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LETTER TO THE EDITOR

Childhood trauma and parenting in at-risk mental state: Clarifying pathways and expanding perspectives

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Abstract

Jovani *et al*'s study contributes important evidence linking childhood trauma (CT) and parental socialization with at-risk mental state (ARMS) in non-clinical adolescents, demonstrating the mediating role of low levels of parental affection and communication in this relationship. This letter commends the study's strengths while also identifying key issues that warrant further attention, including the limitations of cross-sectional design, potential perceptual biases, conceptual overlap between CT and parenting, and limited cultural generalizability. We advocate for longitudinal, culturally sensitive, and multi-informant approaches to further refine ARMS risk models, strengthen theoretical distinctions between CT and parenting, and inform targeted prevention strategies across diverse populations. We also extend the discussion by highlighting promising directions for future research.

Key Words: Childhood trauma; Parenting styles; At-risk mental state; Conceptual overlap; Cultural generalizability; Mediation; Moderation; Intergenerational transmission of trauma

Core Tip: At-risk mental state (ARMS) in adolescents is a critical and pressing concern, as adolescence represents a sensitive developmental period marked by heightened vulnerability to the onset of psychiatric disorders. Jovani *et al*'s study timely investigates the roles of childhood trauma (CT) and family dynamics in ARMS risk, offering a novel framework. However, the complex conceptual overlap between trauma and parenting, along with theoretical challenges, warrants careful consideration. We advocate for disentangling CT types to refine the current model and for employing longitudinal, cross-cultural, and multi-method approaches to further elucidate this critical topic.

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TO THE EDITOR

We read with great interest the article by Jovani *et al*[1] published in *World Journal of Psychiatry*, which explores how childhood trauma (CT) and parental socialization influence at-risk mental state (ARMS) for psychosis in non-clinical adolescents. The authors are to be commended for integrating trauma exposure and affective family dynamics into a developmental framework using a school-based adolescent sample. Their use of validated trauma and parenting measures, coupled with a semi-structured clinical interview (comprehensive assessment of ARMS, CAARMS), further enhances the methodological rigor. In this study, Jovani *et al*[1] demonstrated that the combination of CT and low levels of parental affect and communication is associated with greater severity of psychotic symptoms. They also identified the mediating role of low family parental affect and communication in the relationship between CT and risk of ARMS. Nonetheless, several issues merit further consideration.

CRITICAL CONSIDERATIONS ON THE CURRENT STUDY

Most notably, the cross-sectional design limits the ability to draw a temporal conclusion. While the authors conceptualize CT and poor parenting preceding ARMS, it is also possible that early subclinical symptoms may influence adolescents' perceptions of adverse family environments and CT exposure[2]. Such effect may stem from negative memory bias and over general autobiographical memory processes, which are commonly observed in depressive and anxious states that frequently co-occur with ARMS. Although CT is theoretically positioned as a distal risk factor, and many adverse experiences likely occur before the onset of prodromal symptoms, making complete retrospective fabrication unlikely, the reliance on participants' self-reports (particularly from individuals with ARMS or during active psychiatric episodes) increases the risk of recall or attribution biases. Future research would therefore benefit from longitudinal, multi-informant designs that incorporate prospective assessments of CT and family dynamics to better capture the developmental pathways leading to ARMS. For instance, parental socialization could be more accurately assessed by combining self-report and parent-report methods, such as TXP Parental Socialization Questionnaire for Adolescents (TXP-A) and TXP Parental Socialization Questionnaire for Caregivers[3]. A similar multi-informant approach is also applicable to the assessment of CT, given its diverse sources, by integrating self-report, caregiver-report, and even teacher observations for trauma occurring in school.

