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Article

# Using the Socio-Ecological Model to Explore Parents' Resilience and Perceptions of Adverse Childhood Experiences: A Qualitative Study

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## Highlights

### What are the main findings?

- Explores parental resilience as a protective factor against adverse childhood experiences (ACEs) despite exposure.
- Considers emotional regulation (ER) and personal ACE history as core mechanisms within parental resilience.

### What are the implications of the main findings?

- Strengths-based, trauma-informed engagement models are essential to inform multi-level strategies for ACE prevention and mitigation.
- Multi-level interventions should target regulation within relational systems by examining parents' perspectives through a social-ecological model (SEM) framework within a trusted community-based organization serving children and families' mental health needs.

## Abstract

**Background:** The negative impact of Adverse Childhood Experiences (ACEs) on child development is documented. The parent-child relationship protects against ACEs and improves healthy child development. Hence, the parent-child environment plays a crucial role in preventing and mitigating ACEs through positive childhood experiences that elicit parental resilience. However, our understanding of the parent-child relationship within the social-ecological model (SEM) (i.e., intra- and interpersonal, community, and societal levels) is limited. **Objective:** This study explores parents' perspectives on parental resilience as a protective factor for preventing ACEs and supporting PCEs at every level of the SEM, while considering parents' personal ACE scores and emotional regulation (ER) scores. **Method:** This study uses a thematic analysis approach for qualitative research. In-depth individual interviews were conducted with members of a parent support group (PSG) (82% female, n = 14) based in a community-based organization serving families (n = 17 parent interviews). Demographic information, ER, and ACE scores were collected for each participant. **Results:** Seven themes and 16 subthemes were identified, including parents experiencing aspects of emotional regulation from joining a PSG at all SEM levels, sensing a communication disconnect with school teachers, and parents desiring ACE prevention/mitigation training. **Conclusion:** The insights on parental resilience perceptions are valuable and hold promise to inform future multi-level prevention strategies and mitigation practices using the SEM.

**Keywords:** adverse childhood experiences (ACEs); resilience; generational trauma; socio-ecological model (SEM)

## 1. Introduction

Adverse childhood experiences (ACEs) are potentially traumatic experiences in a child's life or family environment [1–4]. Traditionally, there are 10 ACEs included in three major categories: neglect, abuse, and household dysfunction [3,4]. Children of parents with four or more ACEs are 3.25 times more likely to also experience four or more ACEs compared to children of parents without ACEs [5]. Parents with greater childhood adversity are at risk of reduced parenting capacity, with a greater likelihood of showing behaviors of hostility, withdrawal, stress, and reduced responsibility and sensitivity [6]. Thus, ACEs may be linked to cross-generational parenting practices from parents to children (i.e., cross-generational transmission of adversity) [5–7]. Thus, parental resilience serves as a protective factor (PF) in the parent-child dyad, decreasing the odds of ACE transmission in children [5].

### *Exploring Resilience as a Protective Factor against ACEs*

Resilience is a complex construct described as a PF that helps individuals overcome adverse or traumatic events [8,9]. PF can be external or , internal protections against poor mental health [10,11]. External PFs are linked to social bonds, including family supportive network, community (e.g., community involvement), school (e.g., school connectedness), and peer interactions (e.g., prosocial peer relationships) [12]. Internal PF relates to personal factors such as social skills, sense of future orientation, emotional insight, positive self-concept, and empathy [11]. Parents represent a child's first significant social relationship [13,14]. Thus, examining parents' perspectives of factors that promote resilience may benefit parents and children in mitigating the adverse outcomes of ACEs

### *Socio-Ecological Model of the Parent-Child Relationship*

The socio-ecological model (SEM) offers a framework for identifying factors that shape parent-to-child resilience in response to ACEs across various ecological levels of influence, ranging from the individual to the policy level [9,15]. The intrapersonal level (i.e., individual) includes knowledge, attitudes, behavior, and skills (i.e., emotional control) for both parents and children [16,17]. Emotional expression and communication are linked to enhanced social competence and mental health [17]. Factors related to personal history, biology, attitudes, beliefs, or behaviors are also at the individual (Intra-personal) level [17]. The interpersonal level focuses on social networks, including families and friendships [16,17]. A child-parent network environment influences intrapersonal responses (i.e., social behavior) [9,18]. For example, family conflict (i.e., household problems) is linked to low child prosocial behavior and child adjustment problems [18]. Close relationships also play a role in both increasing vulnerability or risk and or serving as a PF against violence exposure [19]; relationships can include friends, family, peers, or family members [17]. Parenting factors (for example, parent-child communication) or family mentoring (promoting positive peer norms and healthy relationships) may help improve the quality of close relationships [17].

The community level (which contextualizes early social relationships) focuses on organizations and social institutions [17]. Schools, workplaces, and neighborhoods encompass the community level and provide important contexts for observing and assessing the prevalence of environmental violence and trauma [17]. Improving environmental settings (e.g., safe places to live, learn, work, and play) and addressing neighborhood poverty and instability could help prevent violence [17].

The public policy level (i.e., societal) focuses on the local, state, and national regulations that influence health, education, economy, and social policies [17,20,21]. Globalization-related regulations, such as economic migration, influence a child's perception of parental authority (i.e., the acceptability of disagreeing with parents) [9]. The factors related to the policy-level impact of the socio-ecological model include norms (society or culture) that contribute to inequality, health, education, economic conditions, and social policy [17].

### *Significance of Qualitative Research in the Study of ACEs*

Studies have established the importance of the parent-child relationship for healthy child development, research is limited regarding how factors from different levels of the socio-ecological model impact the parent-child relationship. Exploring parents' perspectives on how to promote resilience may help develop a socio-ecological framework of parental resilience that explains barriers and solutions within the societal network. Focusing on the multiple levels of influence can broaden the options for interventions and environmental changes [22]. This study aims to explore parental perspectives on how to promote resilience among parent-child dyads who seek emotional regulation (ER) education across levels of the socio-ecological framework, especially in response to ACEs. Findings aim to inform the development of a parent-resilience framework for mitigating ACEs and promoting parental ER.

