analysis of 102 items yielded 22 factors with characteristic roots greater than 1. Moreover, the explanatory rate of the first-factor variance was 23.09%, which did not reach the critical standard of 40%, indicating no severe common method bias in the research variables.

3.2 Average, Standard Deviation, and Correlation Analysis of Various Variables

We present the correlation analysis in Table 1. It could be seen from this that childhood trauma experience was significantly positively correlated with adolescent internalizing problems (i.e., depression, anxiety, and stress), as was the relationship between the non-supportive responses of parental emotional socialization reported by adolescents and the non-supportive responses reported by parents. In addition, a significant negative correlation was found between childhood trauma and psychological resilience, as was the relationship between the supportive responses of parental emotional socialization reported by adolescents and the supportive responses of parental emotional socialization reported by parents. Psychological resilience and the supportive level of parental emotional socialization reported by adolescents were significantly positively correlated with the supportive responses of parental emotional socialization reported by parents, but significantly negatively correlated with the non-supportive responses of parental emotional socialization reported by adolescents as the non-supportive responses reported by parents.

The results of the independent-samples T test indicated that the adolescent internalizing problems presented the difference in the aspect of primary fosterers ($t=-4.06$, $P=0.00$), among which the values for internalizing problems of adolescents whose primary fosterers were mothers (0.60 ± 0.43) were significantly higher than that of adolescents whose primary fosterers were fathers

(0.40±0.38). Therefore, in subsequent analysis, primary fosterers were included as control variables in the adjustment.

Table 1 Descriptive Statistics and Correlation Analysis of Variables (r)

Variables	M ± SD	1	2	3	4	5	6	7	8	9
1 Childhood trauma	1.43 ±0.42	-								
2 Depression	0.47±0.48	0.51**	-							
3 Anxiety	0.6±0.48	0.40**	0.68**	-						
4 Stress	0.59±0.46	0.37**	0.73**	0.77**	-					
5 Psychological resilience	2.69±0.88	-0.42*	-0.56*	-0.45*	-0.47*	-				
6 Supportive responses from parents reported by adolescents	3.66±1.11	-0.59*	-0.38*	-0.31*	-0.27*	0.43**	-			
7 Non-supportive responses from parents reported by adolescents	1.45±0.58	0.47**	0.34**	0.32**	0.26**	-0.18*	-0.45*	-		
8 Supportive responses reported by parents	4.14±0.68	-0.11*	-0.07	0.03	-0.03	0.08	0.15**	-0.10*	-	
9 Non-supportive responses reported by parents	1.91±0.63	0.18**	0.12*	0.00	0.04	-0.10*	-0.16*	0.15*	-0.29**	-
10 Internalizing problems	0.56±0.42	0.47**	0.89**	0.90**	0.92**	-0.55*	-0.35*	0.34*	-0.03	-0.06

3.3 Mediating Effect Test of Psychological Resilience and the Moderating Effect Test of Parental Emotional Socialization

First, a mediation model concerning psychological resilience's role between childhood trauma and adolescent internalizing problems was established. The relevant results showed that psychological resilience played a mediating effect between childhood trauma and adolescent internalizing problems ($\beta=0.17$, $SE=0.03$, 95% [0.114, 0.233]), with the direct and mediating effects accounting for 65.22% and 36.96% of the total effect respectively (see Table 2).

Table 2 Bootstrap Analysis of Psychological Resilience's Mediating Effect Test between Childhood Trauma and Adolescent Internalizing Problems

Items	Effect	BootSE	BootLLCI	BootULCI	Proportion of relative effects (%)
Total effect	0.46	0.04	0.378	0.552	100.00%
Direct effect	0.30	0.04	0.211	0.384	65.22%
Mediating effect of psychological resilience	0.17	0.03	0.114	0.233	36.96%

Second, this research examined how supportive and non-supportive responses to negative emotions from parental emotional socialization moderated the effect of childhood trauma on adolescents' mental health, with the results of the Bootstrap test of various interactive items shown in Table 3a. Taking parents' gender, income, and educational attainment as control variables, it was found that the interactive items related to childhood trauma and supportive responses of parental emotional socialization had a significant moderating effect on psychological resilience, as well as adolescent internalizing problems. Likewise, the non-supportive responses of parental emotional socialization played a corresponding moderating effect between childhood trauma and psychological resilience, as well as between childhood trauma and adolescent internalizing problems, as shown in Table 3b.

