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Child Backgrounds, Positive Parenting, and Internalizing Risks in a Nationwide Sample of 6-to-17-Year-Olds

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Children from different backgrounds may have different experiences that impact their emotional health (e.g., support for more vulnerable emotions of sadness and fear for girls than boys; e.g., Caplin et al., 2005). Further, parental involvement and the ways parents interact with and support their children can inform children's emotional adjustment (e.g., Wang et al., 2014). We were interested in the ways child demographics and parental involvement were associated with children's risks for emotion problems of withdrawal and depression. We addressed whether: 1) demographics informed reports of internalizing risks; 2) parental involvement informed reports of internalizing risks; and 3) whether interactions were supported between demographics and parental involvement. We hypothesized that demographics would be informative for internalizing risks and that parental involvement would be negatively associated with internalizing risks.

Using a re-analysis of a large, nationwide survey from 2003 ($n = 56,386$; M child age = 11.8 years, $SD = 3.43$; 48.5% girls), we considered the ways child demographics (i.e., age, gender, racial background, family income) and caregiver reports of involvement (i.e., shared family meals, relationship quality with the child, talks with the child) were associated with reported risks of depression and withdrawal.

We found small differences in children's reported emotion problems given demographics. Older children were at higher risk for depressive and withdrawal problems, whereas children from wealthier families were at lower risk. Girls and Multiracial children had higher reports of depression risks, whereas boys and African American children had higher reports of withdrawal risks. Each measure of parental involvement showed small to medium negative associations with depression and withdrawal risks. Select demographics-by-involvement interactions were also supported. Overall, the findings from the large, nationally representative sample display support for our hypothesis. Parental involvement had a negative association with internalizing risks. The demographics showed to be somewhat informative for internalized risks.