A further critical conceptual concern is the overlap between the constructs of CT and parental socialization, particularly in the proposed mediation model. Family environments are the primary context in which most CT types occur, especially for emotional neglect and abuse. These forms of trauma are direct manifestations of dysfunctional parenting. Consequently, low parental affect and communication may be a direct cause of emotional neglect rather than a consequence of CT. At the measurement level, overlaps also exist between the assessment of parenting style and CT. For instance, in the TXP-A used by the authors[3], certain items like "I feel important to and valued by my parents", and "my parents usually hit me when I behave badly" overlap conceptually with items commonly used to assess childhood neglect and abuse (*e.g.*, items in Childhood Trauma Questionnaire). Similarly, another parenting style dimension (control and structure) may also constitute psychological trauma in some extreme cases (*e.g.*, overly rigid control or strictness)[4]. In such cases, CT (at least certain forms) and parenting styles may be conceptually redundant, reflecting different facets of the same underlying familial dysfunction. This overlap could potentially inflate mediation estimates and make it difficult to maintain a clear conceptual distinction between CT and parenting. In the study of Jovani *et al*[1], "trauma" was treated as the independent variable (X) and low parental affection and communication as the mediator (M), implying a directional pathway from "trauma" to parenting style. Although the authors indicated that the "trauma" in the mediation model was captured using Davidson Trauma Scale (DTS) scores, which assesses post-traumatic posttraumatic stress disorder symptoms[5], it is important to emphasize the overlaps between sources of trauma and parenting, and the resulting ambiguity in causality: Adolescents' trauma (including exposure to traumatic events and subsequent post-traumatic symptoms) cannot be assumed to precede parenting style.

Given the conceptual overlap between certain types of CT and parenting styles, and the difficulty in clearly establishing causality, a moderation framework may be more theoretically appropriate than a mediation one when clarifying the source of the CT. Specifically, among children exposed to trauma, supportive parenting practices-such as warmth and open communication-may buffer the negative psychological impacts when the trauma comes from outside the caregiving context. In contrast, when CT originates primarily within the family, the trauma itself often reflects dysfunctional parenting. Children who experience familial trauma are by definition exposed to suboptimal parenting practices. As a result, parenting style cannot be treated as an independent moderator in theoretical terms, and a moderation effect is unlikely to be detected empirically, due to its conceptual confounding with the trauma itself. External traumas, such as peer victimization or accidents, may be more responsive to protective parenting. Evidence has shown that, for children who have experienced peer bullying, supportive relationships with parents continue to play an important role in promoting emotional and behavioral adjustment[6]. In the study of Jovani *et al*[1], the authors report no significant moderating effect of parenting styles on the trauma-ARMS relationship. While such results are interpreted as a lack of buffering effect, this may reflect limitations in measurement rather than theoretical invalidity. Although the authors examined DTS scores (reflecting consequences of trauma) as an index of trauma severity in the model constructions, it is still implausible to expect parenting style to exert a buffering effect when an individual's trauma primarily originates within the family. These considerations highlight the critical importance of clearly distinguishing the sources of CT. Disaggregating CT types and aligning them with the relevant sources and contexts may therefore be essential for uncovering meaningful interaction effects and identifying effective prevention targets.

Finally, the issue of cultural sensitivity in the study by Jovani *et al*[1] is an important consideration that merits further discussion. As the authors rightly highlight, cross-cultural validation of these findings remains essential. The cultural context in which parenting and trauma are experienced plays a critical role in shaping their psychological impact. Although the authors commendably included participants from diverse ethnic backgrounds (*e.g.*, from Morocco, Romania, China, Ecuador, and Bolivia), the study does not further explore whether the observed relationships between CT, parental affect and communication, and ARMS are consistent across these subgroups. Moreover, the study was conducted within the specific sociocultural context of Spain, where parenting is deeply influenced by familism. In such contexts, high parental involvement may be normative and protective. However, parenting norms differ significantly across cultural settings. For instance, in North American cultures, greater emphasis is placed on fostering independence and open emotional expression, whereas in East Asian cultures such as China, parenting may prioritize academic performance, emotional restraint, and filial obedience[7]. Practices that might be perceived as controlling or emotionally distant in one culture may instead be interpreted as caring or normative in another. In Western contexts, parental control often implies an attempt to dominate their children's lives and is viewed negatively, while in East Asian culture such as China, parental control is typically interpreted as a sign of parental care and involvement and therefore seen as beneficial for children's development outcomes[8]. These cultural scripts not only guide parenting practices but also shape how children perceive and internalize them-determining whether such experiences are interpreted as traumatic. Therefore, the generalizability of the proposed mechanisms, including the mediating or moderating roles of parenting, remains culturally bounded. Cross-cultural comparative studies are necessary to clarify which pathways are universal and which are culturally specific.

