

ADHD and Autism in the Family

Intersections of Child and Parental Experiences

Maria Davidsson

Gillberg Neuropsychiatry Centre
Institute of Neuroscience and Physiology
Sahlgrenska Academy, University of Gothenburg



UNIVERSITY OF GOTHENBURG

Gothenburg 2026

Cover illustration by Nora Brattberg

© Maria Davidsson 2026
maria.davidsson@gu.se

ISBN 978-91-8115-497-9 (PRINT)
ISBN 978-91-8115-498-6 (PDF)

Printed in Borås, Sweden 2026
Printed by Stema Specialtryck AB



To my family
You are my home.

ADHD and Autism in the Family

Intersections of Child and Parental Experiences

Maria Davidsson

Gillberg Neuropsychiatry Centre, Institute of Neuroscience and Physiology
Sahlgrenska Academy, University of Gothenburg
Gothenburg, Sweden

ABSTRACT

Aims: Through four studies, the thesis examines parenting stress, adverse childhood experiences (ACEs), parental conflict tactics, and the clinically recognized profile of extreme demand avoidance (EDA). The overall aim is to deepen the understanding of how neurodevelopmental disorders (NDDs) relate to family well-being and parent-child interactions. **Methods:** In studies I-III, families were recruited from the Child and Adolescent Psychiatry (CAP) clinic in Region Jönköping (sites in Jönköping and Värnamo), together with the Child Neuropsychiatric Clinic in Gothenburg. Parents and children 8-18 years old with ADHD or ASD were interviewed separately, and parents completed self-report questionnaires. Study IV was conducted at the Child Neuropsychiatric Clinic in Gothenburg and the CAP clinics in Lund and Hässleholm. Questionnaires were completed by parents of children aged 7-17 years with suspected NDDs. **Results:** In study I, both mothers and fathers reported high parenting stress. Maternal stress was related to maternal NDD traits and poorer child psychosocial functioning, independent of family- and child-related factors. In study II, mothers reported more ACEs than fathers. Maternal – but not paternal – ACEs were associated with greater child difficulties and more maternal NDD traits, suggesting intergenerational transmission of adversity. In study III, most parents used non-violent conflict strategies, though psychological aggression was relatively common. Compared with controls, fathers of children with NDDs reported significantly higher levels of aggressive strategies. Maternal ADHD traits were linked to more frequent use of both non-violent and aggressive strategies, and maternal aggression predicted more child behavior problems. In study IV, EDA traits were dimensionally distributed and associated with higher general NDD symptoms. Higher levels of parenting stress were reported by parents of

children with elevated EDA traits. **Conclusions:** The findings highlight the need for a systemic, family-centered approach in child psychiatry, acknowledging parenting stress, parental NDD traits, and ACEs alongside the child's function and symptoms. Supporting parental functioning is essential for a more effective, holistic treatment of children with NDDs.

Keywords: neurodevelopmental disorders, parenting stress, adverse childhood experiences, conflict tactics, parental NDD traits, child psychosocial function, extreme demand avoidance

ISBN 978-91-8115-497-9 (PRINT)

ISBN 978-91-8115-498-6 (PDF)

SAMMANFATTNING PÅ SVENSKA

Trots omfattande forskning om neuropsykiatriska funktionsnedsättningar (NPF) finns kunskapsluckor kring hur dessa tillstånd påverkar och påverkas av familjekontexten. Denna avhandling syftar till att, i familjer med barn med NPF, undersöka (I) aspekter av föräldrastress och dess koppling till föräldrars egna drag av NPF, (II) sambandet mellan negativa barndomsupplevelser hos föräldrar och barn samt koppling till föräldrars drag av NPF, (III) hur föräldrar till barn med NPF hanterar konflikter i jämförelse med föräldrar till barn utan NPF, samt (IV) att beskriva en klinisk grupp barn med extremt kravundvikande beteende och undersöka kopplingar till barnets symtom och funktion samt föräldrastress. Till studie I-III rekryterades deltagare (föräldrar och barn i ålder 8–18 år som nyligen genomgått en neuropsykiatrisk utredning) vid BUP region Jönköpings län (öppenvårdsmottagningarna Jönköping och Värnamo), samt vid Enheten för barnneuropsykiatri i Göteborg. Till studie IV rekryterades deltagare (föräldrar till barn i åldern 7–17 år) vid Enheten för barnneuropsykiatri i Göteborg samt vid de barnpsykiatriska mottagningarna i Lund och Hässleholm. Resultat från studie I visade att både mammor och pappor rapporterade höga nivåer av föräldrastress, där mammor i föräldrapar upplevde mer stress än papporna. Mammors stress var kopplad till både egna NPF-drag och barnets psykosociala funktion. Studie II visade att mammor rapporterade fler negativa barndomsupplevelser än pappor samt att det fanns ett samband mellan mammors negativa barndomsupplevelser och deras NPF-drag. Studie III visade att föräldrar till barn med NPF främst använde icke-våldsamma strategier för att lösa konflikter. Pappor till barn med NPF använde dock mer psykologisk aggression och fysiskt våld än pappor till barn utan NPF. Mammors ADHD-drag var kopplade till icke-våldsamma konfliktlösningsmetoder och psykologisk aggression, medan inga samband fanns mellan pappors NPF-drag och konfliktstrategier. Slutligen, i studie IV, visades att extremt kravundvikande beteende var kontinuerligt fördelat och relaterat till fler neuropsykiatriska symtom och till lägre psykosocial funktion. Föräldrar till barn med höga drag av extremt kravundvikande beteende rapporterade höga nivåer av stress. Sammantaget understryker resultaten från de fyra studierna vikten av ett systematiskt och mångdimensionellt angreppssätt inom barnpsykiatrin, där både barnets individuella svårigheter och familjens dynamik beaktas. Ett helhetsperspektiv möjliggör mer träffsäkra, familjecentrerade interventioner som inte enbart fokuserar på barnet, utan även på föräldrars resurser och behov för att främja hållbara förändringar.

LIST OF PAPERS

This thesis is based on the following studies, referred to in the text by their Roman numerals.

- I. Davidsson, M., Oldmark, M., Hagberg, B., Gillberg, C., & Billstedt, E. (2025). Parenting Stress and Neurodevelopmental Disorders: the Associations of Parental Factors and Child Psychosocial Functioning. *Journal of Child and Family Studies*, 34(4), 883-894.
- II. Davidsson, M., Ringström, F., Hagberg, B., Gillberg, C., & Billstedt, E. (2025). Adverse Childhood Experiences in Children with Neurodevelopmental Disorders and their Parents. *Nordic Journal of Psychiatry*, 79(3), 185-193.
- III. Davidsson, M., Hagberg, B., Ahlström, L., Hultmann, O., Gillberg, C., & Billstedt, E. Parenting a Child with a Neurodevelopmental Disorder: Parental Tactics in Conflicts with the Child. *In Manuscript*.
- IV. Mårland, C., Davidsson, M., Larsson, Y., Claesdotter, E., Johnson, M., Gillberg, C., Hofvander, B., & Billstedt, E. Extreme or Pathological Demand Avoidance Characteristics in a Clinical Sample of Children. *In Manuscript*.

CONTENTS

Sammanfattning på svenska	vii
List of papers	ii
Contents.....	iii
Abbreviations	vi
1 Introduction.....	1
1.1 Neurodevelopmental traits and disorders.....	2
1.1.1 Autism spectrum disorder (ASD).....	2
1.1.2 Attention-deficit/hyperactivity disorder (ADHD).....	3
1.1.3 The Neurodevelopmental diagnostic assessment.....	3
1.1.4 Additional challenges.....	4
1.2 Parenting children with ADHD or Autism	8
1.2.1 Parenting stress.....	8
1.2.2 Impact on work life and financial stability	10
1.2.3 Effects on family relationships.....	10
1.2.4 Conflict management	11
1.2.5 Social support and peer networks	12
1.2.6 Support and intervention programs for parents of children with NDD	13
1.3 Neurodevelopmental disorders in the family.....	14
1.3.1 Genetics.....	14
1.3.2 NDDs in adulthood	14
1.3.3 Parents with NDD traits or diagnosis.....	14
2 Aims	17
3 Patients and Methods	18
3.1 Procedure	19
3.1.1 Study I, III and III	19
3.1.2 Study IV	19
3.2 Participants.....	21
3.2.1 Study I, III, and III	21

3.2.2	Study IV	21
3.3	Instruments	22
3.3.1	Swedish Parenthood Stress Questionnaire (SPSQ).....	22
3.3.2	The ACE Study Questionnaire.....	22
3.3.3	UPP	22
3.3.4	The Autism Symptom SELF-Report for Adolescents and Adults (ASSERT).....	23
3.3.5	The ADHD Rating Scale (ADHD-RS).....	23
3.3.6	The Children’s Global Assessment Scale (C-GAS)	24
3.3.7	The Strengths and Difficulties Questionnaire (SDQ).....	24
3.3.8	The Extreme Demand Avoidance Questionnaire (EDA-Q)	24
3.3.9	The ESSENCE-Q.....	25
3.4	Statistical analyses and methods.....	26
3.4.1	Study I.....	26
3.4.2	Study II.....	26
3.4.3	Study III	27
3.4.4	Study IV.....	27
3.5	Ethical considerations.....	28
3.5.1	Ethical approval and consent	28
3.5.2	Participant well-being and emotional distress	28
3.5.3	Legal and ethical duty to report concerns for child welfare	29
4	Results.....	30
4.1	Study I.....	30
4.2	Study II	32
4.3	Study III.....	33
4.4	Study IV.....	34
5	Discussion.....	35
5.1	Aims revisited.....	35
5.2	Parenting stress	36
5.3	NDD traits in parents.....	38

5.4	Adverse childhood experiences	40
5.5	Parenting behavior and conflict tactics	42
5.6	Associations between child characteristics and parenting dynamics...	45
5.7	Mothers and fathers.....	47
5.8	Methodological considerations	48
6	Conclusions.....	49
7	Future perspectives	51
	Acknowledgement.....	52
	References	55

ABBREVIATIONS

ACEs	Adverse Childhood Experiences
ADHD	Attention-Deficit/Hyperactivity Disorder
ADHD-RS	ADHD Rating Scale
ASD	Autism Spectrum Disorder
ASSERT	Autism Symptom SElf-RepOrT for adolescents and adults
C-GAS	Children’s Global Assessment Scale
CAP	Child and Adolescent Psychiatry
EDA	Extreme Demand Avoidance
EDA-Q	Extreme Demand Avoidance Questionnaire
ESSENCE	Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations
FTF-R	The Five to Fifteen-R questionnaire
NDDs	Neurodevelopmental Disorders
SDQ	Strengths and Difficulties Questionnaire
SPSQ	Swedish Parental Stress Questionnaire
UPP	Uppfostringsmetoder
WISC-5	Weschler Intelligence Scale for Children – fifth edition

ChatGPT (OpenAI) was used to check spelling and grammar. All content and interpretations are the author's own.

1 INTRODUCTION

Neurodevelopmental disorders (NDDs), such as Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD), are a group of early-onset conditions characterized by developmental difficulties affecting cognitive, social, and behavioral functioning, often persisting into adulthood (Billstedt et al., 2005; Thapar et al., 2017). ADHD and ASD are among the most common NDDs in child psychiatric populations and frequently co-occur with other psychiatric conditions, imposing substantial challenges on daily life for both affected individuals and their families (Gillberg, 2010). Behavioral profiles characterized of extreme avoidance of everyday demands, overlap with, or are influenced by NDD, and might also place considerable strain on those affected and their families. Over recent decades, research on the core symptoms and developmental trajectories of ADHD and ASD has expanded considerably. However, important gaps remain in understanding the broader context in which ADHD and ASD manifest—particularly regarding family functioning, parental mental health, and intergenerational influences.

NDDs are highly hereditary (Gidziela et al., 2023; Lichtenstein et al., 2010) and research shows that there is an increased likelihood that one or both parents may share similar traits or experience related challenges (Epstein et al., 2000; Oppenheimer et al., 2024). Parents of children with NDDs also frequently face elevated stress, complex caregiving demands, and a heightened risk of mental health problems (Alrahili, 2023; Craig et al., 2016; Hoyle et al., 2021). Yet research exploring how parental NDD traits interact with these challenges is still limited. Existing knowledge about family dynamics is frequently based on studies focusing on either the child or the parent in isolation, or on samples that may not represent families seeking clinical support. In particular, the interplay between parenting stress, adverse childhood experiences, and parental strategies for managing conflict remains underexplored.

