

## Background

- 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).
- 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 internalizing problems of depression and withdrawal.
- Our study had **three major questions**:
  - Do child *demographics* (i.e., age, race, gender, family income) inform internalizing risks?
  - Does *parental involvement* (i.e., family meals, parent-child relationship quality, parent talks with children) buffer children from risks of internalizing problems?
  - Are there *interaction effects* between child demographics and parent involvement for internalizing risks?

## Method

### Participants

We used a re-analysis of a nationwide survey from 2003 with a sample of 56,396 caregivers of children from the ages of 6-to-17 years (*M* child age = 11.8 years, *SD* = 3.43; 48.5% girls). Most caregivers were mothers or mother-figures (77.3%). Most children were White (81.1%), followed by Black children (10.4%), Multiracial children (4.13%), and children belonging to other racial backgrounds that were not specified in the survey (4.43%). Most target children where the only child in their family (38.7%) or the oldest sibling (31.4%).

### Procedures and Materials

The caregiver responded to specific items about the child and about family and parental factors over the phone:

- Depression Risk: [How often is the child] unhappy, sad, or depressed.
- Withdrawal Risk: [How often is the child] withdrawn and does not get involved with others.
- Shared Family Meals: During the past week, on how many days did all the family members who live in this household eat a meal together?
- Relationship Closeness with the Child: Is your relationship with [your child] very close, somewhat close, not very close, or not close at all?
- Disclosure with the Child: How well can you and [your child] share ideas or talk about things that really matter? Would you say very well, somewhat well,

### Analyses

We used the following analyses to address the major research questions:

- Independent-samples *t*-tests, correlation analysis, and ANOVA tested associations between child demographics and internalizing risks (**Research Question 1**)
- Correlation analysis tested associations between parental involvement and internalizing risks (**Research Question 2**)
- ANCOVAs explored two-way interaction effects between each child demographic variable and each parental involvement variable for reported internalizing risks (**Research Question 3**)

## Results Summary

- Demographic factors showed small associations with internalizing risks:
  - Older children were at higher risk for depression ( $r = .09$ ) and withdrawal ( $r = .07$ )
  - Girls had higher risks for depression ( $d = .08$ ), whereas boys had higher risks for withdrawal ( $d = .05$ )
  - Multiracial children had the highest risks for depression, and Black children had the lowest risks for depression ( $\eta^2 = .002$ )
  - Black children had the highest risks for withdrawal, and White children had the lowest risks for withdrawal ( $\eta^2 = .002$ )
  - Family income was negatively associated with internalizing risks ( $|rs| = .03$ -.09)
- Each measure of parental involvement was negatively associated with internalizing risks (**Table 2**)
- ANCOVAs supported multiple two-way interaction effects, but these effects differed by outcome. Broadly, *demographic factors* (i.e., age, gender, family income) *tended to indicate more pronounced differences in children’s internalizing risks when parental involvement was lower*. Two example interactions are presented:
  - Depression risk, given child gender and shared family meals (**Figure 1**)
  - Withdrawal risk, given child age and parent-child relationship closeness (**Figure 2**)

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## Table 1: Descriptive Statistics

Variable	Mean	SD	Min	Max
Depression Risk	1.44	.55	1.00	4.00
Withdrawal Risk	1.19	.47	1.00	4.00
Shared Family Meals	5.14	1.90	1.00	7.00
Relationship Closeness	3.86	.37	1.00	4.00
Disclosure	3.74	.48	1.00	4.00

## Table 2: Bivariate Correlation

	1.	2.	3.	4.
1. Depression Risk	--			
2. Withdrawal Risk	.32	--		
3. Shared Family Meals	-.07	-.03	--	
4. Relationship Closeness	-.17	-.15	.13	--
5. Disclosure	-.19	-.18	.12	.43

Note. All correlations were supported at the  $\alpha = .01$  level.