Research Question: Among parent support group-seeking parents, what helps and hinders their parental resilience, and how is their resilience shaped by factors at each level of the socio-ecological model?

## **2. Materials and Methods**

We utilized the Consolidated Criteria for Reporting Qualitative Research (COREQ), a 32-item checklist for interviews and focus groups, to organize the investigation's content and write up the findings. This study was reviewed and approved by the Institutional Review Board (IRB) of The University of Texas Health Sciences Center at Houston (UTHealth Houston). All parents were given an informed consent form that outlined the study's aims and emphasized the voluntary and confidential nature of the study.

### *Interviewer and Coder Personal Characteristics*

The lead researcher scheduled and conducted all interviews from information provided by a community-based mental health organization serving children and families in the Southeastern part of the U.S. The research team's experience with public health research focused on adolescent and adult mental health. All authors hold doctoral degrees in psychology or public health, with extensive experience in qualitative research methods.

### *Relationship with Participants, Knowledge, and Characteristics*

Participants and the researchers had no prior relationship. Interviewer characteristics were disclosed to the participant, including the possibility of bias, assumptions, and the researcher's interest in the research topic.

### *Theoretical Framework*

This study utilized the socio-ecological model (Bronfenbrenner, 1979) to examine the role of building parenting resilience concerning ACEs. The methodological orientation underlying this study is inductive coding, which facilitated the identification of patterns, categories, and themes (Creswell & Creswell, 2016).

### *Participant Selection*

Sampling: Participants were selected via purposive sampling (i.e., purposefully recruited from this group). They shared the characteristic of having participated in the "Parent Support Group program," indicating the caregivers had a general interest in building caregiver practices, healthy relationships with their children (i.e., daily routines), resiliency, buffering toxic stress with age-appropriate best practice strategies, and obtaining ongoing support in their parenting.

Study Recruitment: Participants were approached via an email sent from the community-based organization staff, detailing study eligibility, the center's support, and the study's purpose, along

with a flyer and sign-up form that included the mentioned information. If participants expressed interest via the sign-up form, they received a phone call from the lead researcher within three days. If the call was not answered, the lead researcher sent a follow-up text immediately. Outreach efforts were repeated after a week of no response via a second reminder email sent by the community-based organization.

Sample size: The sample included  $n=21$  participants from the "Parent Support Group program." Data saturation was reached at 21 interviews, indicating robust, value-added insights.

### *Setting*

The data were collected via online video communication platforms, including Zoom, Microsoft Teams, and FaceTime on iPhones, depending on the participant's preference. Interviews were video recorded for verbatim transcription.

### *Study Measures and Data Collection*

Post-Interview Demographic Survey: Participants completed an electronic post-interview survey that utilized ACEs (Felitti et al., 1998) and ER (Gross & Johnson, 2003) assessments, along with demographics, including age (in years), gender, race/ethnicity, education level, and caregiver status.

Adverse Childhood Experiences (ACE) Questionnaire: The ACE questionnaire is a 10-item, closed-ended (i.e., yes or no response options) questionnaire developed by Felitti et al. (1998). The questionnaire covers household dysfunction (e.g., mental illness, domestic violence, parental substance abuse, parental separation or divorce, incarcerated household members), abuse (physical abuse, emotional abuse, sexual abuse), and neglect (physical neglect, emotional neglect). Participants are considered to have high ACEs if they responded "yes" to four or more questions, and those with three or fewer "yes" responses were classified in the low ACE category.

Emotional Regulation Questionnaire (ERQ): The ERQ questionnaire, developed by Gross and John (2003), is a 10-item scale designed to measure two key constructs: cognitive reappraisal (i.e., the ability to generate positive emotions) (with a mean of 4.6 for men and 4.61 for women) ( $n=6$  items) and expressive suppression (i.e., negative emotions) (with a mean of 3.64 for men and 3.14 for women) ( $n=4$  items). The response options utilize a 7-point Likert scale, ranging from 1 (strongly agree) to 7 (strongly disagree). The ERQ threshold we utilized included both cognitive reappraisal and expressive suppression, with high ER an average of more than  $>8.24$  for men and  $>7.75$  for women, versus low ER (Balzarotti et al., 2016; Gross & John, 2003).

### *Interview Guide*

The parent-resilience interview guide was developed by the lead researcher, using the SEM as a framework, with the aim of exploring parent input on parent resilience at each SEM level. The overarching aim of the guide was to explore the factors that influence parent resilience. The interview guide included the researcher's introduction, important disclosures to participants about voluntary participation, and interview questions. We organized the interview guide questions using the socio-ecological model, as informed by the work of Krug et al. (2002) and the ACE domains identified by Felitti et al. (1998). Three pilot interviews were conducted with community members who identified as caregivers.

Interviews: No repeat interviews were conducted. Each interview was video-recorded. If a participant expressed discomfort with being video recorded, we opted for audio recording only (one participant preferred audio-only recording). Interviews lasted 40 to 60 minutes. One parent chose to skip the interview section on policy and culture, and another parent opted not to answer the question regarding individual resilience.

Compensation and records: Free mental health counseling resources were shared with each participant at the end of the interview. The participants received a \$20 Walmart electronic gift card as compensation. Field notes were used to track special circumstances, such as the occurrence of

Hurricane Milton, which caused parental distress, rescheduling, and cancellations. Participants were not provided transcripts or feedback on the findings. Participant IDs were generated randomly, and the original numbers were de-identified.

### Data Analysis

Our goal was to examine parental perspectives on parental resilience as a PF for preventing adverse childhood experiences and supporting positive childhood experiences, using the socio-ecological model as a framework. We utilized a demographic survey with ACE and ER measures to report the parents by ACE and ER scores.