This thesis approaches these gaps by examining the family context of children with NDDs from multiple perspectives. By integrating information about both parental and child characteristics, it aims to offer a fuller understanding of family life when a child has ADHD and/or ASD.

1.1 NEURODEVELOPMENTAL TRAITS AND DISORDERS

In the DSM-5, the diagnostic categories of ADHD, ASD, intellectual disability, communication disorders, specific learning disorders, and motor disorders are all recognized as NDDs (APA, 2013). In recent years, the understanding of NDDs has evolved toward a more integrative and dimensional approach, and one significant contribution in this regard is the concept of ESSENCE (Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations) introduced by Christopher Gillberg (2010). ESSENCE serves as an umbrella term for difficulties that often co-occur and interact, highlighting the complexity and heterogeneity of these conditions. The neurodevelopmental difficulties frequently manifest in early childhood and rarely present in isolation. Rather, children who exhibit one type of developmental concern often show signs of additional challenges across multiple domains (Gillberg, 2010; Gillberg et al., 2013).

Strong evidence supports the view that ADHD, ASD and other NDDs, exist along a continuum rather than as discrete categories. The symptoms of ADHD and ASD manifest along a spectrum, and even subclinical levels can be linked to impairments (Rutter, 2013; Thapar & Cooper, 2016). Trait levels in the general population are associated with the same genetic and environmental influences that underlie clinical diagnoses (Levy et al., 1997; Martin et al., 2014; Robinson et al., 2016). Still, categorical diagnoses remain clinically useful in specific contexts, such as when treatment decisions must be made (Rutter, 2011).

1.1.1 AUTISM SPECTRUM DISORDER (ASD)

ASD involves challenges in social communication and interaction, as well as restricted and repetitive behaviors and atypical sensory processing. The expression of ASD varies widely between individuals, ranging from those who require daily support to those who live independently. The etiology of ASD is multifactorial, with both genetic and environmental influences contributing (World Health Organization, 2023). Prevalence estimates suggest that around 1 in 100 children worldwide are diagnosed (Zeidan et al., 2022).

Early symptoms can often be detected during the toddler years, but many children are not diagnosed until school age or later, especially when symptoms are less pronounced or co-occur with other developmental difficulties. ASD

often co-occurs with other conditions, such as intellectual disability, ADHD, anxiety, sleep problems, or epilepsy, which may further complicate daily functioning and increase the need for support (World Health Organization, 2023).

1.1.2 ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

ADHD is defined as a pattern of inattention, disorganization, hyperactivity, and impulsivity (Faraone et al., 2015). Globally, ADHD is one of the most common psychiatric disorders in children and adolescents, affecting roughly 5-7% (Salari et al., 2023). Age, sex, and socioeconomic status influence the reported prevalence. It is more frequently diagnosed in males (Polanczyk et al., 2007), and children from lower-income families are more likely to receive an ADHD diagnosis (Larsson et al., 2014) – although the findings may reflect the heritability of ADHD and its impact on academic and occupational attainment. Ethnicity does not appear to affect true prevalence, but disparities in diagnosis and treatment may arise due to systemic barriers and referral patterns that disproportionately affect certain ethnic groups (Lingineni et al., 2012; Zwirs et al., 2007).

1.1.3 THE NEURODEVELOPMENTAL DIAGNOSTIC ASSESSMENT

A neurodevelopmental diagnostic assessment is a comprehensive, multidisciplinary evaluation to identify neurodevelopmental difficulties in children. Guided by the ESSENCE framework (Gillberg, 2010), the assessment does not focus on a single diagnosis, but instead aims to capture the full range of developmental challenges a child may experience across multiple domains – communication, social interaction, attention, motor coordination, behavior, and emotional regulation. Because neurodevelopmental problems often overlap or co-occur, the ESSENCE approach emphasizes the importance of assessing broad symptom patterns rather than adhering strictly to categorical diagnostic criteria.

The assessment typically involves collaboration between professionals from various fields, including child psychiatry, pediatrics, psychology and speech and language therapy. It includes clinical interviews with caregivers, structured observations of the child, developmental history, standardized tests, and rating scales.

The assessment serves not only as a diagnostic tool, but also as a foundation for tailored intervention planning. By identifying a child's unique profile of strengths and difficulties, the assessment supports the development of individualized supports that consider both neurodevelopmental and psychosocial needs.

1.1.4 ADDITIONAL CHALLENGES

Research on secondary consequences of ADHD and ASD has shown that children with NDDs face not only challenges related to their core condition, but also significant emotional, social, and behavioral difficulties, often interfering with everyday functioning (Missiuna et al., 2014).

1.1.4.1 ACADEMIC CHALLENGES

School-age children and adolescents with ASD and ADHD often face academic challenges, beyond those explained by cognitive ability alone, and academic underachievement has been commonly reported among children with NDD. The academic struggles often emerge early and can persist across schooling years if unaddressed. For example, children with ADHD or ASD have been found to perform worse than children with no NDD on tests of reading, attention and processing speed (Mayes & Calhoun, 2007), children with ASD are often rated by teachers as showing lower academic motivation (Keen et al., 2023), and rigid thinking and social-communication challenges may further complicate classroom learning (Estes et al., 2011). Also, ADHD symptoms and impaired executive functioning has been found to predict lower educational functioning (Jensen et al., 2025), and children with ADHD show worse school performance than children without ADHD (Ceyhan & Akyurek, 2025).

1.1.4.2 SOCIAL AND ADAPTIVE FUNCTIONING

In addition to academic difficulties, many children and adolescents with ADHD or ASD experiences struggles with social interactions and adaptive behavior. A substantial body of research in social cognition has shown that many individuals with ASD exhibit challenges in Theory of Mind, the ability to infer and attribute the mental states of others (Baron-Cohen, 1989). Children with ASD have been found to have smaller social networks compared to their typically developing peers, experience lower rates of reciprocated friendships, report friendships of poorer quality (Kasari et al., 2011), and are more frequently subjected to peer rejection (Feldman et al., 2022).

Deficits in social communication are core characteristics of ASD, and ADHD-related inattention, hyperactivity, and impulsivity may also interfere with the developmental and maintenance of positive peer relationships. ADHD symptoms have linked to difficulties with peer relationships and social acceptance (Berenguer Forner et al., 2017). Moreover, research has shown that difficulties with impulse control among adolescents with ADHD can uniquely predict increased conflicts in peer relationships, greater association with high-risk peers, as well as heightened aggression and victimization (McQuade et al., 2024). Children with ADHD – regardless of gender – tend to be less socially preferred by peers, have fewer dyadic friendships, and are more frequently subjected to social rejection (Hoza et al., 2005).

Furthermore, individuals with ASD consistently show significantly lower levels of adaptive functioning – a range of skills related to personal independence, community participation, self-care, communication, and social independence – compared to their same-age peers in the general population. A mismatch between cognitive ability and adaptive functioning has been observed in this group, suggesting that intellectual potential does not necessarily translate into everyday competence (Kraeper et al., 2017). In children with ADHD, difficulties with adaptive functioning have been linked to inattention, underscoring the importance of attention in managing day-to-day tasks (Zheng et al., 2025). Importantly, children with co-occurring ADHD and ASD tend to face ever greater challenges in daily functioning than those with only one disorder (Scandurra et al., 2019; Sikora et al., 2012).

1.1.4.3 ANXIETY AND DEPRESSION

Research suggests that children with ADHD and ASD face a higher risk of co-occurring mental health disorders, particularly anxiety and depression (Accardo et al., 2024; Ivanović, 2021; Lai et al., 2019). For example, a recent meta-analysis (Zhang et al., 2025) revealed that ADHD in children and adolescents is associated with a higher likelihood of both depressive disorders and anxiety-related conditions, such as specific phobia, social phobia, and agoraphobia, compared to peers without ADHD. In individuals with ASD, approximately 11% have been found to experience depression (Lai et al., 2019)– a rate nearly four times higher than that of typically developing peers (Hudson et al., 2019). Additionally, around 20% of individuals with ASD meet criteria for an anxiety disorder (Lai et al., 2019).

Several studies have found elevated rates of self-injurious behavior and suicidal ideation in children and adolescents with NDD, particularly among

those with co-occurring depression or anxiety (Gagliano et al., 2024). A large population-based study (Kirby et al., 2019) reported significantly higher suicide mortality rates among individuals with ASD, especially females. Similarly, youth with ADHD show a higher likelihood of suicidal behavior and self-harm compared to their peers (James et al., 2004).

1.1.4.4 ADVERSE CHILDHOOD EXPERIENCES (ACES) AND TRAUMA

Children are generally at greater risk of maltreatment than adults due to their dependence on caregivers – a vulnerability that is particularly pronounced in children with NDD. Additional factors, such as social isolation, family stress, and communication difficulties, further increase the risk of maltreatment and these challenges are more commonly observed in children with disabilities (Howlin & Clements, 1995; Sullivan & Knutson, 2000).

Given the heightened vulnerability, it is not surprising that research also shows that children with NDD are at increased risk of adverse childhood experiences (ACEs) and related trauma (Dinkler et al., 2017; Hartley et al., 2024; Zhang et al., 2022). ACEs refer to potentially traumatic experiences, such as abuse, neglect, or household dysfunction, that occur before the age of 18. The landmark study by Felitti and colleagues in 1998 (Felitti et al., 1998) demonstrated an association between ACEs and the development of physical health problems and chronic disease. Subsequent research has shown that the negative consequences of ACEs can manifest as early as childhood, including difficulties in language and literacy, mathematical challenges, attention deficits, and impaired social functioning (Jimenez et al., 2016), as well as externalizing behaviors, such as aggression, and internalizing problems, including anxiety and depression (Hunt et al., 2017). Previous research also suggest that ACEs affects individuals across sociodemographic backgrounds, with certain groups facing a higher risk of exposure, and that emotional abuse are the most frequently reported ACE, followed by parental separation or divorce (Merrick et al., 2018)

Evidence suggests that individuals with ASD are more than twice as likely to experience at least one ACE, with bullying and peer-related violence being particularly prevalent (Hartley et al., 2024). Social communication difficulties and atypical behavioral patterns may contribute to peer rejection, social isolation, and increased vulnerability to abuse – factors that are often linked to being perceived as “different” (Humphrey & Hebron, 2015).

A strong association also exists between ACEs and ADHD. Individuals with a history of ACEs are approximately 1.7 times more likely to be diagnosed with ADHD versus individuals without such experiences. Furthermore, a dose-response relationship has been identified, whereby exposure to one, two, or three or more ACEs increase the likelihood of ADHD diagnosis by factors of 1.5, 2.0, and 2.9 respectively, highlighting the cumulative impact of multiple ACEs on neurodevelopmental vulnerability (Zhang et al., 2022).

Although psychological trauma and ACEs are related, they are not synonymous. Trauma refers to the emotional, cognitive, and physiological responses to an event perceived as overwhelmingly threatening or harmful. The core aspect of trauma is its subjective nature, meaning that individuals may respond very differently to the same event (Olf et al., 2025). In contrast, the ACEs framework is primarily used to quantify exposure to childhood adversity (Felitti et al., 1998); not all ACEs necessarily result in trauma, and not all childhood trauma is captured within the ACEs categories.

Children with NDD may be particularly susceptible to the harmful effects of ACEs. This increased vulnerability may stem from barriers to accessing trauma-informed care (Kerns et al., 2015), as well as evidence suggesting that ACEs are associated with delays in diagnosis and initiation of treatment for children with NDD (Berg et al., 2018; Hoover & Kaufman, 2018). Trauma-related psychopathology frequently co-occurs with both ADHD and ASD. Children and adolescents with ADHD have a significantly greater risk of PTSD than control groups, as reported in a meta-analysis of 22 studies (Spencer et al., 2016). Similarly, a large retrospective cohort study reported that children and adolescents with ASD had a 25-fold increased risk of developing PTSD or acute stress disorder compared to peers without ASD (Li et al., 2024).