EXPANDING PERSPECTIVES FOR FUTURE RESEARCH

It is also important to clarify the potential distinct associations of specific CT types with various psychotic symptoms and their predictive value for subsequent transition to psychiatric disorders. For instance, a study of Loewy *et al*[9] found the specific association between interpersonal trauma and suspiciousness in sample of clinical-high-risk for psychosis. A recent longitudinal study reported distinct associations between different types of CT and internalizing *vs* externalizing symptoms in early adolescence[10]. Bechdolf *et al*[11] also found that, among different trauma types, only sexual abuse significantly predicted the conversion of individuals at ultra-high risk for psychosis to psychiatric disorders. Such distinctions are crucial, highlighting the need for precise characterization of trauma in both research and intervention planning. Moreover, CT rarely occurs in isolation, but rather multiple traumas occur together[12]. Accounting for patterns of trauma co-occurrence may therefore help to further clarify complex associations.

Given the conceptual overlap between CT and parenting style, it may be particularly valuable to consider them jointly as early environmental exposures and to examine alternative psychosocial mechanisms (such as stress sensitivity, attachment insecurity) through which they may influence the risk of ARMS or psychosis. Altered sensitivity to stress has been suggested as an endophenotype for psychosis, and the experience of stressful life events and CT were associated with increased stress-sensitivity, indicating a potential pathway to psychosis[13]. Veling *et al*[14], found that CT is associated with heightened social stress sensitivity, which may contribute to psychotic and affective dysregulation later in life. McDonnell *et al*[15] also found that excessive interpersonal sensitivity mediates the association between bullying victimization in childhood and paranoid ideation in the clinical-high risk group. Attachment insecurity constitutes another key potential pathway through which CT and parenting may influence later psychosis outcomes. A recent study revealed that the associations between maladaptive parenting styles (abusive or overcontrolling parenting, indifferent parenting) and psychosis in adulthood were mediated by anxious and avoidant attachment styles[16]. Comparable associations have also been reported between CT, attachment insecurity, and psychosis[17]. Exploring these potential psychosocial mechanisms may provide valuable insights into how early adverse environments contribute to the risk of ARMS in adolescents.

Returning to the framework of Jovani *et al*[1], if one wishes to consider parenting style as a mediator, it should be examined from an intergenerational perspective. This raises another important and increasingly recognized issue: The intergenerational transmission of trauma. Parenting styles may be shaped by parents' histories of CT, rather than by the child's traumatic exposure. A growing body of research indicates that a key factor shaping parenting behavior-particularly in mothers-is the way they were parented during their own childhood. Parents who have experienced CT are more likely to adopt abusive or neglectful parenting[18], thereby increasing the offspring's vulnerability to ARMS. Roberts *et al* [19] reported that mothers who had experienced childhood sexual abuse were less likely to want to become mothers. Among those who did, they often displayed impaired parenting skills, including higher levels of child neglect, lower confidence in their parenting ability, more negative self-appraisal as parents, greater reliance on physical punishment, and difficulties with emotional regulation in parenting situations. Meanwhile, parenting styles also have intergenerational continuity. Observational studies of parenting across two generations have revealed substantial continuity in both harsh and positive parenting behaviors, with similar patterns observed for both males and females[20]. Thus, when considering parenting style as a starting point, it is essential to examine its origins in parents' own histories of trauma and parenting. The extent to which the negative consequences of such intergenerational transmission contribute to the risk of ARMS in adolescents, however, requires further elucidation. While this falls beyond the scope of the current study, it highlights an important direction for future research.