**Analytic approach:** This qualitative study was guided by thematic analysis (through deductive coding and a thematic analysis to organize and interpret the data according to the SEM). First, responses were organized according to the previously described SEM framework. Following this, an inductive analysis was conducted, during which codes were identified from the data collected in the field (Hayre & Zheng, 2021). We employed an inductive approach, as described by Creswell and Creswell (2016) working back and forth between themes until we established a comprehensive set of themes derived from codes that helped explore perspectives on factors associated with parental resilience. The codebook was developed by one coder, and additional or new codes were added as interviews were coded. Thus, themes and subthemes were organized into the levels of the socio-ecological model through a deductive coding process.

Furthermore, we employed a 4-level coding system: the first coding level was “values coding” at the individual level (i.e., a technique to categorize data relating to attitudes, beliefs, or personal values), implemented to identify participant culture or link to resilience at the individual level. Second, we employed a hybrid coding structure, with deductive codes established a priori (i.e., in advance for each level) and followed by an inductive process. At each level of the socio-ecological model, we assessed keywords to extract relevant codes. The interpersonal deductive codes included “friends” and “family”. At the community level, the deductive codes were “Schools” and “Neighborhoods.” At the policy level, deductive codes were “society”, “Law” and “policy”.

**Software:** We utilized the qualitative data analysis software by ATLAS Scientific Software Development GmbH and Microsoft Excel. Interviews were transcribed using automated tools when available; otherwise, manual transcription was employed.

## 3. Results

### 3.1. Sample Characteristics

The sample consisted of 18 mothers and 3 fathers, aged 25-48 years, who voluntarily joined a parent support group (Table 1). One-half of the sample was of Hispanic descent (n = 10; 50%), with 80% being White (n = 16) and 30% African American (n = 6). The majority of parents had an ACE score of less than 4 (n=15; 75%), with three parents reporting zero ACEs, and low ER (n=13; 65%).

**Table 1.** Demographic characteristics, ACE score, and ERQ Score (n = 21)\*.

Characteristics	N	%	Mean	SE	SD
<b>Gender</b>					
Female	17	85%			
Male	3	15%			
<b>Education</b>					
GED	1	5%			
High-School Diploma	8	40%			
Bachelor’s Degree	8	40%			
Master’s Degree	3	15%			
<b>Hispanic</b>					
Non-Hispanic	10	50%			
Hispanic	10	50%			

<b>White</b>					
Non-White	4	20%			
White	16	80%			
<b>African American</b>					
Non-African American	14	70%			
African American	6	30%			
<b>ACE stratification</b>					
Zero ACEs	3	19%			
Less than 4 ACEs	12	57%			
Greater than 4 ACEs	5	24%			
<b>ACE Score</b>			2.8	0.63	2.80
<b>ERQ stratification</b>					
Low ER	17	85%			
High ER	3	15%			
<b>ERQ Score</b>			6.5	0.35	1.57

Notes: N=21 completed parent interviews. N=20 completed demographic survey. ACE range 1 to 10 (4>ACE = high ACE). ERQ threshold average ERQ score of 8.24 for men and 7.75 for women.

### 3.2. Qualitative Results

Parents identified areas of resilience and emotional support, along with recommendations for ACE responses. The following section presents the qualitative results, organized by the SEM levels, through themes and subthemes. Seven major themes related to the parental perspective were identified (the definitions of each theme and subtheme are presented in Table 2).

**Table 2.** Parent Support Group Parent definitions of themes and subthemes organized by Socio Ecological Model Level.

<b>INDIVIDUAL LEVEL</b>	
<b>Theme 1: Parenting Inner Fortress: The Many Faces of Resilience:</b> Represents the parents' internal fortress of inner strength and emotional resilience shaped by their evolving experiences.	
Subtheme 1. Faith	Parents noted how their everyday spiritual practices, such as prayer, help them remain positive and stronger during difficult times.
Subtheme 2. Reflecting on their own childhood	Parents used a reflective approach to parenting focused on examining their own childhood experiences, including the happiness or pain they experienced, in an effort to create a better experience for their children.
Subtheme 3. For their children	Parents mentioned how their resilience stems from the love they have towards their children, as they wish to model healthier, more efficient ways to cope.
Subtheme 4. Emotional regulation	Parents emphasized not only recognizing and understanding their emotions but also controlling their response in a healthy way to create a supportive household environment for the child.
Subtheme 5. Parent Support Group (PSG) individual***	Parents reflected on how the PSG helped feel as they are not alone in parent challenges.
<b>Theme 2: Resilience forged in scarcity: The difficulty of a broken home and limited means:</b> Parents highlighted external structural challenges – such as single parenthood and financial hardship.	
Subtheme 6. Lack of resources (Financial barriers)	Parents mentioned the emotional toll and stress from financial instability, single parenthood and lack of resources, to help parents with childcare, economic stability, and overall maintaining basic necessities.
<b>INTERPERSONAL LEVEL</b>	
<b>Theme 3: Strengthening the Trust Bond: The Power of Close Relationships:</b> Parents emphasized their resilience development with the parent support groups (PSGs) and the power of close relationships	
Subtheme 7. Friends and family	Parents noted the emotional support and reassurance they received from "friends and family," which helped them cope with everyday stress, and increase or strengthen their resilience as parents.
Subtheme 8. PSG interpersonal***	Parents reflected on the positive impact of the PSG, in feeling connected with other parents.
<b>COMMUNITY LEVEL</b>	