1.1.4.5 EXTREME DEMAND AVOIDANCE

Among the challenges observed in children with NDD, extreme demand avoidance (EDA) has emerged as a particularly complex and impairing behavioral profile. EDA is characterized by an intense resistance to everyday demands, often expressed through strategic avoidance, anxiety-driven outbursts, and a strong need for control (O’Nions et al., 2014). Although not formally recognized as a distinct diagnosis, EDA traits are increasingly acknowledged in clinical settings, particularly among children with ASD (Gillberg et al., 2015). These patterns of behavior can substantially disrupt daily functioning and social participation, often resulting in strained peer

interactions and difficulties in forming and maintaining relationships (O’Nions et al., 2014).

1.2 PARENTING CHILDREN WITH ADHD OR AUTISM

Parenting children with NDD involves navigating a complex and often demanding landscape. Many children need support from the healthcare system, and involvement from parents or caregivers is crucial in getting access to the interventions and support they need. After diagnosis, families must coordinate services from various providers and settings, including those within the education system.

1.2.1 PARENTING STRESS

In research on families of children with NDDs, parenting stress has been a central focus. In its simplest definition, parenting stress is the feeling of psychological strain that arises from the demands and responsibilities of being a parent (Deater-Deckard, 1998). In their transactional model of stress, Lazarus and Folkman (1984) explain that stress emerges from the interaction between an individual and their environment. When a person perceives that external demands exceed their available recourse, they initiate coping strategies to re-establish balance. If these strategies are ineffective or insufficient to meet the demands, stress results. A key point is that stress is experienced uniquely by each person and is therefore subjective. Similarly, parenting stress can occur when a parent is unable to regain functioning after encountering a parenting-related stressor – such as a child’s challenging behavior – using their usual coping strategies.

Although developed some time ago, Abidin’s theory (Abidin, 1990) on parenting stress remains highly influential in the field. The model groups the sources of parenting stress into three main domains: parent, child, and situational. The parent domain covers aspects of parental functioning and personal disposition, such as perceived competence. The child domain encompasses the child’s temperamental and behavioral characteristics, including adaptability. The situational domain relates to contextual factors, including access to social support and experiences of isolation.

Studies consistently show that parenting children with NDDs is associated with higher parenting stress than raising children without NDDs (Craig et al., 2016;

Theule et al., 2013). In a sample of mothers of children on the autism spectrum, approximately 70% reported clinically significant parenting stress. Mothers reported more stress when their children had greater social difficulties, and in contrast, mothers with higher parental self-efficacy and greater perceived social support experienced less stress (Li et al., 2022). In a daily diary study, it was observed that mothers of adolescents and adults with ASD were about three times more likely to face a stressful event on any given day, compared to mothers of children without disabilities, with negative consequences on the mothers emotional and physical well-being (Smith et al., 2010). The pattern of chronic stress in parents of children with NDD is consistent with findings in caregiver burnout and post-traumatic stress disorder (Smith et al., 2014).

According to a meta-analysis by Theule et al. (2013), caregivers of children diagnosed with ADHD report significantly higher levels of parenting stress than those whose children do not have a clinical diagnosis. Additionally, parenting stress was greater when children exhibited more severe ADHD symptoms. Factors such as co-occurring conduct problems and parental depressive symptoms further contributed to higher levels of stress, reflecting the complex interaction between child characteristics and parental well-being. It was also found that, compared to other clinical conditions, parenting-related stress in families of children with ADHD were not significantly higher, except within the child domain, suggesting that part of the parenting stress within this parent group may be related to factors common across clinical diagnoses (e.g. genetic influences, financial strain, and time demands related to care and support).

Research suggests that parents of children with ADHD or ASD are more likely to experience problems with their physical health. For example, Whittaker and Gallagher (2019) found that caregiving-related stress can negatively affect physical health, partly through dysregulation of stress hormones and immune function. A recent study by Ku and Ghim (2025) examined physical health among caregivers of children with NDD, and the results showed that caregivers of children with ADHD were more likely to experience several health conditions, including arthritis, asthma, high cholesterol, diabetes, heart problems, hypertension, neck pain, and obesity. Parents of children with ASD also had a higher likelihood of back pain and obesity, relative to parents of children without ADHD or ASD.

1.2.2 IMPACT ON WORK LIFE AND FINANCIAL STABILITY

Parents of children with NDD often adapt their work life and financial arrangements to meet their child's needs. Research indicates that many parents - especially mothers - adjust their working hours or employment arrangements to meet the increased caregiving demands associated with their child's needs (Cidav et al., 2012; Zhao et al., 2019). This adjustment frequently results in lower household income and greater financial stress. For example, ten years after their child's birth, parents of children with ADHD have a 7-13% lower participation in the workforce, and also face greater challenges related to socioeconomic status (Kvist et al., 2013).

1.2.3 EFFECTS ON FAMILY RELATIONSHIPS

Although raising a child with NDD is often linked to high stress levels and challenges related to communication and behavior, many parents report experiencing a strong and meaningful bond with their child. In fact, studies suggest that mothers of children with ASD often describe feeling a closer connection to their child than mothers of typically developing children (Montes & Halterman, 2007). However, having a child with NDD impacts not only the primary caregivers, but also the overall family dynamics.

Balancing the role of parent and partner can be particularly demanding when additional time and effort are required in caregiving. Consequently, parents of children with NDD often report lower relationship satisfaction (Brobst et al., 2009), higher levels of marital conflict (Sim et al., 2016), and higher divorce rates (Hartley et al., 2010), versus parents of children without NDD.

Having a sibling with NDD have been studied less than the experience of raising a child with NDD, although several studies report that the relationship is affected when a brother or sister has an NDD (Chu et al., 2023; Jones et al., 2019; King et al., 2016; Kirchhofer et al., 2022; Tsai et al., 2018). For example, many siblings of autistic individuals experience feelings of uncertainty and anxiety within their relationships, which can lead to both physical and emotional distancing. Caregiving responsibilities often fall disproportionately on sisters, responsibilities that can be demanding and sometimes lack clear boundaries (Trew, 2024). Furthermore, siblings to children with ADHD have reported receiving less family support, experiencing lower family cohesion, and facing more family conflict compared to control groups, as well as poorer quality of life and resilience (Orm & Fjermestad, 2021). Despite the

challenges, many siblings describes their relationship with a brother or sister who has an NDD as closer and more meaningful (Chu et al., 2023), highlighting the complexity and diversity of family experiences in these contexts.

1.2.4 CONFLICT MANAGEMENT

Children's development is influenced by parents in several ways: through everyday interactions, structuring and shaping of the child's environment, and by the behaviors they model for engaging with others. Both the parent and the child play an active role in shaping this relationship - children's way of communicating and interacting, together with how parents responds to their cues, jointly influence developmental outcomes (Kiff et al., 2011). Importantly, these reciprocal exchanges also form the foundation for attachment, as consistent and sensitive responses to a child's needs promote secure attachment, whereas inconsistency or negative responses may contribute to more insecure patterns of relating (Ainsworth et al., 1978; Bowlby, 1982 ; Fearon et al., 2010). This link holds particular relevance in relation to NDDs, where children's atypical social communication or heightened behavioral challenges can place additional demands on caregivers and, in turn, shape the strength and characteristics of the attachment relationship (Dekkers et al., 2021; Teague et al., 2017).

Stress, whether in the form of parenting demands or challenges posed by the child's behavior, has shown a relationship with the use of harsher or less supportive parenting practices (Shawler & Sullivan, 2017). Harsh parenting is defined as coercive behaviors and displays of unpleasant or distressing emotions toward the child, ranging from hostile or aggressive verbal behavior (such as shouting or scolding) to physical forms of aggression (such as smacking or spanking). It is viewed as a continuum, with child maltreatment at the most severe extreme (Gershoff, 2002).

In general populations, children exposed to harsh parenting tend to show more conduct problems, aggression, hyperactivity, and inattentiveness (Bender et al., 2007; Taylor et al., 2010; Vostanis et al., 2006). In the context of NDDs, a systematic review and meta-analysis examined several family-related factors, including aspects of parenting behavior (such as sensitivity and warmth, intrusive or reactive behaviors, and the use of harsh discipline), child maltreatment and the status of the parental relationship. All factors were associated with ADHD outcomes, with sensitivity and warmth being the only factor inversely related (Claussen et al., 2024). In the UK Millennium Cohort

Study, bidirectional associations were identified between children's hyperactivity/impulsivity and harsh discipline – children's behaviors were found to increase the use of harsh discipline, while such disciplinary strategies contributed to higher levels of hyperactivity and inattention (Speyer et al., 2022). It was also found that children with ASD who experienced harsh parenting exhibited higher levels of behavioral problems, particularly externalizing problems (Cronshaw & Midouhas, 2024).

Research on parenting and NDD have examined primarily families with children diagnosed with NDD, without considering that many parents in these families also may display higher levels of NDD symptoms themselves. Also, several researchers have suggested that the limited research on how parents might influence the development of their children with NDD, especially ASD, goes back to the “refrigerator parent” theory (Bettelheim, 1967) that connected the child's impaired social and emotional functioning to a lack of warmth and dysfunctional parent-child relationship, and the fear that focusing on this subject could further contribute to the sense of guilt already experienced by many parents of children with NDD, making them worry about how they might have better helped their child (Baker et al., 2011). Simultaneously, it is important to recognize that exploring parental influences does not mean placing blame on families. Instead, it can help us better understand the ways in which everyday interactions and support at home could contribute to children's growth and well-being. Research on this topic may help to highlight positive strategies and provide parents with tools that empower them, rather than burden them with guilt.

1.2.5 SOCIAL SUPPORT AND PEER NETWORKS

Connecting with other parents facing similar challenges and seeking social support is highly valued and may be an effective stress-coping strategy. Peer-support networks provide essential psychological and practical support, improving parental well-being, quality of life, and caregiving capacity (Wong & Shorey, 2022). Recent studies highlight that such support not only reduces perceived stress, but also buffers against mental health difficulties, including anxiety and depression (Lee et al., 2024). Moreover, peer-networks have been linked to increased parental empowerment, benefits in parenting and well-being practices, highlighting their potential role in maintaining parents' long-term caregiving capacity (Chakraborti et al., 2021; Gudka et al., 2023).

1.2.6 SUPPORT AND INTERVENTION PROGRAMS FOR PARENTS OF CHILDREN WITH NDD

A growing number of studies suggests that parenting interventions can effectively lower parenting stress, enhance parent-child communication, and decrease emotional and behavioral difficulties in children with NDDs.

Several studies have shown that mindfulness-based interventions can help reduce stress and improve mental health in parents of children with ASD (Peng et al., 2025). Among parents of children with ADHD, it has been suggested that mindfulness-based parent training can reduce parental stress while also decreasing children's ADHD-related behaviors (Lee et al., 2022).

In a study involving parents of 4-6-year-old children diagnosed with ADHD, the Incredible Years parent and child training programs were associated with reductions in harsh discipline and physical punishment among mothers, although no significant changes in parenting were observed among fathers (Webster-Stratton et al., 2011)

Regarding disruptive or challenging behavior, research indicates that Parent-Child Interaction Therapy can effectively decrease disruptive behaviors in children, enhance positive parent-child communication, improve child compliance and lower parental stress among families with children with ASD (Allen et al., 2023). A recent RCT study (Breider et al., 2024) found that in-person behavioral parent training significantly reduced disruptive behavior (i.e. noncompliance and irritability) among children aged 4-13 years with ASD, and that the improvements maintained for up to six months following the completion of treatment. Also, a randomized controlled trial of PR-ESSENCE, a problem-resolution model for children with ADHD and/or ASD and challenging behavior, has shown improvements in symptoms, functioning, behavior problems, ADHD and ODD symptoms as well as disruptive behavior (Johnson et al., 2023).

However, fewer studies have investigated treatment for parents who themselves have NDD traits. A recent trial targeting parents with ADHD - the IPSA Parent Training - showed significant improvements in parental self-efficacy, along with reductions in parents' perceptions of their child's externalizing behaviors (Lindström et al., 2025).