It is worth noting that supportive and non-supportive responses to children's negative emotions reported by parents did not show a significant moderating effect between childhood trauma and psychological resilience, as well as between childhood trauma and adolescent internalizing problems.

Table 3a Mediating Effect Test of Supportive Responses of Parental Emotional Socialization Perceived by Adolescents as a Moderator

Regression equation		Fit index		Significance of regression coefficient		
Effect variables	Predictive variables	R2	F	β	SE	t
Psychological resilience	Primary fosterers	0.25	32.72***	-0.17	0.09	-1.95
	Childhood trauma			-0.63	0.12	-5.04***
	Support of parental emotional socialization			0.22	0.04	5.16***
	Childhood trauma×Support of parental emotional socialization			-0.19	0.08	-2.25*
Internalizing problems	Primary fosterers	0.40	53.94***	0.09	0.04	2.31*
	Childhood trauma			0.40	0.06	7.18***
	Support of parental emotional socialization			-0.003	0.019	0.17
	Childhood trauma×Support of parental emotional socialization			0.14	0.04	3.92***

Note: * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ (two-tailed). Primary fosterer 1=father, 2=mother

Table 3b Mediating Effect Test of Non-supportive Responses of Parental Emotional Socialization Perceived by Adolescents as a Moderator

Regression equation		Fit index		Significance of regression coefficient		
Effect variables	Predictive variables	R2	F	β	SE	t

Psychological resilience	Primary fosterers	0.20	25.67***	-1.84	0.90	-2.04*
	Childhood trauma			-0.95	0.11	-8.64***
	Nonsupport of parental emotional socialization			-0.08	0.09	-0.97
	Childhood trauma×Nonsupport of parental emotional socialization			0.42	0.14	2.91*
Internalizing problems	Primary fosterers	0.41	56.01***	0.08	0.04	2.23*
	Childhood trauma			0.26	0.05	5.27***
	Nonsupport of parental emotional socialization			0.16	0.04	4.56***
	Childhood trauma×Nonsupport of parental emotional socialization			-0.18	0.06	-2.95*

Note: * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$ (two-tailed). Primary fosterer 1=father, 2=mother

The method of selected points was further adopted to perform a simple slope test. In the case that the supportive response of parental emotional socialization perceived by adolescents is used as a moderator, the relevant results are shown in Figure 2a. More precisely, childhood trauma had a negative predictive effect on psychological resilience ($\beta = -0.42$, $t = -3.45$, $P < 0.001$) when the supportive response of parental emotional socialization perceived by adolescents was low, while its negative predictive effect on psychological resilience showed an increasing trend when the supportive response of parental emotional socialization perceived by adolescents was high ($\beta = -0.84$, $t = -4.56$, $P < 0.001$). Similarly, childhood trauma had a positive predictive effect on adolescent internalizing problems when the supportive response of parental emotional socialization perceived by adolescents was low ($\beta = 0.24$, $t = 4.51$, $P < 0.001$), while its positive predictive effect on adolescent internalizing problems showed an increasing trend when the supportive response of parental emotional socialization perceived by adolescents was high ($\beta = 0.55$, $t = 6.84$, $P < 0.001$).

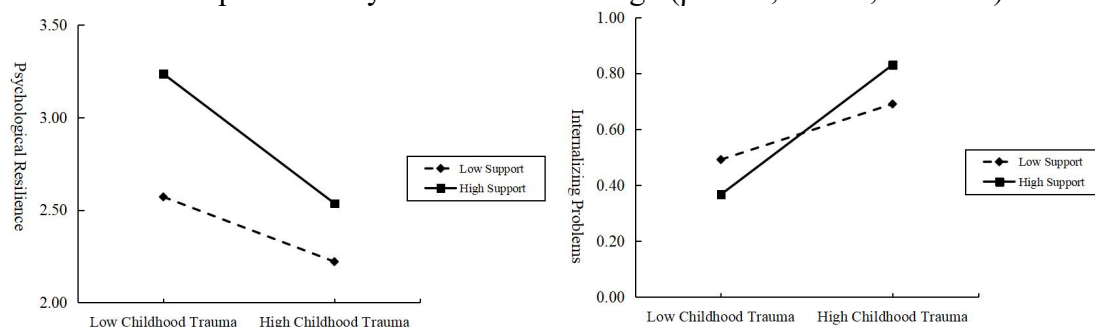


Figure 2a Moderating Effect of Supportive Responses of Parental Emotion Socialization between Childhood Trauma and Psychological Resilience, as well as between Childhood Trauma and Adolescent Internalizing Problems