<b>Theme 4: Community Resources as a Buffer</b>	
Community resources helped parents maintain resilience, especially parent groups, which helped them feel understood and emotionally supported.	
Subtheme 9. PSG community***	Having institutional support at the school and access to PSG at the community level.
<b>Theme 5: Parents navigating the school system: Parents emphasized the disconnect between parents' perspectives and the school system, which negatively impacted the experiences of children at the school.</b>	
Subtheme 10. Adverse experiences at school	Parents highlighted the challenges faced within the school system, emphasizing the need for parents to activate and protect their children from negative school experiences.
Subtheme 11. School is not accessible	Parents faced communication barriers to receiving timely information about their child's essential updates such as academic progress and well-being.
Subtheme 12. School playing a role to protect families	Parents pointed to the school's ability to observe a child's emotional and behavioral changes, helping to recognize signs of ACEs, and noting that schools can be a frontline defense to prevent and mitigate ACEs.
<b>SOCIETAL LEVEL</b>	
<b>Theme 6: Parenting Through a Cultural Lens: Tradition Under Pressure: This theme reflects the influence of culture on how families understand parenting and effective child development based on how they were brought up</b>	
Subtheme 13. Community Solidarity	Parents mentioned the need in U.S. culture to have a sense of mutual support and responsibility within a neighborhood or community to help look out for one another's well-being, protecting children by all community members collaboratively.
Subtheme 14. Emotion x empathy	Parents noted that empathy is driven by emotion and builds human connection.
<b>Theme 7: Change Through a Policy Lens: "Anything that protects them": Parents envision policy focused on preventing and mitigating ACEs.</b>	
Subtheme 15. ACE prevention education	Parents described the need for ACE prevention education as a shared responsibility from both parents and educators to both help recognize how to identify ACEs and respond (implement protocols) to children experiencing ACEs.
Subtheme 16. Child protection policies	Parents pointed out the importance of legal and institutional measures to help prevent ACEs and strengthen prosecution, enforcing strict penalties for all involved.

Notes \*\*\* Inter-level subtheme.

### 3.2.1. Sem Individual Level

- Theme 1: "Parenting Inner Fortress: The Many Faces of Resilience"

This overarching theme captures the parents' internal fortress of inner strength and, thus, emotional resilience shaped by their evolving experiences. The theme highlights the factors that parents draw upon to navigate emotional challenges and adapt to an evolving parenting journey. This theme explores the various activities and factors that help parents develop resilience.

#### 1. Subtheme 1: Faith

The element of faith was a driving force for resilience in parents. Faith, in a higher power manifested in families with multiple parents, was spoken of confidently and clearly when describing how their faith builds their resilience. Participant 24 describes their faith as a builder of resilience: "I would say the one thing that's definitely helped me build resilience is definitely my faith, my faith in God, number one." Similarly, participant 13 mentioned strength through faith, stating, "I just remain strong and stay and pray and continue doing what I'm doing."

#### 2. Subtheme 2: Reflecting on their own childhood

Reflecting on one's own childhood was an influential factor in parental resilience, as it is a mental exercise that connects the individual to the roots of their own development. Parents emphasized how they built resilience through reflection on their upbringing. Parents reflected on their own childhood experiences, processing feelings and learning how to manage them, and then narrating their childhood all over again. Participant 11 emphasized how they focused on not repeating patterns, ones that their own parents had followed, saying, "[Original Spanish] To cope with certain situations... and in the same way, to be able to teach my daughters how to do it—not to repeat, perhaps, what my parents did or didn't do with me".

### 3. Subtheme 3: For their children

Children or offspring themselves play a pivotal role in their parents' ability to cope with everyday life adversities and thus are a force of parental resilience. Parents focused on building resilience for their children, and thus, noted that their children are a force that helps them remain resilient. For example, participant 6 states that resilience arises from wanting a better life for their children "I think it comes from my kids. Like, I just really love my kids and just being able to make them happy and provide a good life for them." Similarly, participant 15 describes their resilience and wanting to improve for their children: [Original Spanish]: "Well... love-that is, the love for my son-the desire to always give him the best has been the main motivation for me to keep looking for ways to improve myself, first of all."

### 4. Subtheme 4: Emotional regulation (ER)

ER represents the ability to manage and balance emotions in order to respond appropriately, and thus it is a component of parental resilience. ER emerged around the positive impact of parents learning how to regulate their emotions. This subtheme captures how parents bolstered their children's resilience by regulating their own emotions. Participant 15 describes emotion regulation as "fundamental" and "vital" to help them navigate changes:

[Original Spanish]: "Well, for me, it has been fundamental to manage my emotions, and obviously, it's super important to give yourself permission to feel what you feel. I think, as a parent, it's really vital to create space for those emotions to be expressed..."

### 5. Subtheme 5: PSG individual (Interlevel subtheme)

Parent support groups (PSGs) offer a valuable network for parents to share experiences, resources, and advice, while also focusing on ER. Thus, PSGs demonstrated to be an "interlevel subtheme", or a factor, in this case, a support group for parents, that cannot be classified into a single level because their reported impact goes across all levels of the SEM. To present the reported positive impact of PSGs, we have categorized the PSG subthemes into individual, interpersonal, and community levels.

At the individual level, PSGs serve as an external PF factor, helping parents regulate their emotions individually. The PSG not only helped parents manage their emotions, but also helped them ground their emotions by reducing isolation and learning how to manage stress. Parent 24 describes, "...Being a part in that parent support group... you know, speaking with people that are going through similar situations and being able to express how I'm feeling as a parent and have that support from the collective, it definitely helps me cope....".

PSGs are essential to help parents build resilience, as parents are often the closest support a child has, and ER is crucial in preventing and mitigating ACEs. While having an emotional support system has been described by parents as key in helping maintain or strengthen their resilience, some parents have a different environment without any external family or friendship support. To illustrate, participant 23 describes how helpful PSGs are, especially for a parent who has no family or friend support:

"So I don't have much support at all. I moved away from my family when I was younger, and then once I became a parent, that made it more difficult for me because I really had no support as far as family.... So that's the part that makes things difficult for me, which is not having the support. The resources that I use to fill that void kind of would be like, this is kind of embarrassing to say, but I do join a lot of, like, social media parenting groups, and I'm able to connect with other parents who are in a similar situation, or that are just kind of more understanding of what I'm going through. So just hearing that other people are going through it helps me kind of, okay, cope with certain situations and be like, okay. This is something that I can get past. So, I use that. I try to lean on school resources. If there's anything available, I reach out to them often just to see if there's any way to help."