1.3 NEURODEVELOPMENTAL DISORDERS IN THE FAMILY

1.3.1 GENETICS

NDDs has been found to be highly heritable. Family-based studies estimate heritability to be around two thirds or higher, and moderate genetic correlations between different NDDs suggest the presence of shared genetic risk factors (Gidziela et al., 2023; Lichtenstein et al., 2010). Consistent with this genetic overlap, ADHD and ASD often occur in families, both as traits and clinical diagnoses, as demonstrated by twin, family and genetics studies. This suggests that if a child has a condition within the NDD spectrum, there is an increased chance that a sibling, or one or both parents experience similar traits or challenges (Epstein et al., 2000; Miller et al., 2019; Oppenheimer et al., 2024).

1.3.2 NDDS IN ADULTHOOD

NDDs are increasingly recognized as conditions that can persists across the lifespan, including into adulthood and parenthood. Even though many children with ADHD no longer meet the full diagnostic criteria when they reach adulthood – the prevalence of ADHD in adults has been estimated at approximately 2.5% (Simon et al., 2009) – about two-thirds of individuals with childhood ADHD continue to experience clinically significant impairments due to subthreshold symptoms (Faraone et al., 2006). Similarly, ASD is increasingly understood as a lifelong condition, although its presentation may shift with age. Prevalence estimates indicate that ASD affects approximately 1% of the adult population, with many adults reporting late or missed diagnoses despite longstanding developmental challenges (Brugha et al., 2011; Lai & Baron-Cohen, 2015). Importantly, consistent with its lifelong nature, individuals with ASD continue to face social difficulties, mental health challenges and high stress throughout adulthood (Howlin & Magiati, 2017).

1.3.3 PARENTS WITH NDD TRAITS OR DIAGNOSIS

A large proportion of individuals with NDD go on to become parents, sometimes at a relatively young age (Pagnier & Moualla, 2024; Skoglund et al., 2019; Solberg et al., 2021). Parenthood changes life in many ways, and while it can be full of joy and purpose, it can also be challenging for those with ADHD or ASD.

Parental ADHD traits – both inattention and hyperactivity/impulsivity - are significantly associated with parenting behaviors, including increased harsh and lax parenting, and decreased positive parenting (Park et al., 2017), as well as with more disorganized household environments (Mokrova et al., 2010). These factors can negatively impact how parents and children interact, and, ultimately, children’s well-being (Marsh et al., 2020; Pinquart, 2017). Parents with ADHD report more family conflict relative to neurotypical parents (Biederman et al., 2002), but also lower levels of parental self-efficacy and increased parenting stress (Williamson & Johnston, 2019). Challenging child-rearing situations can contribute to maladaptive thought patterns among parents with ADHD, shaping negative perceptions of themselves as parents, of their child, and of the co-parenting dynamic. Challenges related to emotional regulation and executive functioning, combined with frequent criticism of their parenting, can intensify stress and strengthen these negative thought patterns (Miklósi et al., 2024). Over time, such parental cognitions may undermine effective parenting practices and strain the parent–child relationship (Johnston et al., 2018). Parental ADHD symptoms have additionally been associated with smaller improvements in children’s ADHD symptoms, academic performance, social skills, and overall impairment, as well as reduced effectiveness in parenting practices (Dawson et al., 2016). Parents with ADHD report difficulties maintaining attention during supervision and monitoring, delays in completing routine tasks (such as bedtime or bath time), and challenges with planning and managing practical and organizational demands (such as keeping track of the child’s activities, playdates, and homework). These challenges align closely with the cognitive, self-regulatory, and motivational challenges that are considered central features of ADHD (Weiss et al., 2000). Furthermore, children with ADHD who have parents exhibiting ADHD symptoms have shown to be more likely to have behavioral problems at home, along with more severe ADHD (Ragadran et al., 2023).

Individuals with ASD have shown to encounter a range of challenges related to both the transition to parenthood and the experience of parenting, often rooted in sensory sensitivities and communication difficulties (Pagnier & Moualla, 2024). In a qualitative study involving interviews with autistic mothers – most of whom had children with autism – several shared themes emerged. While the mothers described motherhood as fulfilling and meaningful, they also reported challenges related to managing their children’s needs. They described encountering unique difficulties, including the frequent need to manage and clarify misunderstandings from others (Dugdale et al., 2021). Furthermore, a study comparing mothers with and without ASD (Pohl

et al., 2020) found that autistic mothers reported higher stress, depression, and anxiety in comparison with a control group, yet demonstrated comparable levels of parental confidence and engagement. Mothers with ASD were also more likely to experience difficulties with multitasking and a sense of isolation. Despite these struggles, the mothers consistently prioritized their child's needs over their own. Based on data from 1,373 Japanese parents, a study from 2022 (Saito et al., 2022) found that more autistic traits in parents were related to greater reported parenting difficulties, even when adjusting for the child's age, gender, and emotional or behavioral problems. Specific traits, such as impaired communication and difficulties with attention switching—particularly among mothers—were linked to increased parenting challenges, whereas a heightened attention to detail was associated with fewer reported difficulties.

1.3.3.1 PARENT-CHILD INTERACTIONS

Family member's personalities, actions, and needs often influence and shape one another (Collins et al., 2000). Although parents hold the responsibility for the family and home environment, it is shaped by the qualities of both the parent and the child. In families where both parent and child display NDD traits, the interaction of these traits can shape the family environment in complex ways – sometimes producing positive outcomes, but at other times increasing parenting challenges and complicating parent-child relationships (Deater-deckard, 2017). For example, when both parent and child struggle with self-regulation, managing and de-escalating conflicts or intense emotional expressions can be particularly challenging (Wang et al., 2025; Weiss et al., 2000).

In a study of eight parents with significant ASD traits, parents frequently described an intuitive understanding of their child with ASD needs. Yet they also reported “clashes” when their own needs conflicted with those of their child, particularly regarding sensory sensitivities or emotional regulation. Parents reported various strategies to manage these conflicts, such as prioritizing the child's needs or attempting to de-escalate tense interactions. Nonetheless, some acknowledged moments when they could not meet their child's needs, resulting in cycles of stress and frustration (Marriott et al., 2022). Complementing these findings, research indicates that parents with alexithymia in families of children with ASD tend to have lower family flexibility and cohesion, even when stress is high or family resilience is low (Kosić et al., 2025).

2 AIMS

Despite extensive research on ADHD and ASD, important gaps remain in understanding how these conditions shape and are shaped by the family context. Few studies have examined specific domains of parenting stress and their association with parental NDD traits, the intergenerational transmission of ACEs, and how parents with NDD manage family conflict. Furthermore, EDA is clinically recognized but still poorly understood in relation to child functioning and family stress.

To address these gaps, the central aim of the thesis is to deepen the understanding of family dynamics, parental experiences, and child characteristics within the context of NDDs. The thesis comprises four studies:

- Study I investigates subdomains of parenting stress among both mothers and fathers raising children with ADHD and/or ASD, exploring differences across diagnostic groups and the associations between parenting stress, children's psychosocial functioning, and parental NDD traits.
- Study II explores ACEs of parents and their children, analyzes the relationship between parental and child ACEs, and assesses the influence of parental NDD traits on these experiences and their links to children's socio-emotional and behavioral outcomes.
- Study III focuses on conflict strategies among parents raising children with NDD, comparing these to those of parents whose children do not have NDD, while exploring how parental NDD traits relate to conflict methods and the child's behavioral and emotional characteristics.
- Study IV characterizes a clinical group of children exhibiting EDA, examining its distribution as both dimensional traits and a categorical diagnosis, and investigating associations with intellectual and psychosocial functioning, early NDD symptom, and parenting stress.

3 PATIENTS AND METHODS

Study I, II and III are described together, while setting, methods and participants for study IV are described separately.

Table 1 Study participants and methodological approach

Study	I	II	III	IV
	Parenting stress	Adverse childhood experiences	Conflict tactics	Extreme demand avoidance
Design	Cross-sectional	Cross-sectional	Cross-sectional	Cross-sectional
Participants	86 mothers 37 fathers	86 mothers 37 fathers 48 children	86 mothers 37 fathers 48 children	Parents of 191 children
Age (children)	8-18 years	8-18 years	8-18 years	7-17 years
Instruments	SPSQ ASSERT ADHD-RS C-GAS	ACE Study Questionnaire ADHD-RS ASSERT SDQ	ADHD-RS ASSERT UPP SDQ C-GAS	EDA-Q SPSQ WISC-5 ESSENCE-Q C-GAS

Note ADHD-RS = ADHD Rating Scale, ASSERT = Autism Symptom Self-Report for adolescents and adults, C-GAS = Children's Global Assessment Scale, EDA-Q = Extreme Demand Avoidance Questionnaire, SDQ = Strengths and Difficulties Questionnaire, SPSQ = Swedish Parental Stress Questionnaire, UPP, WISC-5 = Wechsler Intelligence Scale for Children – fifth edition

3.1 PROCEDURE

3.1.1 STUDY I, III AND III

Study I, II and III were performed at the CAP clinic in Region Jönköping (the outpatient units in Jönköping and Värnamo), and at the Child Neuropsychiatric Clinic in Gothenburg. Parents of children between 8 and 18 years old, whose child had received a diagnosis of ADHD or ASD, were eligible for the study. All clinical diagnostic assessments had been conducted in accordance with DSM-5 criteria by interdisciplinary teams comprising at minimum a physician and a psychologist. In every case, supplementary information about the child's functioning and symptoms had been obtained from school staff, and differential diagnoses had been carefully considered to rule out other possible explanations for the child's difficulties.

Families were contacted within two months following the diagnostic assessment with an invitation to take part in the current study. Information on the study was given, and all parents, as well as children 15 years old or older, provided written informed consent. Children younger than 15 years provided verbal assent.

Parents and children were interviewed separately, and the parent completed self-report questionnaires. The parent was not in the room when the child was interviewed. Following participation, relevant diagnostic data, including the neurodevelopmental diagnosis and full-scale IQ, were retrieved from the child's medical records. Although the invitation was addressed to both children and parents, we accepted that only the parent participated in the study.

3.1.2 STUDY IV

Study IV was performed at three healthcare units: the Child Neuropsychiatric Clinic in Gothenburg and the CAP clinics in Hässleholm and Lund. In total, 191 children between the ages of 7 and 17 years participated. The children had been referred for a neurodevelopmental assessment and were recruited early in the clinical process, prior to any confirmed diagnosis.

After receiving oral and written information, all participants provided informed consent. Parents completed questionnaires, and upon completion of the clinical assessment, additional data were obtained from medical records, including diagnostic outcomes, results from Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V, full-scale IQ and primary index scores)

(Wechsler, 2014) and clinicians' rating of the Children's Global Assessment Scale (C-GAS) (Shaffer et al., 1983).

3.2 PARTICIPANTS

3.2.1 STUDY I, III, AND III

A total of 97 patient families participated in studies I-III, comprising 86 mothers, 37 fathers, and 48 children (who took part in study II and III). Among the 97 patients (59 boys, 39 girls), 29% were diagnosed with ASD, 43% with ADHD and 28% with both ASD and ADHD. Mean age of patients were 12 years (SD = 2.80).

Table 2 Participants in study I, II and III

97 families			
Respondent	Both parents (N)	Only mother (N)	Only father (N)
	26	60	11
	Child did participate in interview (N)		
	15	28	5

3.2.2 STUDY IV

Study IV included 191 children aged 7-17 years, of whom 86 were girls, 104 boys and 1 unknown. In most cases (71%), the mother served as the primary informant, while fathers responded in 21% of cases. In a few cases (6%), both parents participated, and for 2% the respondent was not specified. Approximately two thirds (61%) of the parents lived with a partner.

Seventeen children met criteria for the EDA group, based on scores above the EDA-Q cut-off. This subgroup included 9 girls and 8 boys, aged 7-15 years.

3.3 INSTRUMENTS

3.3.1 SWEDISH PARENTHOOD STRESS QUESTIONNAIRE (SPSQ)

Studies I and IV used the SPSQ, a self-report instrument designed to assess stress related to the parental role. It builds on the Parent Domain of Abidin's Parenting Stress Index (Loyd & Abidin, 1985) and contains 34 items across five subscales: Incompetence, Role Restriction, Social Isolation, Spouse Relationship Problems, and Health Problems. Each item is rated on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree", where higher scores correspond to greater perceived stress. A total mean score is calculated, and, although no clinical cut-off has been established, scores above 3.0 can be interpreted as indicative of elevated stress levels (Johansson et al., 2017). Previous studies have demonstrated that the SPSQ have good psychometric properties (Ostberg & Hagekull, 2000; Ostberg et al., 1997).