In the case the non-supportive response of parental emotional socialization perceived by adolescents is used as a moderator, the relevant results are shown in Figure 2b. More precisely, childhood trauma had a negative predictive effect on psychological resilience ($\beta = -1.19$, $t = -7.78$, $P < 0.001$) when the non-supportive response of parental emotional socialization perceived by adolescents was low, while its negative predictive effect on psychological resilience showed a decreasing trend when the non-supportive response of parental emotional socialization perceived by adolescents was high ($\beta = -0.71$, $t = -5.89$, $P < 0.001$). Similarly, childhood trauma had a positive predictive effect on adolescent internalizing problems when the non-supportive response of parental

emotional socialization perceived by adolescents was low ($\beta=0.37$, $t=5.35$, $P<0.001$), while its positive predictive effect on adolescent internalizing problems showed a decreasing trend when the non-supportive response of parental emotional socialization perceived by adolescents was high ($\beta=0.16$, $t=3.07$, $P=0.002$).

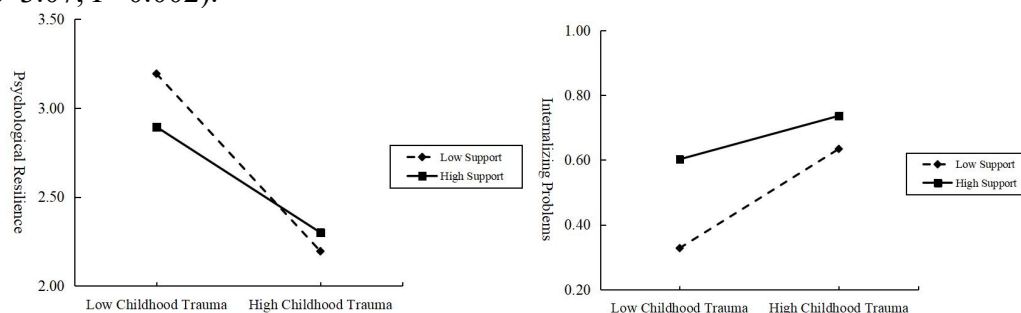


Figure 2b Moderating Effect of Non-supportive Responses of Parental Emotion Socialization between Childhood Trauma and Psychological Resilience, as well as between Childhood Trauma and Adolescent Internalizing Problems

4. Discussion

The aim of this research was to investigate the influence of childhood trauma on adolescent internalizing problems and the roles of psychological resilience and parental emotional socialization in this influence. The findings showed that childhood trauma had a direct and an indirect impact on adolescent internalizing problems through psychological resilience. Moreover, the findings revealed that supportive and non-supportive strategies of parental emotional socialization perceived by adolescents could regulate the mediation process.

4.1 Relationship between Childhood Trauma and Adolescent Internalizing Problems

This research concluded that childhood trauma could positively predict the early internalizing problems of adolescents. In other words, the more childhood trauma adolescents experience, the easier it is to develop a host of internalizing problems represented by depression, anxiety, and stress. The above conclusion is consistent with that of previous studies (Xu et al., 2020), that is, childhood trauma is a risk factor for numerous internalizing problems such as depression, anxiety, and stress exhibited by teenagers. Not only will childhood trauma increase the risk of internalizing problems in childhood and adolescence, but these internalizing problems will tend to be stable over time and last until adulthood (Geller et al., 2001). Hence, addressing mental health issues in childhood is crucial to prevent or mitigate childhood trauma and its subsequent effects on adolescent internalizing problems.

4.2 Mediating Effect of Psychological Resilience

This research concluded that childhood trauma affected adolescent internalizing problems through psychological resilience. To put it concretely, more frequent childhood trauma will lead to lower psychological resilience and more severe depressive symptoms. On the other hand, childhood trauma can not only directly predict the level of depression but also indirectly act on depressive symptoms through psychological resilience. In other words, if the level of psychological resilience in adolescence is enhanced and group counseling courses concerning psychological resilience are conducted, it is possible to improve the mental health level of adolescents and their social adaptability, thus promoting their academic development and reducing the adverse effects of childhood trauma on them (Zhang et al, 2022).