CONCLUSION

In conclusion, the study by Jovani *et al*[1] makes a timely and important contribution to our understanding of developmental pathways to ARMS by integrating CT and parental socialization. However, limitations related to the cross-sectional design, and the conceptual overlap between trauma and parenting constructs warrant careful reconsideration. Additionally, the absence of subgroup analyses across diverse ethnic backgrounds and the cultural specificity of parenting norms highlights the need for cross-cultural replication. Future research would benefit from longitudinal, multi-informant designs that clarify temporal and conceptual linkages, while incorporating culturally sensitive frameworks to better identify modifiable targets for prevention and early intervention. Moreover, attention to alternative psychosocial mechanisms and intergenerational transmission of trauma may provide a more comprehensive understanding of how early adverse environments contribute to the risk of ARMS.

FOOTNOTES

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REFERENCES

1 **Jovani A**, Moliner-Castellano B, Vergara RG, Benito A, Marí-Sanmillán MI, Castellano-García F and Haro G. Impact of childhood trauma and parental socialization on at-risk mental state in non-clinical adolescents. *World J Psychiatry* 2025; **15**: 108465 [*RCA*] [DOI: 10.5498/wjp.v15.i9.108465] [FullText] [Full Text(PDF)]

2 **Wielaard I**, Stek ML, Comijs HC, Rhebergen D. Reliability of retrospective reports on childhood abuse and its determinants in older adults during a 6-year follow-up. *J Psychiatr Res* 2018; **105**: 9-16 [*RCA*] [PMID: 30121509 DOI: 10.1016/j.jpsychires.2018.08.009] [FullText]

3 **Benito A**, Calvo G, Real-López M, Gallego MJ, Francés S, Turbi Á, Haro G. Creation of the TXP parenting questionnaire and study of its psychometric properties. *Adicciones* 2019; **31**: 117-135 [*RCA*] [PMID: 29353299 DOI: 10.20882/adicciones.983] [FullText]

4 **Carbone GA**, Imperatori C, Adenzato M, Presti AL, Farina B, Ardito RB. Is parental overcontrol a specific form of child maltreatment? Insights from a resting state EEG connectivity study. *Child Abuse Negl* 2024; **155**: 106962 [*RCA*] [PMID: 39068738 DOI: 10.1016/j.chiabu.2024.106962] [FullText]

5 **Davidson JR**, Book SW, Colket JT, Tupler LA, Roth S, David D, Hertzberg M, Mellman T, Beckham JC, Smith RD, Davison RM, Katz R,

Feldman ME. Assessment of a new self-rating scale for post-traumatic stress disorder. *Psychol Med* 1997; **27**: 153-160 [*RCA*] [PMID: 9122295 DOI: 10.1017/s0033291796004229] [FullText]

6 **Sapouna M**, Wolke D. Resilience to bullying victimization: the role of individual, family and peer characteristics. *Child Abuse Negl* 2013; **37**: 997-1006 [*RCA*] [PMID: 23809169 DOI: 10.1016/j.chiabu.2013.05.009] [FullText]

7 **Sorkhabi N**. Parent socialization effects in different cultures: significance of directive parenting. *Psychol Rep* 2012; **110**: 854-878 [*RCA*] [PMID: 22897089 DOI: 10.2466/10.02.17.21.PR0.110.3.854-878] [FullText]

8 **Yuwen W**, Chen AC. Chinese American adolescents: perceived parenting styles and adolescents' psychosocial health. *Int Nurs Rev* 2013; **60**: 236-243 [*RCA*] [PMID: 23692008 DOI: 10.1111/inr.12002] [FullText]

9 **Loewy RL**, Corey S, Amirfathi F, Dabit S, Fulford D, Pearson R, Hua JPY, Schlosser D, Stuart BK, Mathalon DH, Vinogradov S. Childhood trauma and clinical high risk for psychosis. *Schizophr Res* 2019; **205**: 10-14 [*RCA*] [PMID: 29779964 DOI: 10.1016/j.schres.2018.05.003] [FullText]