Parents completed the SPSQ via interview.

3.3.2 THE ACE STUDY QUESTIONNAIRE

The ACE Study Questionnaire was used in study II to retrospectively measure adverse childhood experiences of both parents and children between the ages of 0 and 18. It includes ten categories: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parental separation or divorce, domestic violence, household substance abuse, household mental illness, and incarceration of a household member. These categories can be grouped into three domains: abuse, neglect and family dysfunction. Each endorsed category scores one point, resulting in a total ACE score spanning 0 to 10. Higher scores reflect greater exposure to adverse childhood experiences, with scores at or above four connected with heightened health risks (Felitti et al., 1998).

Parents completed the questionnaire as a self-report, while children were interviewed using the same instrument. All participants reported on their own childhood experiences.

3.3.3 UPP

The UPP (Swedish: Uppfostringsmetoder, English: parenting practices) was used in study III, and is a modified version of the Parent-Child Conflict Tactics Scale (CTS-PC) (Straus & Hamby, 1997), developed to assess harmful

parenting behaviors and child maltreatment. The questionnaire consists of 17 items divided into three domains: non-violent disciplinary strategies, psychological aggression, and physical abuse. Each behavior is rated depending on how often it has occurred using an 8-point scale, with response options 00 = never, 0 = earlier, but not in the last year, 1 = one time, 2 = two times, 3 = 3-10 times, 4 = at least once a month, 5 = several times a month, 6 = every week or almost every week. In the contrast to the original CTS-PC, the UPP excludes items related to very severe physical violence and neglect.

Parents completed the questionnaire as a self-report, while children were interviewed using the same instrument.

3.3.4 THE AUTISM SYMPTOM SELF-REPORT FOR ADOLESCENTS AND ADULTS (ASSERT)

ASSERT is a self-report questionnaire aimed at detecting autistic traits. It includes seven items rated in 3-point scale: 0 = not true, 1 = somewhat true, 2 = certainly true. The instrument has demonstrated validity for screening autistic traits (Posserud et al., 2013). We applied a modified scoring method proposed by Posserud et al. (2013), which increases the weight of the four social items by scoring them 0-2-4 instead of 0-1-2, resulting in a maximum total score of 22. ASSERT was used to assess the presence of autistic-like traits in parents.

Parents completed the questionnaire as a self-report. The ASSERT was used in study I, II and III. Approximately 20% of mothers and 8% of fathers screened positive.

3.3.5 THE ADHD RATING SCALE (ADHD-RS)

The ADHD-RS (Dupaul et al., 1998) was administered as a self-report tool to assess parental ADHD traits in accordance with DSM-5 criteria. The scale includes 18 items – nine targeting inattentive symptoms and nine addressing hyperactivity and impulsivity. Each item was rated by participants according to their present experiences, with response options of yes, no, or don't know. Total scores were used as an indication of ADHD-related traits.

Parents completed the questionnaire as a self-report. The ADHD-RS was used in study I, II and III. On average, mothers in study I-III endorsed 5.1 criteria, while fathers endorsed an average of 3.3 criteria.

3.3.6 THE CHILDREN'S GLOBAL ASSESSMENT SCALE (C-GAS)

C-GAS (Shaffer et al., 1983) is a clinician-rated numerical scale used to assess the general functioning of children within mental health services. The scale ranges from 1 to 100, where higher scores reflect better overall psychosocial functioning. The score places the child within one of ten categories, ranging from requiring constant supervision (scores 1-10) to superior functioning with no significant difficulties (91-100). The scale provides a global estimate of the child's everyday functioning, considering various aspects of psychosocial functioning.

In study I and III, C-GAS was rated by the interviewer using all available information. In study IV, C-GAS was estimated by clinicians involved in the neuropsychiatric assessment and was retrieved from the child's medical record.

3.3.7 THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)

The SDQ is a 25-item screening tool, with items distributed across five subscales: Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, Peer Relationship Problems, and Prosocial Behavior. Each item is scored using a 3-point scale: 0 = not true, 1 = somewhat true, and 2 = certainly true. Subscale scores span from 0 to 10. By summing the scores of four subscales - Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, and Peer Relationship Problems - a Total Difficulties score ranging from 0 to 40 can be derived (Goodman, 1999). Numerous international studies have confirmed the SDQ's construct validity and its usefulness in both clinical practice and research (Lundh et al., 2008; Marzocchi et al., 2004).

The parent-report version for ages 4 to 17 years (without the supplement) was administered to parents through interview. The SDQ was used in study II and III.

3.3.8 THE EXTREME DEMAND AVOIDANCE QUESTIONNAIRE (EDA-Q)

The EDA-Q is a parent-report instrument developed to identify EDA traits in children aged 5 to 17 years. It comprises 26 items on the child's behavior in

the preceding six months, each with four response alternatives: 0 = not true, 1 = somewhat true, 2 = mostly true, and 3 = very true. Age-specific cut-off scores, applicable across genders, have been validated: for children 5-11 years, a score of 50 or above indicates clinically significant EDA-trats, while for adolescents aged 12-17 years, the corresponding cut-off is 45 (O'Nions et al., 2014). The EDA-Q was translated to Swedish through back-and-forth translation.

In study IV, parents completed the EDA-Q as a questionnaire.

3.3.9 THE ESSENCE-Q

The ESSENCE-Q is an early screening instrument, aimed at detecting parents' early worries about developmental or neuropsychiatric difficulties. It consists of 12 items covering a broad range of domains, including general and motor development, sensory processing, communication, activity level, attention, social interaction, receptive behaviors, mood regulation, sleep, feeding, and absences. Each item is rated using three response options: No problem, Maybe, or a little, and Yes, yielding a total score between 0 and 24. The ESSENCE-Q has been shown to possess good diagnostic validity and high sensitivity (Fernell et al., 2016; Hatakenaka et al., 2017).

Parents in study IV completed the ESSENCE-Q in questionnaire form.

3.4 STATISTICAL ANALYSES AND METHODS

All statistical analyses were performed with IBM SPSS. Statistical significance was defined as $p < 0.05$, except in study III regarding regression analyses where the significance threshold was corrected using Bonferroni adjustment and set at $p = 0.0167$.

3.4.1 STUDY I

Categorical variables were examined using chi-square tests. Non-parametric methods were applied due to the limited sample size and presence of potential outliers: Mann-Whitney U for independent groups, Wilcoxon Signed Rank Test for paired data, Kruskal-Wallis test for comparisons across multiple groups, and Spearman's rank correlation for correlation analyses.

Multiple linear regression analyses were performed for mothers to examine the relationships between parenting stress, child functioning, and parental NDD traits. Fathers were excluded from these models due to the absence of significant associations between paternal variables and child functioning.

Considering the known comorbidity between ADHD and ASD and given the observed correlation between ADHD-RS and ASSERT scores, a combined measure was generated. This variable was used in the regression models.

Two adjusted regression models were tested, controlling for contextual family factors (household income, social services support, parents' employment status) and child-related variables (age and IQ). Linear regression assumptions were checked and met, and the distribution of unstandardized residuals appeared approximately normal upon examination.

3.4.2 STUDY II

Data was summarized using descriptive statistics. As in study I, non-parametric tests were used to account for the small sample size and to minimize the effects of outliers: Mann-Whitney U test for independent samples, the Kruskal-Wallis test for group comparisons, and Spearman's rho for associations between continuous variables. Analyses of categorical variables were conducted using chi-square tests.

The combined parental NDD-traits variable describes in section 3.4.1 was used in the regression analyses. To examine the relationship between children's SDQ Total Difficulties scores and parental ACE exposure, separate multiple

linear regressions were performed for mothers and fathers. Visual inspection of residuals indicated that the assumption of normality was met.

3.4.3 STUDY III

Descriptive statistics were reported as means with standard deviations for continuous variables and as frequencies with corresponding percentages for categorical variables. Spearman's rank correlations were applied to examine associations, while Mann-Whitney U tests assessed differences across independent reports. Comparisons between mother's and father's reports regarding the same child were performed with Wilcoxon Signed-Rank tests. To explore relationships between parental conflict strategies and child behavioral outcomes, as well as potential moderating effects of parental NDD traits, hierarchical regression models were run. The combined parental NDD-traits variable describes in section 3.4.1 was used in the regression analyses. Bonferroni correction set significance at $p < 0.0167$.

3.4.4 STUDY IV

The distribution of EDA traits in the full sample was examined using descriptive statistics. The Shapiro-Wilk test was conducted to assess the normality of EDA-Q total scores. To identify the most frequent endorsed symptoms, response categories were dichotomized: "Not true" and "Somewhat true" were combined and contrasted with "Mostly true" and "Very true". Items endorsed in the higher response categories by more than 50% of participants were highlighted as the most reported features of EDA.

Associations between dimensional variables were analyzed using Spearman's rank correlation. For categorical comparisons, participants were group based on their EDA-Q total scores: (1) those meeting or exceeding the clinical cut-off (EDA group), and (2) those below the threshold (non-EDA group). Group differences were examined using the Mann-Whitney U test for continuous variables and chi-square for categorical variables.

A linear regression was conducted with EDA-Q total score as the dependent variable and ESSENCE-Q as independent variable. Given the descriptive aim of the study, no corrections for multiple comparisons were made, as such corrections would reduce statistical power and increase the risk of Type II errors.

3.5 ETHICAL CONSIDERATIONS

This research addresses sensitive and emotionally charged topics, and as such, several ethical considerations were carefully accounted for in the design and execution of the study.

3.5.1 ETHICAL APPROVAL AND CONSENT

The research was carried out in accordance with Swedish legislation (Lag 2003:460) and the ethical principles outlined in the Helsinki Declaration of 1975, as revised in 2008. All studies included in this thesis received approval from either the Regional Ethics Committee of Gothenburg (study I-III) or from the Swedish Ethical Review Authority (study IV) prior to initiation. All participants received detailed written and verbal information regarding the study's purpose, their involvement and their rights as participants, tailored to their age and level of understanding. Participation was voluntary, and all participants were made aware that they could withdraw from the study at any time without explanation and without any adverse consequences.

Study I-III: The Regional Ethics Committee of Gothenburg, Sweden (reference nr: 046-17). All parents and children aged 15 years or older provided written consent to participate. For children under the age of 15, verbal assent was collected in addition to parental consent.

Study IV: Swedish Ethical Review Authority (reference nr: 2019-06453). All participants provided informed consent prior to taking part in the study.

3.5.2 PARTICIPANT WELL-BEING AND EMOTIONAL DISTRESS

Given the potentially distressing subject matter, such as recounting traumatic events or ongoing family challenges, the emotional well-being of participants was carefully attended to throughout the research process. Participants were informed that they were not required to answer any questions that made them uncomfortable, and participants were allowed to pause or discontinue at any time.

3.5.3 LEGAL AND ETHICAL DUTY TO REPORT CONCERNS FOR CHILD WELFARE

Under Swedish law, professionals within health and social care are mandated to report to the social services if there is reason to suspect that a child may be at risk of harm (The Social Services Act, chapter 14, section 1). As the interviewers in this study were licensed healthcare professional, this legal obligation applied throughout the research process. Participants were therefore informed that, while confidentiality would be respected and their data anonymized, any information suggesting that a child was currently at risk of harm could trigger a duty to report to social services.

This was communicated clearly in the informed consent process, and participants were made aware that this obligation existed to ensure the safety and rights of children in accordance with Swedish legislation and ethical research practice.

4 RESULTS

4.1 STUDY I

Parenting stress was assessed across several domains, and results were compared both between mothers and fathers who participated individually, and within a subsample of parental dyads. Parents who participated individually reported high levels of parenting stress, with average scores exceeding 3.0 in the domains of Incompetence, Role Restriction, and on the Total scale. Mothers also reported average scores exceeding 3.0 in the domains of Spouse Relationship Problems and Health Problems. Role Restriction was the most stressful domain for both mothers and fathers, while mothers felt least stressed by Social Isolation and fathers by Health Problems. There were no significant differences in stress levels between mothers and fathers participating individually.