Figure 1: Depression Risk given Child Gender and Shared Family Meals

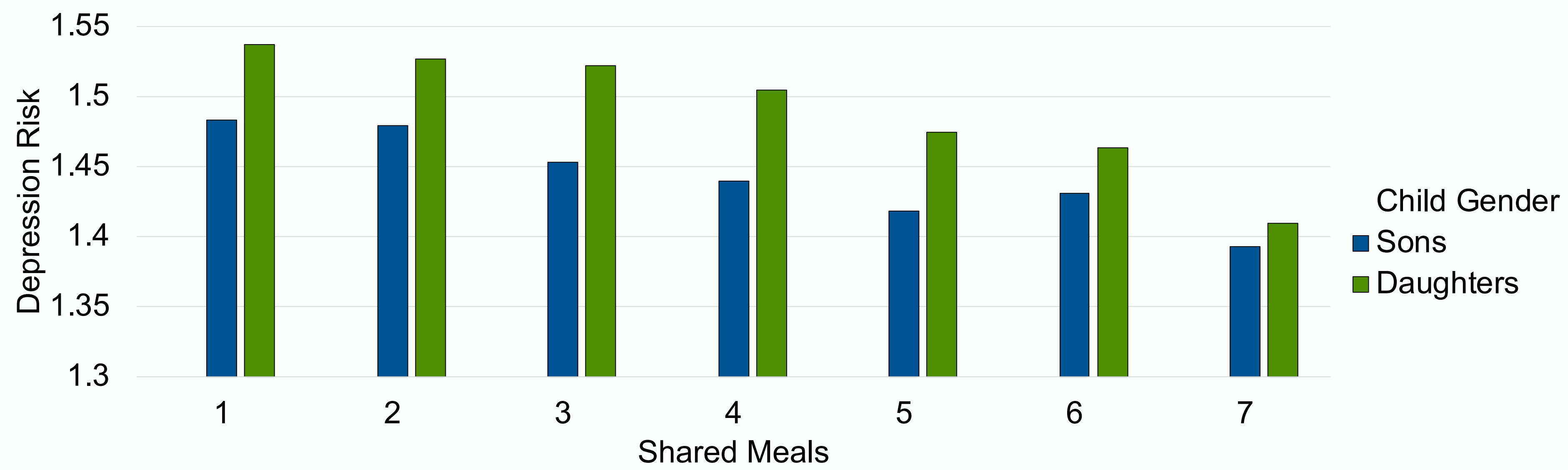
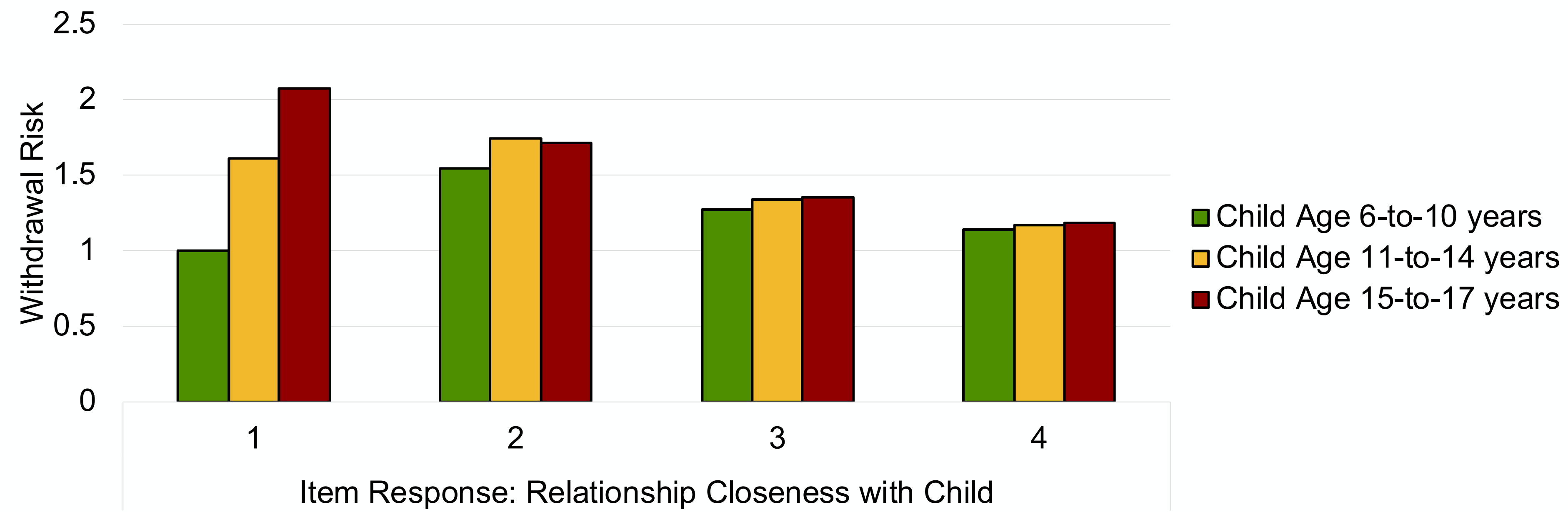


Figure 2: Withdrawal Risk given Child Age and Relationship Closeness



## Discussion

- The current findings suggested that both child demographics and parental involvement inform children’s risks for internalizing problems, as separate variables and when considered jointly.
  - This fit with existing research (Caplin et al., 2005; Wang et al., 2014) and with our current expectations.
  - We caution that the effects in many analyses were small and should not be overstated.
- Our findings were limited by the use of a single caregiver reporter and there could be reporter bias in this study. Future work would benefit from have reports from parents, children, and others like teachers.
- Future research should also focus on possible influences in specific geographic regions of the US, and on the experiences of additional minority racial and ethnic groups in the US.