10 **Russell JD**, Heyn SA, Peverill M, DiMaio S, Herringa RJ. Traumatic and Adverse Childhood Experiences and Developmental Differences in Psychiatric Risk. *JAMA Psychiatry* 2025; **82**: 66-74 [*RCA*] [PMID: 39441608 DOI: 10.1001/jamapsychiatry.2024.3231] [FullText] [Full Text (PDF)]

11 **Bechdolf A**, Thompson A, Nelson B, Cotton S, Simmons MB, Amminger GP, Leicester S, Francey SM, McNab C, Krstev H, Sidis A, McGorry PD, Yung AR. Experience of trauma and conversion to psychosis in an ultra-high-risk (prodromal) group. *Acta Psychiatr Scand* 2010; **121**: 377-384 [*RCA*] [PMID: 20199494 DOI: 10.1111/j.1600-0447.2010.01542.x] [FullText]

12 **Finkelhor D**, Ormrod RK, Turner HA. Polyvictimization and trauma in a national longitudinal cohort. *Dev Psychopathol* 2007; **19**: 149-166 [*RCA*] [PMID: 17241488 DOI: 10.1017/S0954579407070083] [FullText]

13 **Myin-Germeys I**, van Os J. Stress-reactivity in psychosis: evidence for an affective pathway to psychosis. *Clin Psychol Rev* 2007; **27**: 409-424 [*RCA*] [PMID: 17222489 DOI: 10.1016/j.cpr.2006.09.005] [FullText]

14 **Veling W**, Counotte J, Pot-Kolder R, van Os J, van der Gaag M. Childhood trauma, psychosis liability and social stress reactivity: a virtual reality study. *Psychol Med* 2016; **46**: 3339-3348 [*RCA*] [PMID: 27619196 DOI: 10.1017/S0033291716002208] [FullText]

15 **McDonnell J**, Stahl D, Day F, McGuire P, Valmaggia LR. Interpersonal sensitivity in those at clinical high risk for psychosis mediates the association between childhood bullying victimisation and paranoid ideation: A virtual reality study. *Schizophr Res* 2018; **192**: 89-95 [*RCA*] [PMID: 28454921 DOI: 10.1016/j.schres.2017.04.029] [FullText]

16 **Akers N**, Taylor CDJ, Berry K. Understanding the relationships between parenting, attachment, schemas and psychosis: A serial mediation analysis. *Br J Clin Psychol* 2025 [*RCA*] [PMID: 40346947 DOI: 10.1111/bjc.12545] [FullText] [Full Text(PDF)]

17 **Humphrey C**, Berry K, Degnan A, Bucci S. Childhood interpersonal trauma and paranoia in psychosis: The role of disorganised attachment and negative schema. *Schizophr Res* 2022; **241**: 142-148 [*RCA*] [PMID: 35123337 DOI: 10.1016/j.schres.2022.01.043] [FullText]

18 **Greene CA**, Haisley L, Wallace C, Ford JD. Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clin Psychol Rev* 2020; **80**: 101891 [*RCA*] [PMID: 32745835 DOI: 10.1016/j.cpr.2020.101891] [FullText]

19 **Roberts R**, O'Connor T, Dunn J, Golding J; ALSPAC Study Team. The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child Abuse Negl* 2004; **28**: 525-545 [*RCA*] [PMID: 15159068 DOI: 10.1016/j.chiabu.2003.07.006] [FullText]

20 **Lomanowska AM**, Boivin M, Hertzman C, Fleming AS. Parenting begets parenting: A neurobiological perspective on early adversity and the transmission of parenting styles across generations. *Neuroscience* 2017; **342**: 120-139 [*RCA*] [PMID: 26386294 DOI: 10.1016/j.neuroscience.2015.09.029] [FullText]

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