In the smaller subsample of mother-father pairs (in families where both parents took part in the study), mothers' scores exceeded 3.0 in the domains of Incompetence, Role Restriction, Health Problems, and on the Total scale, whereas fathers exceeded this threshold only in Role Restriction. Again, both parents identified Role Restriction as the most stressful domain, and Spouse Relationship as the as the least. Comparisons within these dyads revealed that mothers experienced significantly elevated parenting stress relative to fathers in Role Restriction, Health Problems, and on the Total scale. Furthermore, maternal and parental parenting stress showed significant correlations across all domains, indicating shared stress patterns within parental pairs.

Reported parenting stress was consistent across child gender and diagnostic categories. However, child age was positively associated with maternal stress related to Social Isolation. Additionally, mothers with more than three children in the household reported significantly higher stress related to Social Isolation. Maternal parenting stress was negatively associated with the child's psychosocial functioning across all SPSQ subdomains, except for Spouse Relationship Problems. No significant associations were observed between fathers' parenting stress (SPSQ) and child psychosocial functioning (C-GAS), though C-GAS showed a nearly significant relationship with fathers' parenting stress related to Social Isolation.

For mothers, ADHD traits were significantly associated with overall parenting stress (SPSQ Total scale), whereas ASD traits were specifically related to greater stress in Spouse Relationship Problems. In contrast, paternal ADHD and ASD traits showed no significant connections to parenting stress levels.

To examine these relationships more closely, regression analyses were conducted examining the links between maternal parenting stress, parental NDD traits and child psychosocial functioning. The models controlled for contextual family factors (income, parental employment, and social service involvement), as well as child factors (age and IQ). The results demonstrated that mothers' parenting stress was significantly related to both her NDD traits as well as the child's psychosocial functioning, independent of relevant covariates. The fully adjusted model explained 18% of the variance in maternal stress levels.

4.2 STUDY II

Analyses of ACEs showed that mothers reported significantly greater exposure than fathers, with over 65% having experienced at least one ACE, and 23% reporting four or more. In contrast, fewer than half (49%) of the fathers reported any ACE exposure, and only 3% had experienced four or more. Among children, a smaller proportion – approximately 10% of girls and 7% of boys – had experienced four or more ACEs.

A significant correlation was found between mothers' ACEs and those of their children, suggesting potential intergenerational transmission of adversity, while no such link was found for fathers and their children. Moreover, mother's ACEs were positively correlated with their self-reported ADHD and ASD traits, indicating a possible link between early adversity and neurodevelopmental characteristics. No corresponding associations were found for fathers.

Further analyses examined how parental ACEs related to children's emotional and behavioral outcomes, measured with SDQ. Children's SDQ Total Difficulties score was significantly higher when mothers had greater ACE exposure, even when controlling for factors such as parental age, education and NDD traits. In contrast, paternal ACEs did not show this association; however paternal NDD traits were independently related to child difficulties.

When examining specific types of parental ACEs, two maternal experiences – emotional and sexual abuse – were significantly linked to increased SDQ scores in children. No individual paternal ACEs showed similar effects.

Finally, child ACE scores were associated with certain aspects of SDQ scores. Specifically, higher total ACEs were linked to increased emotional symptoms, and distinct ACE domains showed different associations: family dysfunction was related to more emotional problems, while neglect was unexpectedly linked to lower levels of hyperactivity and inattention.

4.3 STUDY III

Non-violent disciplinary strategies were highly common among both mothers and fathers, as over 90% reported using such methods at some point, with the most frequent being “explaining why a behavior was wrong”. Psychological aggression was also relatively prevalent, particularly in the form of shouting or yelling, reported by about two-thirds of parents in the past year. More severe forms, such as swearing or threatening to kick the child away from the home, were rare. Physical aggression occurred less often; shaking the child was the most reported act, while spanking with an open hand was not reported at all.

When comparing mothers and fathers, no major differences emerged in their use of disciplinary strategies.

Fathers in the study group reported higher levels of psychological aggression and physical assault compared to fathers in the control group. No significant differences were found among mothers across families with and without NDDs.

Correlation analyses showed that maternal ADHD traits were positively associated with both non-violent discipline and psychological aggression, while no significant associations were found for maternal ASD traits or paternal NDD traits. Among mothers, child age was negatively related to both non-violent and aggressive strategies, and higher use of these methods was linked to higher SDQ Total Difficulties scores. Fathers showed similar patterns, where non-violent methods were negatively related to child age, and non-violent discipline and psychological aggression being positively related to SDQ Total Difficulties scores.

Regression analyses indicated that maternal psychological aggression and physical assault significantly predicted child behavior problem, whereas the corresponding paternal models did not reach statistical significance.

When examining children’s reports, non-violent tactics used by mothers and fathers were negatively associated with the child’s age. Additionally, children’s reports of mothers’ use of physical assault were negatively related to C-GAS, whereas fathers’ use of physical assault was positively associated with SDQ Total Difficulties scores.

4.4 STUDY IV

In the clinical group, the distribution of EDA traits followed an approximately continuous pattern, without clear cut-offs or clusters. A Shapiro-Wilk test for normality was statistically significant ($p = 0.001$), indicating that the EDA trait scores were not normally distributed.

Five EDA-Q items were endorsed by more than 50% of participants: difficulty with compliance, rapid mood changes, maintain reputation among peers, extreme responses to minor events, and attempts to negotiate better terms.

EDA traits were positively associated with ESSENCE-Q and negatively associated with psychosocial functioning measured by the C-GAS. No significant association was found with full-scale IQ.

When comparing children with and without elevated EDA traits, the EDA group had higher ESSENCE-Q scores. No significant differences were found between groups regarding C-GAS, IQ, full-scale IQ or WISC-5 index scores.

A linear regression analysis was conducted, using EDA-Q as the dependent variable and ESSENCE-Q as the independent variable. The analysis yielded a statistically significant model, explaining 31.7% of the variance in EDA-scores.

EDA traits were associated with increased parenting stress across the domains of Health problems, Role restriction, and Incompetence. Parents of children in the EDA group reported significantly higher total parenting stress scores, as well as higher stress in the domains of Incompetence and Health Problems, compared to parents of children in the non-EDA group.

5 DISCUSSION

5.1 AIMS REVISITED

The overarching aim of this thesis was to deepen the understanding of family dynamics, parental experiences, and child characteristics within the context of ADHD and ASD. Across the four studies, various aspects of family functioning were examined to offer a more comprehensive understanding of the challenges and mechanisms involved. The findings highlight the complexity of parenting in the context of NDD, the significance of parental traits and histories, and the need to a multidimensional perspective when supporting affected families.

5.2 PARENTING STRESS

Study I examined parenting stress in families of children with NDDs, with a particular focus on potential gender differences, stress patterns within parental dyads, and associations with parental traits and child functioning. Overall, the findings indicate elevated levels of parenting stress among both mothers and fathers, especially in the domain of Role Restriction, suggesting that many parents experience caregiving as both demanding and limiting. While no gender differences emerged in the larger sample of individually participating parents, comparisons within parental dyads indicated that mothers had significantly greater stress levels than fathers, particularly regarding health-related problems and overall stress burden. Associations were observed between maternal NDD traits, child psychosocial functioning, and maternal stress levels. Regression models demonstrated that both parent-related and child-related factors contributed to overall maternal stress, underscoring the importance of a transactional perspective in understanding parenting stress in these families.

The present findings indicate that parents - both mothers and fathers - of children with NDD experience elevated levels of parenting stress, particularly in the domain of Role Restriction. This domain emerged as the most burdensome, indicating that the demands of caregiving are perceived as restrictive and challenging to parental self-efficacy. While overall stress levels were high across both parent groups, analyses within parental dyads revealed that mothers experienced significantly greater stress than fathers, regarding Role Restriction, Health Problems and overall stress burden. These findings suggest that maternal stress is more multifaceted, reflecting not only role-related responsibilities but also broader dimensions of well-being.

These findings align with previous research showing that raising a child with NDD is often associated with increased parenting stress relative to raising a typically developing child (Hayes & Watson, 2013). One possible explanation is that raising a child with NDD involves more complex parenting demands and a different set of challenges compared to raising a child without NDD (Arias-Mera et al., 2023; Mannion & Leader, 2023). The predominance of Role Restriction as the most stressful domain echoes earlier research indicating that the caregiving role can limit parents' opportunities for autonomy, social participation, and personal development (Leitch et al., 2019; Muñoz-Silva et al., 2017; Picardi et al., 2018). Beyond role-related demands, our findings suggests that maternal stress is influenced by multiple factors that extend into

broader aspects of well-being. For instance, associations between maternal NDD traits and elevated stress levels indicate that parents' own NDD characteristics may interact with caregiving demands, potentially exacerbating perceived stress. This supports a transactional model in which child functioning and parental characteristics reciprocally influence parental stress (Crnic, 2024).

Moreover, the heightened stress observed in mothers across domains such as Health Problems and overall burden highlights the need to consider psychosocial and health-related factors when evaluating parenting stress. These results align with studies demonstrating that maternal health, sleep quality, and general well-being are integral components of the stress experience, beyond care-giving responsibilities alone (Lee, 2013; Rusu et al., 2025).

Taken together, these findings emphasize the complexity of parenting stress in families of children with NDDs. Interventions aimed at supporting parents should therefore address both the practical demands of caregiving and the broader psychosocial and health-related challenges that contribute to stress. Tailored strategies that consider parental traits, family context, and child functioning may be particularly beneficial, and may help mitigate the disproportionate stress observed among mothers.

5.3 NDD TRAITS IN PARENTS

The findings across studies I-III suggests that maternal NDD traits have an important influence in shaping both the experience of parenting stress and the strategies employed in conflicts with the child. In study I, maternal NDD traits were linked to parenting stress and the association remained after adjusting for family, socioeconomic, and child-related variables, indicating that the mother's own NDD traits exert an independent influence on perceived stress. Earlier studies have also found that maternal ADHD symptoms are linked to parenting stress, although this association may be mediated by mothers' beliefs in their parenting self-efficacy, which emerge as a robust predictor of stress (Williamson & Johnston, 2019). This finding is perhaps expected, given that ADHD and ASD traits can be highly impairing and may hinder parents' ability to effectively manage everyday parenting demands, thereby increasing stress (Chronis-Tuscano et al., 2008; Dissanayake et al., 2020). Such challenges may be more prominent among women (Williamson & Johnston, 2015). The association of mothers' NDD traits and parenting stress is also noteworthy, given that on average the mothers in this sample met only five diagnostic criteria for ADHD and about 20% screened positive for ASD. It is reasonable to assume that in a sample with more pronounced NDD traits, the associations with parenting stress could be even stronger. Notably, no corresponding effects were observed among fathers, which may point to gendered differences in how such traits interact with parenting responsibilities.

In study II, associations were found between maternal NDD traits and maternal ACEs, and the mothers ACE histories were also associated with greater psychosocial difficulties in their children. This aligns with previous research demonstrating associations between ACEs and increased risk of psychiatric difficulties and NDD-related symptoms in adulthood (Jangid et al., 2025; McKay et al., 2022), especially for females (Zhang et al., 2022). Again, paternal ACEs and NDD traits showed weaker or no associations, further underscoring the more prominent role of maternal characteristics in shaping child outcomes in this cohort.

In study III, maternal ADHD traits were positively associated with both non-violent discipline and psychosocial aggression, suggesting that ADHD-related features such as impulsivity, inattention, and difficulties in emotional regulation, may directly shape parenting behaviors. Prior research have shown that parents with ADHD symptoms are more likely to engage in hostile, overreactive, or harsher parenting practices, particularly in emotionally

charged situations (Johnston et al., 2012). At the same time, the link with non-violent discipline might reflect a more complex pattern, where mothers with ADHD traits attempt to compensate through more structured strategies or more frequent behavioral management, but may struggle with consistency or emotional reactivity. This dual associations underscores the nuanced ways in which parental ADHD features can both challenges and motivate parenting practices. Within a sample of mothers of boys diagnosed with ADHD, Johnston et al. (2004) found that mothers' hyperactive and impulsive symptoms, but not inattentive symptoms, were associated with greater overreactive and inconsistent parenting. This highlights how distinct symptom dimensions may differentially influence parenting behaviors.