4.3 Moderating Effect of Parental Emotional Socialization

In this regard, this research concluded that supportive and non-supportive responses of parental emotional socialization perceived by adolescents regulated the first half and direct path of "childhood trauma-psychological resilience-adolescent internalizing problems." The specific performance can be summarized as follows: the predictive effect of childhood trauma on psychological resilience shows an increasing trend with the improvement of the supportive response level of parental emotional socialization, and a decreasing trend with the improvement of the non-supportive response level of parental emotional socialization. Similarly, the positive predictive effect of childhood trauma on adolescent internalizing problems is weakened with the improvement of the supportive response level of parental emotional socialization and enhanced with the improvement of the non-supportive response level of parental emotional socialization. According to the family ecosystem theory, it is the factors in the micro-system that have the most direct influence on individuals. In the family, the main microsystem, parents' warm and supportive response plays a pivotal role in adolescents' social and emotional development. Previous studies have proved that strengthening parental rearing and family functions is beneficial to reducing the adverse behavior results of adolescents (Brincks et al., 2018).

4.4 Research Limitations and Prospects

This research inevitably reveals some deficiencies. Specifically, first of all, the sampling is limited to students in grades 6 and 7 in a school in Jiangsu province, which may lead to geographical limitations in the samples. Future studies may consider introducing samples of different ages and regions to validate the results of this research further. Secondly, the cross-sectional study is adopted in this research. Given this, future research may consider adopting longitudinal research to determine whether parental emotional socialization will be different with the change in children and parents' age, thus clarifying the causality of the research. In closing, this research does not further explore the specific factors that lead to differences in reporting between adolescents and parents. Therefore, future research can explore the underlying causes by combining diversified methods such as case studies and experimental research. Nevertheless, this research still has positive practical significance to a certain extent. For one thing, it advocates that more efforts should be made in family and school education to improve adolescents' psychological resilience level so that they can actively cope with stressful events in life as well as academic pressure. For another, this research also encourages paying more attention to adolescents' family environment, parental rearing behavior, and emotional management, as well as parents' attention and guidance to their children's negative emotions in the process of parent-child interaction, intending to enhance adolescents' sense of strength and trust, thus preventing internalizing problems.

To sum up, this study constructs a regulated mediation model to explore the potential mechanism that affects adolescent internalizing problems. The related research results lead to the following conclusions. First of all, childhood trauma can positively predict adolescent internalizing problems. In other words, more frequent childhood trauma will lead to more serious internalizing problems. Secondly, psychological resilience plays a mediating role in it. Childhood trauma reduces the psychological resilience level of adolescents, thereby leading to more internalizing problems. Last, the socialization of parents' emotions plays a regulatory role. More precisely, the supportive responses of parental emotional socialization perceived by adolescents and childhood traumatic experiences have a negative predictive effect on adolescent internalizing problems, with psychological resilience presenting a stronger negative effect on adolescent internalizing problems. In contrast, the non-supportive responses of parental emotional socialization perceived by adolescents and childhood trauma perceived by teenagers have a stronger positive predictive association with adolescent internalizing problems, while psychological resilience also shows a stronger positive link with internalizing problems in adolescence.

Fund Project

The Competency Status and Promotion Strategies of Peer Counsellors in Colleges and Universities in Guizhou Province under the Multicultural Background