- Theme 2: "Resilience forged in scarcity: The difficulty of a broken home and limited means."

Theme two highlights how external structural challenges—particularly financial hardship—impact a parent's resilience through increased stress or burden. A key barrier for resilience at the individual level was the lack of economic resources, which is related to both "single parent home"

and not having the “means” (i.e., economic means). These were intertwined, as parents noted that living in a single-parent household had a financial and emotional impact. In this way, participant 11 [Original Spanish] “I believe that being a single mother is difficult because the responsibility falls on one person, both financially and emotionally, to raise the children”.

#### 6. Subtheme 6: Lack of resources (Financial barriers).

Lack of resources (financial burdens) is a barrier that prevents an individual from having financial stability due to a lack of resources. Lack of resources was classified as an inter-level subtheme, given that the challenges of single parenthood recur at the interpersonal level and closely mirror the issues identified in single-parent homes. Parents reported that financial barriers associated with child care negatively impacted their resilience levels. Participant 6 states, “To be honest, what really has hindered me is obviously a lack of resources. I should say so. Obviously, I was a single mother for a good four years before my partner and I got together, so support resources like daycare opportunities...”. Thereby, parents describe child care as a financial factor that directly impacts their resilience, as it is associated with the everyday care of their children. Participant, 120 states, “...If you don’t have the ways and the means of caring for the child... Well, maybe, like, you know, like finding a job or something, or you know, and stuff like that. So that would be like, you know, the stressful part about it.”

### 3.2.2. Sem Interpersonal Level

- Theme 3: “Strengthening the Trust Bond: The Power of Close Relationships”

Theme 3: “Strengthening the Trust Bond: The Power of Close Relationships” highlights the importance of close-knit relationships in a parent’s life. Through meaningful discussions with parents at PSGs, parents’ recharge and show up more effectively for their children. Thus, PSGs were also meaningful to parents at the interpersonal level.

#### 7. Subtheme 7: Friends and family

Friends and family played a crucial role in supporting parents, providing both practical and emotional assistance. Friends and family helped parents find time for themselves, and in doing so, provided support that contributed to their development of resilience. Parents describe their friends and family as aid to take a recharging break, for example, participant 5 mentions, “Family members have been able to help me cope when I need to take a break or a breather”. Further, participant 4 mentioned how friends and family helped parents feel supported, stating, “What is helpful, I would say, is family support. Having that also supports.”

#### 8. Subtheme 8: PSG interpersonal (Inter-levels subtheme)

At the interpersonal level, PSGs (i.e., interlevel subtheme) represent external factors that impact the individual through the collective parent group, making them an EP factor. PSGs are described by parents as a safe interpersonal space, where they can share parental challenges, gain understanding, and receive mutual validation. Parents note that joining the PSG was not only beneficial for building connections but also practical in helping them cope with the everyday stress of parenting. Parent 13 mentioned, “For example, having a connection with other parents facing similar challenges, like sharing experiences and receiving emotional support. Practical support is basically like a peer-to-peer [parent] support group...” Another participant emphasized the role of PSGs from the perspective of social support for parents. PSGs represent an EP factor at the interpersonal levels through the aspects of belonging and mutual support. Participant 7 states:

“... the most beneficial part of that to me was having the other parents to talk to, like, even outside of, like, the curriculum itself, just being able to be like, Oh, this happened today, or like. Oh, and she, you know, someone else is like Oh, my gosh, yes, “ just that conversational support is huge for me.

### 3.2.3. Sem Community Level

- Theme 4: Support That Works: Community Resources as a Buffer

Theme 4: Support That Works: Community Resources as a Buffer includes one sub-theme, PSGs at the community level. PSGs were mentioned by parents as a means of emotional support, but this time at the community level, associated with the schools. Parents noted that PSGs helped them understand that there are other parents going through the same situations. PSGs are interlevel EP factors of parent resilience. Participant 8 emphasizes, “Like the sessions that I went to, like finding a group that you could go to where you could find similar parents in your situation, and you have that support”.

#### 9. Subtheme 9: PSG community (Inter-levels subtheme)

Parents describe the PSG as an eye-opening experience. Participant 11 notes [Original Spanish]: “Well, the [parent] group really opened my eyes. It helped me a lot. Not all schools provide that kind of support to parents”. In addition, participant 15 recalls various aspects of the PSGs, noting how, at the community level, they provided not only emotional support but also guidance in accessing resources, stating:

[Original Spanish]: “But the program really seems to me like a spectacular program and, above all, for me, it was a great support, because I had just arrived. I didn’t know anyone. I didn’t speak the language. I didn’t know how to get around in the country, and the girl who helped me didn’t just provide emotional support with my child, but also created that connection with the community...”

- Theme 5: Collaboration That Works: Parents navigating the school system

An important theme at the community level was linked to the disconnect between parents’ perspectives and the school system. Theme 5, “Collaboration That Works: Parents Navigating the School System,” captures the pain and frustration that both parents and children may experience at the hands of the school system, a system developed to educate the leaders of tomorrow.