In contrast, paternal NDD traits were not significantly associated with discipline practices. This absence of associations may reflect differences in paternal involvement, reporting biases, or that the mechanisms linking paternal traits to parenting are more indirect, for example through genetic transmission rather than daily caregiving. However Arnold et al. (1997) found that paternal ADHD symptoms moderated the relationship between involvement and discipline: for fathers with high symptoms levels, greater involvement was linked to more overreactive discipline, whereas for those with low symptoms levels, involvement predicted less overreactivity. Prior studies have shown that paternal ADHD symptoms are associated with negative parenting, which in turn predicts child conduct problems (Harvey et al., 2003); however LeMoine et al. (2018) found that when paternal antisocial traits are considered, it is these traits rather than ADHD that account for the association through negative parenting. Together, these findings indicate that paternal traits may not uniformly translate into parenting behaviors but rather interact with contextual factors such as extent of involvement. The lack of direct associations between paternal traits and discipline practices in our sample may therefore also be related to power limitations or contextual factors, such as differences in caregiving roles between mothers and fathers.

Research by Williamson et al. (2017) has shown that parenting difficulties were greatest in families in which fathers exhibited higher, and mothers lower, levels of hyperactivity and impulsivity traits – highlighting the importance of the match between fathers and mothers characteristic. Moreover, NDD in adults frequently co-occurs with other psychological difficulties and previous research suggest that depressed mood (Chronis-Tuscano et al., 2008) and hostility (Agha et al., 2013) play a role in linking ADHD symptoms to parenting challenges.

Taken together, this highlights that parental NDD traits, particularly among mothers, play a central role in parenting, with downstream implications for child adjustment, whereas paternal traits appear to have more indirect or context-dependent effects. This pattern underscores the need to consider both symptom dimensions and gendered caregiving roles when examining how parental NDD traits influence family dynamics and child outcomes.

5.4 ADVERSE CHILDHOOD EXPERIENCES

The findings in study II contribute to a growing body of evidence underscoring the pervasive impact of ACEs on developmental trajectories. While previous research has consistently linked ACEs to poorer mental and physical health outcomes in the general population (Caglayan et al., 2025; Daniélsdóttir et al., 2024; Shu et al., 2025), study II highlights that children with NDD and their parents, especially mothers, appear to be disproportionately affected. From a theoretical perspective, these findings resonate with developmental psychopathology frameworks, emphasizing the interaction between individual predispositions and environmental exposures (Cicchetti & Rogosch, 2002). While genetic predispositions play a key role in the onset of NDDs (Thapar et al., 2017), evidence indicates that the exposure to ACEs may function as an environmental catalyst, intensifying symptom severity and increasing the likelihood of comorbid difficulties (Jangid et al., 2025). In this sense, ACEs may not only function as risk factors in their own right (Felitti et al., 1998; Hughes et al., 2017), but may also shape the severity, expression, and long-term outcomes of mental health problems (Green et al., 2010; Jangid et al., 2025).

Previous evidence also suggest a relationship between higher rates of early parental childhood adversity and lower quality of parent-child interaction, and suggest that abuse and neglect had an impact on the parents ability to interpret and respond to child needs (Weistra et al., 2025).

The elevated rates of ACEs among parents further complicate the picture, pointing towards intergenerational processes. ACEs represent an accumulation of risk factors, making it more likely that individuals and their families will experience negative outcomes (Narayan et al., 2021). A previous systematic review (Rowell & Neal-Barnett, 2022) discussed that parents exposed to ACEs often struggle with mental health challenges and may engage in maladaptive parenting practices, reflecting their own experiences of inconsistent and insensitive caregiving. As a result, they may be less emotionally available and

rely on ineffective discipline during stress, which undermine the child's sense of emotional support and contributes to a greater vulnerability to both internalizing and externalizing problems. In families with NDDs, ACEs may combine with the heightened demands of caregiving, contributing to increased stress, which in turn, can exacerbate challenges in parenting and create a cycle of disadvantage that extends across generations (Narayan et al., 2021).

At a societal level, the overlap between NDDs and ACEs has important implications for policy and services. When ACEs are common in families already facing the challenges of NDDs, support needs to go beyond managing symptoms. This includes trauma-informed care, social support, and preventive measures. Practical steps could involve incorporating ACE screening into routine clinical practice and tackling structural inequalities that make childhood adversity more likely.

5.5 PARENTING BEHAVIOR AND CONFLICT TACTICS

Study III showed that most parents of children with NDD relies on non-violent disciplinary conflict strategies, with reasoning and explanation being the most frequently reported practices. At the same time, psychological aggression, particularly shouting or yelling, was relatively common, suggesting that non-violent and aggressive strategies are not mutually exclusive, but may co-occur depending on situational stress and child behavior. This reflects previous findings that parents of children with autism who primarily use constrictive discipline may resort to psychological aggression under stress or in response to challenging child behavior (Shawler & Sullivan, 2017; Totsika et al., 2013). Severe forms of psychological aggression, including swearing or threats of exclusion, were rare, and physical assault occurred infrequently, with shaking reported more than spanking. This pattern suggests that while extreme conflict tactics are uncommon, some families still use both psychological aggression and physical punishment as part of discipline.

Comparisons between mothers and fathers revealed no major differences overall, but fathers in families with NDDs reported higher levels of psychological aggression and physical assault compared to fathers of children without NDDs. This finding is similar to other studies showing differences in parenting style among families with children with NDD versus families without, for example Maric and Bögels (2019) who found that fathers of youths with ADHD were more rejecting towards their children than fathers in the control group. Comparable findings have been reported for mothers, for example by Lin et al. (2023) finding that mothers to children with ASD use a less supportive and engaged parenting style in comparison with mothers whose children do not have ASD.

Study III also revealed patterns suggesting that maternal ADHD traits are associated with both non-violent discipline and psychological aggression, suggesting that attentional and self-regulatory challenges may influence how mothers responds to child behavior (Chronis-Tuscano et al., 2008). ASD traits, neither maternal nor paternal, were not significantly associated with conflict tactics, contrasting some prior research suggesting that parental ASD traits are related to higher parenting difficulties (Saito et al., 2022) and that maternal ASD traits moderates the relationship between hostile/coercive parenting style and children's behavior problems (Lin et al., 2023).

Maternal psychological aggression and physical assault were significantly associated with child emotional and behavior problems, whereas corresponding paternal associations were not significant. This suggests that mothers' conflict tactics may have a stronger relationship with child outcomes in this sample, potentially due to differences in caregiving time, emotional engagement, or the contexts in which discipline occurs. Similar results have been found before: Pan, Wang, Xu, et al. (2024) reported that maternal psychological flexibility was negatively correlated with children's behavioral problems, while paternal flexibility did not. This pattern can be understood through the Primary Caregiver Effect (Pan, Wang, Zhao, et al., 2024), which proposes that the individual most involved in a child's daily care exerts the strongest associations with the child's development. In the present sample, almost 80% of mothers were single (compared to 11% of fathers) and about 40% of mothers worked full-time (compared to just above 80% of fathers) and thus making it likely that the mother serves as the main caregiver, taking responsibility for everyday needs. If mothers interact more with their children than their fathers do, it is plausible that their parenting behaviors have a greater influence on the child's behavioral and emotional outcomes.

It should be noted that the present results reflect parenting practices before parents had received any targeted support or treatment related to NDD. This context is crucial, as research has shown that psychoeducation, parent training and tailored interventions can reduce harsh disciplinary practices and enhance use of positive strategies in households raising children with ADHD (Chronis-Tuscano et al., 2013; Dekkers et al., 2022). The patterns observed in study III may therefore represent a baseline picture of parenting under conditions of limited guidance and support. Interventions aimed at increasing parental knowledge, improving emotion regulation and providing coping strategies might not only reduce psychological aggression but also strengthen the effectiveness of non-violent discipline. Consequently, the associations found in study III should be interpreted with caution, as these relationships may be mitigated once parents gain access to adequate resources and evidence-based interventions.

An important aspect to consider is the historical and ongoing stigma surrounding parenting and NDDs. Early theories, such as the "refrigerator mother" hypothesis in autism research, wrongly attributed children's difficulties to cold or inadequate parenting (Bettelheim, 1967). Although such views have been thoroughly discredited, traces of these narratives remain and can influence how both parents and professionals interpret disciplinary tactics.

Parents of children with NDDs may experience heightened scrutiny, where even non-violent strategies are judged as insufficient, while occasional use of psychological aggression may reinforce negative stereotypes or parental inadequacy. This stigmatization can exacerbate stress, contribute to feelings of guilt and shame, and potentially hinder families from seeking support (DosReis et al., 2010; Gray, 2002; Kinnear et al., 2016; Zuckerman et al., 2018).

5.6 ASSOCIATIONS BETWEEN CHILD CHARACTERISTICS AND PARENTING DYNAMICS

Across the four studies, several child-related characteristics emerged as important correlates of both parental well-being and behavior. While, in Study I, parenting stress did not differ significantly according to the child's gender or diagnostic category, other child variables - age and psychosocial functioning – seemed more influential. The association between older child age and higher maternal stress related to social isolation may reflect the cumulative challenges that arise as children grow older. Previous research (Nomaguchi, 2012) has shown that parents of school-aged or adolescent children reported higher levels of depressive symptoms, as well as lower self-esteem and self-efficacy, compared to parents of children under the age of five.

Also, in study I, lower levels of child psychosocial functioning were linked to higher maternal parenting stress across all domains except spouse relationship problems. This aligns with previous findings showing that in both ADHD and ASD, different dimensions of children's difficulties can affect parental distress (Miranda et al., 2019; Rezendes & Scarpa, 2011; Theule et al., 2013). Regression analyses further indicated that maternal NDD traits and the child's psychosocial functioning both contributed to levels of maternal parenting stress, even when controlling for socioeconomic and contextual factors. This highlights that child characteristics cannot be interpreted in isolation; rather, their impact is amplified by parental traits.

Study II added a developmental risk perspective by showing that maternal – but not paternal – exposure to ACEs predicted elevated emotional and behavioral difficulties in their children. This supports intergenerational models of risk transmission (Zhang et al., 2023) and the specific links between maternal emotional and sexual abuse and child difficulties align with evidence indicating that early relational trauma can increase symptoms of depression and anxiety, which consequently increases the expression of children's behavioral problems (Letourneau et al., 2019).

Study III shows that children with higher SDQ Total Difficulties scores were more often subject to both non-violent discipline and psychological aggression among mothers. Although non-violent strategies are typically viewed as adaptive, their positive association with emotional and behavioral difficulties

suggests that higher levels of such difficulties are linked to increased parent-child conflict, which in turn has a negative impact on the parent's ability to develop constructive solutions to stressful situations (Liao et al., 2025).

Finally, study IV demonstrated that children with elevated EDA traits had parents with higher levels of parental stress. These findings add nuance to the broader picture of child characteristics, suggesting that specific behavioral phenotypes – such as EDA – may elicit particularly high stress responses in parents due to their unpredictability and resistance to conventional parenting approaches (O'Nions et al., 2016). However, the lack of association between EDA traits and general functioning or IQ suggests that these stress effects are driven by more relational and behavioral dynamics than cognitive ability *per se*.

Taken together, findings from these four studies emphasize that child characteristics – ranging from age and functioning to behavioral phenotype – are involved in shaping the family dynamics. Rather than focusing solely on categorical diagnoses, a dimensional view provides a more comprehensive understanding.

5.7 MOTHERS AND FATHERS

The findings across studies I-IV highlight both similarities and distinctions in how mothers and fathers cope with and respond to the demands of parenting children with NDD. Overall, both parents reported high levels of stress, yet mothers exhibited higher total stress and greater strain in domains linked to health and role restriction. These gendered patterns align with previous research showing that mothers often assume a larger share of daily caregiving responsibilities in families with children with ASD (Hartley et al., 2014) and show higher levels of involvement in the health care of with their child with ADHD (Renhorn et al., 2019). Conversely, some studies have reported that fathers of children with ASD experience higher stress levels than mothers (Rivard et al., 2014). Despite this discrepancy, maternal and paternal stress levels were strongly correlated, underscoring the interdependence of parent's emotional states and the systemic nature of family stress (Kayfitz et al., 2010; Rivard et al., 2014).