References

- [1] Boardman, F., Griffiths, F., Kokanovic, R., Potiradis, M., Dowrick, C., & Gunn, J. (2011). Resilience as a response to the stigma of depression: A mixed methods analysis. *Journal of Affective Disorders*, 135(1), 267-276. <https://doi.org/10.1016/j.jad.2011.08.007>
- [2] Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Development and validation of a brief screening version of the childhood trauma questionnaire. *Child Abuse & Neglect*, 27(2), 169-190.
- [3] [https://doi.org/10.1016/S0145-2134\(02\)00541-0](https://doi.org/10.1016/S0145-2134(02)00541-0)
- [4] Brincks, A., Perrino, T., Howe, G., Pantin, et al. (2018). Preventing youth internalizing symptoms through the familias unidas intervention: Examining variation in response. *Prevention Science*, 19(Suppl 1), 49-59. <https://doi.org/10.1007/s11121-016-0666-z>
- [5] Briscoe, C., Stack, D. M., Dickson, D. J., & Serbin, L. A. (2019). Maternal emotion socialization mediates the relationship between maternal and adolescent negative emotionality. *Journal of Youth and Adolescence*, 48(3), 495-509. <https://doi.org/10.1007/s10964-018-0945-z>
- [6] Campbell-Sills, L., & Stein, M. B. (2007). Psychometric analysis and refinement of the connor-davidson resilience scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress*, 20(6), 1019-1028. <https://doi.org/10.1002/jts.20271>
- [7] Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The connor-davidson resilience scale (CD-RISC). *Depression and Anxiety*, 18(2), 76-82. <https://doi.org/10.1002/da.10113>
- [8] Eisenberg, N., Fabes, R. A., & Murphy, B. C. (1996). Parents' reactions to children's negative emotions: Relations to children's social competence and comforting behavior. *Child Development*, 67(5), 2227-2247. <https://doi.org/10.2307/1131620>
- [9] Eisenberg, N., Valiente, C., Morris, A. S., Fabes, R. A., Cumberland, A., Reiser, M., Gershoff, E. T., Shepard, S. A., & Losoya, S. (2003). Longitudinal relations among parental emotional expressivity, children's regulation, and quality of socioemotional functioning. *Developmental Psychology*, 39(1), 3-19. <https://doi.org/10.1037/0012-1649.39.1.3>
- [10] Fu W. Q., Yao S. Q., & Yu H. H., et al. (2005). A Study on the Reliability and Validity of the Application of Childhood Trauma Questionnaire to College Students in China. *Chinese Journal of Clinical Psychology*, 13(1), 40-42. <https://doi.org/10.3969/j.issn.1005-3611.2005.01.012>
- [11] Geller B, Zimmerman B, Williams M, et al. (2001). Adult psychosocial outcome of prepubertal major depressive disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(6), 673-677. <https://doi.org/10.1097/00004583-200106000-00012>
- [12] Godleski, S. A., Eiden, R. D., Shisler, S., & Livingston, J. A. (2020). Parent socialization of emotion in a high-risk sample. *Developmental Psychology*, 56(3), 489-502. <https://doi.org/10.1037/dev0000793>
- [13] Gong X., Xie X. Y., & Xu R., et al. (2010). Test Report of the Simplified Chinese Version of the Depression-Anxiety-Stress Scale (DASS-21) among College Students in China. *Chinese Journal of Clinical Psychology*, 18(4), 443-446.
- [14] Hao F. Y., & Hu H. (2017). Review and Analysis of Childhood Trauma Based on DSM-V [J]. *Journal of Neuroscience and Mental Health*, 17(6): 442-445.
- [15] He X. H., Hou J. Q., & Guo F., et al. (2021). The Influence of Parents' Marital Quality on the Internalizing Problems of Primary School Students: An Analysis of Chained-mode Mediation Effect. *Chinese Journal of Clinical Psychology*. (2), 287-291. <https://doi.org/10.16128/j.cnki.1005-3611.2021.02.014>
- [16] John Briere. (2009). *Principles of Trauma Therapy A Guide to Symptoms, Evaluation, and Treatment*. Translated by Xu Kaiwen: Beijing: China Light Industry Press, 23-26.