#### 10. Subtheme 10: Adverse experiences at school

Adverse experiences at school refer to distressing events that occur to a child or parent within the school environment. Highlighting the systemic issues in schools (i.e., SEM community level) where parents experience incidents of labeling, misdiagnosis, and even physical harm, but how, through parental reflection, accountability, and support, children can thrive despite the school system. Participant 24 explained the negative experiences at the hands of the school system, one that negatively impacted both the parent and child:

“...my son has attended seven different elementary schools, and at each one, he experienced some form of trauma. Every time I met with school staff, the complaints were the same: ‘These kids are so bad. They’re disrespectful. They’re angry.’ It’s a pattern—one I’ve seen repeated at all seven schools in our community. It’s like every child is being labeled...What really helped was taking responsibility for my own actions—apologizing to him for the things he’s seen, for the ways I may have failed him—and working to help him heal... I believe more parents need to do that: take accountability and help their children heal from what they’ve experienced”

#### 11. Subtheme 11: School is not accessible

The school’s lack of access for parents highlights the communication barriers that impact their ability to receive timely and meaningful information about their child’s essential updates, such as academic progress and well-being. Many parents mentioned the difficulty of maintaining communication with the school, as the school is not inclined to keep parents informed. Participant 22 describes their sense of school connection as a negative feeling, stating, “What I feel here, in this part of [U.S State removed], in this area where we are, is that if you don’t ask for a meeting with the teacher, an entire year can go by and you won’t find out anything.”

#### 12. Subtheme 12: School plays a role in protecting families

Parents emphasized the important role schools play in preventing and mitigating ACEs by supporting and protecting families. The schools would be an external and trusted factor of parent-resilience, through the school’s ability to observe a child’s emotional and behavioral changes, helping to recognize signs of ACEs, and noted that schools have a responsibility to intervene by reporting. Schools can be a frontline defense against preventing and mitigating ACEs. Participant 22 recommends that schools at the community level be involved in protecting families, stating:

“[Original Spanish]: I think, in terms of policy, what I would like the most is for there to be institutions that really... either within the schools or at the community level, places that could help parents cope with these situations in the best way possible, because these are challenges for education.”

#### 3.2.4. SEM Societal Level

- Theme 6: Parenting Through a Cultural Lens: Tradition Under Pressure

Theme 6, “Parenting Through a Cultural Lens: Tradition Under Pressure,” explores the influence of culture on how families perceive parenting resilience and effective child development, drawing on their own upbringing. Parents reflect on upholding certain norms and beliefs that they feel would benefit society in our current time. Hence, various important subthemes at the SEM culture level include community solidarity and emotion in relation to empathy. The subthemes reflect the positive experiences that created a stable resilience-building environment for both the parent and child.

##### 13. Subtheme 13: Community solidarity

Community solidarity refers to the sense of reciprocal support among community members, which helps build parental resilience by reflecting an external factor that enables them to overcome everyday obstacles. Some parents emphasized that in U.S. culture, parents need to have a sense of mutual support and responsibility within a neighborhood or community as a way to help look out for one another’s well-being and to protect children through collaborative efforts by all community members. Participant 15 describes community solidarity as a valuable way to help protect their children:

“[Original Spanish] You grow up in the community — that is, with the support and backing of the community, which I think is something incredibly valuable. It’s not just your own perspective, but also the perspective of your neighbor, who is also a friend and can help you, too. For example: “Hey, I saw that the child went somewhere they weren’t supposed to go’... You feel like everyone is offering support in the process of caring for and raising the child, and I think that can be really valuable in this country.”

##### 14. Subtheme 14: Emotion x empathy

The “emotion x empathy” is associated with family support in that it essentially builds confidence to tackle the everyday obstacles. Parents noted that empathy is driven by emotion and builds human connection, hence, “emotion x empathy”. Participant 15 states how certain communities build strong family bonds, which in turn build support.

[Original Spanish] “Well, I think we Latinos are very empathetic. Also, we have a strong bond with our families, and that creates strong individuals. I mean, when you feel supported and accompanied by your family, you go out into the world knowing that no matter what happens, you have that strong connection — and I think that’s something we need to preserve.”

- Theme 7: Change Through a Policy Lens: “Anything that protects them”

This theme 7, “Change Through a Policy Lens” captures how parents envision “policy” focused on preventing and mitigating ACEs. Parents understand policy not as a bureaucratic law or process, but rather simply “protection” under subtheme 16 “Child protection policies”. While the parents in this study are not lawmakers, they have noted a clear call for policies to reflect their lived realities of caregiving and prioritize children’s well-being.

##### 15. Subtheme 15: ACE Prevention education

ACE prevention education is an initiative designed to teach children, families, and educators about preventing and mitigating ACEs. Parents’ need for ACE prevention education to be a shared responsibility from both parents and educators to identify ACEs and respond (implement protocols) that aid children experiencing adversity: Participant 17 states:

“I think it’s very necessary to train teachers on identifying possible cases of abuse, violence, or mistreatment. I don’t know if those trainings exist, because I know that in my country, they do exist. I mean, teachers are constantly being trained on okay, signs of sexual abuse, and what the teacher

can do. There are defined procedures, a protocol for reporting, where the teacher should report it, and where the school's psychologist or social worker should report it..."

#### 16. Subtheme 16: Child protection policies

Child protection policies are laws that focus on the dignity and protection of a child, including their interactions with friends and family. Parent 20 mentions, "I think, in terms of policy, what I would like the most is for there to be institutions that really... either within the schools or at the community level, places that could help parents cope with these situations in the best way possible, because these are challenges for education".

## 4. Discussion

### *Overview / Summary of Key Findings*

Given the key role resilience plays as the mediator or buffer to trauma exposures (Rakesh et al., 2019). This study aims to explore parental perspectives on how to promote resilience among parent-child dyads who seek emotional education across levels of the socio-ecological framework, especially in response to ACEs. Thus, the findings from this study hold promise for providing the foundation for developing a parent-resilience Social Ecological Model (SEM) of ACE prevention and mitigation by exploring the diverse perspectives of parents in relation to overcoming or adapting to adversity. Seven main themes across SEM levels, along with 16 subthemes, were identified, highlighting the pertinent level factors that impact parental resilience.

The individual SEM level captured a more proximal description of parental resilience fortification, as well as the factors that weaken parental intrapersonal resilience. At the interpersonal level, close parent relations represent the sense of support parents require to balance out their everyday adversity. At the community level, receiving support from both the community and schools provides a sense of safety and improves parent-child relationships. Then, at the societal level, factors of culture and policy describe the positive aspects of the respondent's culture and provide recommendations for policy change.