- [17] Kehoe, C. E., Havighurst, S. S., & Harley, A. E. (2014). Tuning in to teens: Improving parent emotion socialization to reduce youth internalizing difficulties: Tuning in to teens: Internalizing outcomes. *Social Development* (Oxford, England), 23(2), 413-431. <https://doi.org/10.1111/sode.12060>
- [18] Liu D., Shi G. X., & Zheng X. H. (2010). On Psychological Resilience from the Perspective of Positive Psychology . *Psychological Exploration*, 30(4), 12-17.
- [19] Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the depression anxiety stress scales (DASS) with the beck depression and anxiety inventories. *Behaviour Research and Therapy*, 33(3), 335-343. [https://doi.org/10.1016/0005-7967\(94\)00075-U](https://doi.org/10.1016/0005-7967(94)00075-U)
- [20] Luo, J., Wang, M., Gao, Y., Deng, J., & Qi, S. (2020). Factor structure and construct validity of the emotions as a child scale (EAC) in chinese children. *Psychological Assessment*, 32(1), 85-97. <https://doi.org/10.1037/pas0000762>
- [21] Magai C M. (1996). Emotions as a child self-rating scale.Unpublished measure, Long Island University, New York.
- [22] Miller, G. E., Chen, E., & Parker, K. J. (2011). Psychological stress in childhood and susceptibility to the chronic diseases of aging: Moving toward a model of behavioral and biological mechanisms. *Psychological Bulletin*, 137(6), 959-997. <https://doi.org/10.1037/a0024768>
- [23] Silk, J. S., Shaw, D. S., Prout, J. T., O'Rourke, F., Lane, T. J., & Kovacs, M. (2011). Socialization of emotion and offspring internalizing symptoms in mothers with childhood-onset depression. *Journal of Applied Developmental Psychology*, 32(3), 127-136. <https://doi.org/10.1016/j.appdev.2011.02.001>
- [24] Ugarte, E., Narea, M., Aldoney, D., Weissman, D. G., & Hastings, P. D. (2021). Family risk and externalizing problems in chilean children: Mediation by harsh parenting and emotional support. *Child Development*, 92(3), 871-888. <https://doi.org/10.1111/cdev.13464>
- [25] Wang, D., Lu, S., Gao, W., Wei, Z., Duan, J., Hu, S., Huang, M., Xu, Y., & Li, L. (2018). The impacts of childhood trauma on psychosocial features in a chinese sample of young adults. *Psychiatry Investigation*, 15(11), 1046-1052. <https://doi.org/10.30773/pi.2018.09.26>
- [26] Wang, K., Shi, H., Geng, F., Zou, L., Tan, S., Wang, Y., Neumann, D. L., Shum, D. H. K., & Chan, R. C. K. (2016). Cross-cultural validation of the depression anxiety stress scale-21 in china. *Psychological Assessment*, 28(5), e88-e100. <https://doi.org/10.1037/pas0000207>
- [27] Wang M. J., Song L. P., & Song B. L., et al. (2017). Correlation Analysis of Psychological Resilience, Defense Mechanism and Depression in Patients with Depression . *China Journal of Health Psychology*, 25(2): 165-168. <https://doi:10.13342/j.cnki.cjhp.2017.02.002>.
- [28] Wingo, A. P., Wrenn, G., Pelletier, T., Gutman, A. R., Bradley, B., & Ressler, K. J. (2010). Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure. *Journal of Affective Disorders*, 126(3), 411-414. <https://doi.org/10.1016/j.jad.2010.04.009>
- [29] Xi J. Z., Zuo Z. H., & Wu W. (2012). Various Accesses to Psychological Resilience Research. *Advances in Psychological Science*, 20(9), 1426-1447.
- [30] Xu W. M., Fang Y. Y., & Ye C. X. (2022). The Influence of Accumulated Risks in Early Family on Adolescent internalizing problems. *Psychological Development and Education*, (6), 793-803. <https://doi:10.16187/j.cnki.issn1001-4918.2022.06.05>.
- [31] Xu W. M., Ye C. X., & Fang Y. Y. (2020). The Influence of Early Accumulated Family Risks on Adolescent internalizing problems: Elastic Dual Mechanism . *Studies of Psychology and Behavior*, 18(03), 361-368.
- [32] Yao T., Li H. R., Fu X. X., Zhao S. Q., Li F., & Wu J. (2022). Analysis of Structural Equation Model Related to Parental Rearing Patterns and the Influence of School Bullying and Psychological Resilience on Adolescent Mental Subhealth. *Journal of Zuazhong University of Science and Technology: Medical Sciences*, 51(2), 192-197.
- [33] Yap, M. B. H., & Jorm, A. F. (2015). Parental factors associated with childhood anxiety, depression, and internalizing problems: A systematic review and meta-analysis. *Journal of Affective Disorders*, 175, 424-440. <https://doi.org/10.1016/j.jad.2015.01.050>
- [34] Zhang W., Yin L., & Xiao C. D., et al. (2022). The Relationship between Left-behind Junior Middle School Students' Perception of Class Climate and Learning Engagement: The Mediating Effect of

Psychological Resilience. China Journal of Health Psychology, 30(7), 1107-1111. <https://doi.org/10.13342/j.cnki.cjhp.2022.07.029>

[35] Zhao X. F., Zhang Y. L., & Li L. F., et al. (2005). Reliability and Validity of Chinese Version of Childhood Abuse Questionnaire . Chinese Journal of Clinical Rehabilitation, 9(16), 209-211.

[36] Zhou H., & Long L. R. (2004). Statistical Test and Control Methods of Common Method Bias . Advances in Psychological Science, 12(6), 942-950. <https://doi.org/10.3969/j.issn.1671-3710.2004.06.018>