### *Interpretation of Findings in Relation to Existing Literature*

Parent support groups (PSG) emphasized as parent resilience builders across the individual, interpersonal, and community SEM levels under "Theme 1: Parenting Inner Fortress: The Many Faces of Parent Resilience", "Theme 3: Strengthening the Trust Bond: The Power of Close Relationships", and "Theme 4: Support That Works: Community Resources as a Buffer". Parents felt a sense of belonging and understanding through the realization that they are not alone. The study Grennan et al. (2022) found that parents emphasized "I am not alone" as a result of their participation in PSG. Thus, PSGs have a positive cross-level impact. At the individual level, PSGs helped parents regulate their own emotions (ground their emotions) through the reduction of isolation and learning to manage stress, while at the interpersonal level, parents emphasized the feeling of connection, peer connection with other parents, and finally, at the community level, parents sensed community, access, and institutional support. Similarly, Lee and Choi (2023) found that PSGs have the potential to make changes at the interpersonal, intra-individual, and sociopolitical levels. The socio-political term then intersects social factors (e.g., culture) and politics (e.g., policy-making), which can aid parents in understanding systemic issues and advocate for their children and communities. Incorporating the social and political domains can help parents become critical thinkers, thereby strengthening their family systems through preventing and mitigating ACEs.

Further, the feasibility study by Nicula et al. (2023) of a virtual parent-led support group of children with eating disorders (ED) qualitatively reported parents experienced less isolation; quantitatively, reporting decreases in burden, unmet needs, and increased confidence (Nicula et al., 2023). Similarly, the study by Grennan et al. (2022) found that parents with lived experience of having a child who recovered from an ED found a PSG intervention helpful by being able to share similar experiences, access to education, resources, and support. Somewhat similarly, the feasibility study

conducted by Lee and Choi (2023) with parents of youth with intellectual and developmental disabilities indicated that PSG is a valuable way to promote parental empowerment. Further, a support group study by Sharma et al. (2022) focused on reducing anxiety and stress among parents of children with autism and Attention Deficit Hyperactivity Disorder (ADHD). After participating in the support group, parents showed a significant reduction in stress and anxiety, as indicated by pretest and posttest scores ( $p < 0.05$ ) (Sharma et al., 2022). Future research should be focused on strengthening PSG frameworks (Grennan et al., 2022). Parents also highlighted the role of schools in facilitating parent group involvement.

School collaboration and accessibility were discussed at both the community and policy levels, under “Theme 5: Collaboration That Works: Parents navigating the school system” and “Theme 7: Change Through a Policy Lens: Anything that protects them.” In our study, parents perceived poor school collaboration and communication. Many parents emphasized their reliance on the school system, noting that children spend the majority of their time in the school environment. Parents expressed a strong desire for meaningful communication and support from school communities. Research by (Cui & Wen, 2025) found that school-home communication (SHC) positively predicts children’s enjoyment, success, and improved academic performance. Further, the study Hummel et al. (2023) found that a parent’s perceived quality of school communication is positively associated with parent trust, which in turn predicts the child’s behavioral disorder or lower emotional symptoms of behavioral disorder.

While parents emphasized the importance of laws that protect children, they often lacked clarity regarding specific policies, their application, and the appropriate channels for enforcement. These discussions revealed a broader need for accessible policy knowledge, as well as the discomfort some parents experience when navigating or speaking about legal frameworks. The study Tuck (2013) describes that parents who are under-resourced are more likely to be negatively impacted or fail due to policy. Furthermore, Tuck (2013) mentions a “deficit model” that overlooks crucial areas of parental success and focuses on the absence of weaknesses in a family system. Future policy should focus on evidence-based research that leverages the strengths of family structures to effectively address weaknesses in child protection policies.

#### *Implications for Future Research*

Based on the study findings, parents are often navigating their own childhood trauma while trying to protect and provide for their children; however, various factors (single-parent home, limited economic means, and adverse experiences at school) hinder their ability to thrive under adversity. Furthermore, based on the findings of this study, PSGs may provide an important resource for parents of school-age children, specifically by institutionalizing trauma-informed principles into everyday school practices through the use of PSGs. In other words, trauma-informed care should be integrated into community-based services—particularly schools—through evidence-based strategies such as PSGs (Liu et al., 2024). Strategies such as developing emotionally safe learning environments and establishing clear protocols for staff training on trauma recognition, along with responding to students and families experiencing ACEs, would help prevent and mitigate ACEs.

#### *Strengths and Limitations*

A strength of this study is its use of qualitative methods to assess the unexplored parental perspectives on ACEs and resilience as guided by the socio-ecological model. Using the socio-ecological model to guide the qualitative analysis of the parent ACE perspective informed the development of an initial multilevel parent-resilience framework.

Incorporating the SEM levels associated with ACEs prevention and mitigation provides a framework for developing culturally grounded tools that support families in critically reflecting on potentially harmful cultural beliefs (e.g., the normalization of severe physical punishment), while also promoting strengths-based practices (e.g., respect) that align with both cultural values and child well-being. These tools should be developed to help families critically reflect on harmful beliefs and

help protect child safety and well-being, both physically, mentally, and emotionally. A limitation of this study is the sampling frame, as we included parents who voluntarily participated in the community-based mental health organization's parent support group. Although these parents possess a uniquely informative perspective, future studies should replicate this methodology and framework in at-risk populations who are not seeking counseling.

## 5. Conclusions

This study identified various factors that both support and impede parental resilience at the SEM level, based on the lived experiences of parents seeking ER and ACE-related support. The results provide a parent-informed framework for parental resilience, based on parental perceptions of areas of their lived experiences and backgrounds (e.g., culture or upbringing) that they believe would improve society. Thus, the resilience dimensions at the individual, interpersonal, community, and societal levels (including policy and culture) form the initial framework for parent resilience. Findings from this study hold promise for informing the development of trauma-informed health promotion as part of the parent-resilience framework that incorporates ACEs and parental ER.

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## Abbreviations

The following abbreviations are used in this manuscript:

SEM	Socio Ecological Model
PSG	Parent Support Groups
ACEs	Adverse Childhood Experiences
ER	Emotional Regulation

## References

1. Anda RF, Felitti VJ, Bremner JD, et al. The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European archives of psychiatry and clinical neuroscience*. 2006;256(3):174-186. doi:10.1007/s00406-005-0624-4

2. Anda RF, MD, MSc, Butchart AP, Felitti VJ, MD, Brown DW, MD, MSc. Building a Framework for Global Surveillance of the Public Health Implications of Adverse Childhood Experiences. *American journal of preventive medicine*. 2010;39(1):93-98. doi:10.1016/j.amepre.2010.03.015
3. Felitti VJ, Anda RF. The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare. In: editors. RLEV, ed. *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease*. Cambridge University Press; 2009:chap 4.
4. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*. 1998;14(4):245-258. doi:10.1016/S0749-3797(98)00017-8
5. Schickedanz A, Escarce JJ, Halfon N, Sastry N, Chung PJ. Intergenerational Associations between Parents' and Children's Adverse Childhood Experience Scores. *Children (Basel)*. 2021;8(9):747. doi:10.3390/children8090747
6. Riggs JL, Rosenblum KL, Muzik M, et al. Infant Mental Health Home Visiting Mitigates Impact of Maternal Adverse Childhood Experiences on Toddler Language Competence: A Randomized Controlled Trial. *Journal of developmental and behavioral pediatrics*. 2022;43(4):e227-e236. doi:10.1097/DBP.0000000000001020
7. Brockie T, Haroz EE, Nelson KE, et al. Wak'hányeža (Little Holy One) - an intergenerational intervention for Native American parents and children: a protocol for a randomized controlled trial with embedded single-case experimental design. *BMC public health*. 2021;21(1):2298-2298. doi:10.1186/s12889-021-12272-9
8. Ungar M, Liebenberg L. Assessing Resilience Across Cultures Using Mixed Methods: Construction of the Child and Youth Resilience Measure. *Journal of mixed methods research*. 2011;5(2):126-149. doi:10.1177/1558689811400607
9. Ungar M. Resilience, Trauma, Context, and Culture. *Trauma, Violence, & Abuse*. 2013;14(3):255-266. doi:10.1177/1524838013487805
10. Xu Y, Jedwab M, Lee KA, Levkoff SE. The Negative Effects of Adverse Childhood Experiences (ACEs) on Behavioral Problems of Children in Kinship Care: The Protective Role of Kinship Caregivers' Mental Health. *Journal of emotional and behavioral disorders*. 2023;31(1):41-53. doi:10.1177/10634266221076475
11. Bergquist BK, Schmidt AT, Thomas AG. Adverse Childhood Experiences and Negative Outcomes Among Justice-Involved Youth: Moderating Effects of Protective Factors. *Crime and delinquency*. 2022;1112872211227. doi:10.1177/00111287221122756
12. Longhi D, Brown M, Fromm Reed S. Community-wide resilience mitigates adverse childhood experiences on adult and youth health, school/work, and problem behaviors. *Am Psychol*. Feb-Mar 2021;76(2):216-229. doi:10.1037/amp0000773
13. Laugen NJ, Kårstad SB, Reinfjell T, Wichstrøm L. The development of emotion understanding in children: The importance of parents, teachers, and peers. *Developmental psychology*. 2023;doi:10.1037/dev0001627
14. Ereky-Stevens K. Associations between mothers' sensitivity to their infants' internal states and children's later understanding of mind and emotion. *Infant and child development*. 2008;17(5):527-543. doi:10.1002/icd.572
15. Burrow S, Wood L, Fisher C, Usher R, Gayde R, O'Donnell M. Parents' experiences of perinatal child protection processes: A systematic review and thematic synthesis informed by a socio-ecological approach. *Children and youth services review*. 2024;166:107960. doi:10.1016/j.childyouth.2024.107960
16. Lang S, Gibson S, Ng KW, Truby H. Understanding children and young people's experiences pursuing weight loss maintenance using the Socio-ecological Model: A qualitative systematic literature review. *Obesity reviews*. 2021;22(5):e13172-n/a. doi:10.1111/obr.13172
17. Dahlberg LL, Krug EG. Violence a global public health problem. *Ciência & saúde coletiva*. 2006;11(2):277-292. doi:10.1590/S1413-81232006000200007
18. Cummings EM, Schermerhorn AC, Merrilees CE, Goeke-Morey MC, Shirlow P, Cairns E. Political Violence and Child Adjustment in Northern Ireland: Testing Pathways in a Social-Ecological Model Including Single- and Two-Parent Families. *Developmental psychology*. 2010;46(4):827-841. doi:10.1037/a0019668

19. Crouch E, Radcliff E, Strompolis M, Srivastav A. Safe, Stable, and Nurtured: Protective Factors against Poor Physical and Mental Health Outcomes Following Exposure to Adverse Childhood Experiences (ACEs). *Journal of child & adolescent trauma*. 2019;12(2):165-173. doi:10.1007/s40653-018-0217-9
20. Bartholomew Eldredge LK, Markham CM, Ruitter RAC, Fernández ME, Kok G, Parcel GS. *Planning Health Promotion Programs: An Intervention Mapping Approach*. Jossey-Bass Public Health. John Wiley & Sons, Incorporated; 2016.
21. Glanz K, Rimer BK, Viswanath K. *Health Behavior: Theory, Research, and Practice*. 5 ed. Jossey-bass public health. Wiley; 2014.
22. Glanz K, Bishop DB. The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual review of public health*. 2010;31(1):399-418. doi:10.1146/annurev.publhealth.012809.103604

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