In terms of adversity, mothers reported higher exposure to ACEs than fathers, and these maternal experiences were associated with child emotional and behavioral difficulties. Father's ACEs were related to their own NDD traits, indicating indirect pathways to family outcomes rather than direct effects on the child. Recently, Deneault et al. (2025) reported that mothers of non-NDD children had higher ACE scores than fathers. However, higher paternal ACEs were also linked to increased child ACEs and behavioral problems, highlighting the need to examine how fathers' childhood experiences impact child outcomes.

In study III, mothers' – but not fathers' – use of psychological aggression and physical assault was predictive of increased behavior problems in their children, further highlighting the relevance of the maternal role in the parent-child dynamics.

It is worth noting that much of the existing literature on parenting in the context of NDDs has predominantly focused on mothers, with fathers often absent. This imbalance limits understanding and may reinforce gendered assumptions about caregiving roles. The current findings therefore add nuance by including both parents, highlighting that father's perspectives remain crucial for understanding the full dynamics of family.

5.8 METHODOLOGICAL CONSIDERATIONS

Several methodological considerations must be addressed. Research on parenting and child development faces several methodological challenges, particularly in obtaining accurate responses. Ethical considerations are central – parents may feel pressure to present themselves and their child in a certain way, which can influence the honesty of their reports. This is especially relevant when addressing sensitive topics such as parental stress, disciplinary strategies, or both parent and child NDD traits.

Subjectivity is another important factor. Parents' personal experiences and interpretations influence how they report both their own and their child's symptoms. Previous research suggests that parent's difficulties in regulating negative emotions (Shenaar-Golan & Hen, 2024) and parental psychological symptoms (Renk et al., 2007) have an impact on their report of their children's difficulties. Even when ratings by instruments such as the C-GAS are used, results are inevitably shaped by the parent's interpretation of the child's functioning.

It is also important to acknowledge that parent and child reports often diverge. Such differences do not necessarily indicate inaccuracy but rather reflect two valid perspectives. A parent's subjective account is a valuable source of information that should be regarded as an important component in understanding the child's situation. This underscores the need for multi-information approaches and mixed methods in research to capture a fuller and more nuanced understanding of parenting and child functioning.

All participants in the present studies were recruited through healthcare services, which has important implications for both interpretation and generalizability of findings. On one hand, recruitment from clinical settings ensured that participating families had undergone professional assessment and that children's NDD were identified according to standardized procedures. This strengthens the validity of the diagnostic information. However, this recruitment strategy may also introduce certain selection biases. Families in contact with healthcare services often represent those experiencing more pronounced difficulties or greater access to support systems, which may not be representative of the broader population of families with NDDs.

6 CONCLUSIONS

The studies included in this thesis demonstrate that:

- Study I: Both mothers and fathers of children with ADHD and/or ASD reported heightened levels of parenting stress, particularly related to role restriction, with maternal stress more strongly associated with both child functioning and maternal NDD traits.
- Study II: Maternal – but not paternal – exposure to ACEs was associated with both child ACEs and child emotional/behavioral difficulties; maternal ACEs also correlated with maternal NDD traits.
- Study III: Non-violent discipline was most common, while psychological and physical aggression occurred less frequently. Maternal aggression predicted child behavior problems. ADHD traits in mothers correlated with higher use of discipline and aggression.
- Study IV: EDA traits were continuously distributed in a clinical group of children and were associated with broader NDD symptoms, lower psychosocial function, and increased parental stress, particularly in the domains of incompetence and health problems.

The findings across the four studies underscore the importance of a systemic, multidimensional approach in child and adolescent psychiatric care. Parenting stress was high among parents of children with NDD, particularly in mothers, and was linked to both child-related challenges and the parents' own NDD traits. This highlights the need to assess and support parental functioning, not only as a context for understanding the child's difficulties but as a target for interventions.

Furthermore, the association between maternal ACEs and both child ACEs and psychosocial difficulties suggests an intergenerational pattern of vulnerability. This highlights the importance of trauma-informed care and emphasizes the need for systematically assessing and considering the psychosocial background of parents in child psychiatric evaluation and treatment.

The results highlight the role of parental conflict strategies as a factor in child outcomes. While non-violent discipline was common, the associations between maternal use of psychological and physical aggression and child behavior problems suggest that parenting practices should be a central focus of intervention. Clinically, this underscores the need to integrated parent-

focused components into child psychiatric care, including psychoeducation and skills training to promote constructive conflict management and reduce coercive practices. Particular attention should be given to parents with elevated ADHD traits, who were more likely to engage in psychologically aggressive strategies. Tailored interventions targeting both the child's difficulties and the parent's vulnerabilities may not only improve family interactions but also reduce the risk of escalating behavioral and emotional problems in children.

The identification of EDA traits as a meaningful dimension within clinical populations provides further nuance to the understanding of oppositional or emotionally dysregulated behavior and calls for tailored assessment and treatment approaches. Clinicians should recognize EDA as a behavioral pattern that can complicate treatment engagement and may require adapted intervention strategies.

The combined findings across all four studies highlight the significance of viewing the child in the context of their family dynamics – including parental mental health, trauma history, stress levels and NDD characteristics. Routine inclusion of parental functioning in assessments, especially in complex cases, may contribute to more effective, family-centered interventions.

7 FUTURE PERSPECTIVES

The results presented in this thesis points to several directions for future research and clinical developmental in child and adolescent psychiatry. First, future studies should further explore the mechanisms underlying parenting stress. Longitudinal designs could help clarify how stress evolves over time and how targeted interventions addressing parental well-being might improve outcomes for both children and their families.

Second, there is a need for deeper investigation into intergenerational pathways of adversity and resilience. Future research should involve both parents and examine protective factors – such as social support, access to services, and emotion regulation strategies – that may help buffer the impact of ACEs.

Third, future research should use longitudinal designs to better understand the two-way influences between parenting practices and child outcomes in families with NDD. Greater focus on paternal contributions is necessary, as these may be underexplored yet potentially influential. Moreover, studies should investigate which interventions and treatments are most effective for parents displaying NDD traits, including whether tailored support can improve both parenting behaviors and child outcomes.

Fourth, the identification of EDA as a clinically relevant behavioral dimension highlights the importance of further validating EDA-related assessments and developing tailored interventions. Future research should investigate how EDA traits interact with other NDDs and psychiatric symptoms, and how these patterns affect long-term functioning and treatment response.

Moving forward, intervention studies should assess the impact of multi-informant, multi-domain approaches that engage the whole family system – aiming not only to reduce child symptoms, but also to enhance parental functioning, family relationships, and overall well-being.

ACKNOWLEDGEMENT

Anyone who has ever met my dad has probably heard the story of how I, at three years old, insisted on riding my tricycle to preschool on our day off. My dad tried to talk me out of it, warning that it was too far, but I was stubborn and he was kind - so off we went. When we finally arrived, he suggested we turn around. I immediately refused, saying “No way, I’m too tired, you have to carry me”. And so, he did –my tricycle and me - all the way home. When we finally got back, I was immensely proud of what I had accomplished.

Looking back, that ride feels like a perfect metaphor for this PhD journey. Both were long, full of determination, small victories, and moments that turn into stories I would carry with me for life. Like that preschool ride, this journey has been incredibly rewarding, at times challenging, but always filled with joy - and I am deeply grateful for the opportunities and experiences it has brought. Just as I could never have made it home at three without my dad’s help, I could never have reached the finish line of this PhD without the support of so many people along the way. This journey has truly been a team effort, and there are so many people I would like to thank for walking alongside me —here are just a few of them.

First and foremost, I want to express my deepest gratitude to **the families who participated in this study**. Thank you for sharing your experiences and stories with me. I will do everything I can to honor them in ways that benefits you and those who come after you.

I am deeply grateful to my main supervisor **Professor Eva Billstedt**, not only for your thoughtful insights, steady support, and sense of humor, but also for the genuine care and encouragement you have always shown me. You have guided me throughout my entire career as a psychologist, for which I am so thankful. Working with you has been a joy, and I deeply value not only your mentorship, but also your friendship.

I would like to express my sincere gratitude to **Professor Christopher Gillberg** for serving as my co-supervisor. Your deep commitment to children with neurodevelopmental disorders is a great source of inspiration. Thank you for your kindness and insightful guidance throughout this journey.

I would also like to thank **Bibbi Hagberg** for being a part of my supervisory team. Your presence and perspective have been greatly appreciated, and I am grateful for your contribution to this work.

I would like to thank everyone at **the Gillberg Neuropsychiatry Centre** including **Petra Linnsand, Maria Marinopolu, Jakob Åsberg, Nanna Gillberg, Jasmine Afram and Anna Spyrou**. Each of you has contributed in different and valuable ways – through thoughtful feedback on papers and seminars, supportive comments, and many appreciated conversations. I am also grateful to **Love Ahlström** and **Malin Oldmark** for their assistance with data collection.

I would also like to thank **my colleagues at BNK** for their support and inspiration early in my career.

A heartfelt thank you to **Ingrid Vinsa**, who has always made me feel welcome and at home. Your willingness to help with everything – big or small – has meant so much to me, and our many conversations have always brightened my workdays.

Ole Hultmann, your inspiring work encouraged me to pursue research, and I am so thankful for your insightful contributions to Study III.

Thank you **Caroline Mårland, Ylva Larsson, Emma Clasedotter, Mats Johnson** and **Björn Hofvander** for collaboration on study 4.

I would like to sincerely thank **Carina Vestergren, Samina Steinwall, Ulrika Hermansson, Annika Åberg, Nina Martinsson, and Stefan Lemon** for making it possible for me to combine clinical work with research.

To **my amazing colleagues at BUP in Jönköping**: thank you for your support and encouragement throughout this work. Special thanks to **Elisabeth Djärf, Linda Ceder, Fatima Kashoush and Emma Edvinsson and colleagues at BUP Värnamo** for their help with recruiting participants for the study.

Vendela Wikström, I am profoundly grateful for your unwavering support and your dedication in recruiting participants. You are an exceptional psychologist and an extraordinary friend.

I am sincerely grateful to the funders who made this work possible: **Drottning Silvias Jubileumsfond, Stiftelsen Sven Jerrings Fond, Stiftelsen Solstickan, Stiftelsen Kempe-Carlgrenska Fonden, Wilhelm och Martina Lundgrens Vetenskapsfond, Futurum – akademien för hälsa och vård Region Jönköpings län and Syskonen Inger och Sixten Norheds Stiftelse.**

Mom and Dad, I could never have done this without you. Thank you for wholeheartedly believing in me, for always being there, for never letting me give up, and for solving every problem along the way. Thank you for all the hours you spent babysitting so I could write, for the long phone calls, and for your constant encouragement and comfort. Thank you for always carrying me home. Thank you, thank you, thank you.

Marcus Davidsson – my brother and my very first cheerleader. Thank you for driving me through snowstorms and for every loud, joyful cheer along the way. Your encouragement has never been quiet or subtle – it has been unwavering and impossible to ignore. I am so lucky to have a brother who shows up, speaks up, and lifts me up – always.

Thank you to my partner, **Dan Brattberg**. My very best moments in life are always the ones I share with you. You make everything fun and steady - being around you sounds like a British indie love song. Your constant belief in me has carried me through every doubt and every page of this thesis, and you have celebrated every step as if it were your own. I could never have done this without you – and I would never have wanted to.

Finally, I want to thank my children, **Nora and Julian**, for coming along on this journey with me. You fill my life with light, laughter, and endless love, and there is no greater happiness than being with you. I love you to the moon and back.

REFERENCES

- Abidin, R. R. (1990). Introduction to the Special issue: The Stresses of Parenting. *Journal of Clinical Child Psychology, 19*(4), 298-301. https://doi.org/10.1207/s15374424jccp1904_1
- Accardo, A. L., Pontes, N. M. H., & Pontes, M. C. F. (2024). Heightened Anxiety and Depression Among Autistic Adolescents with ADHD: Findings From the National Survey of Children's Health 2016-2019. *Journal of autism and developmental disorders, 54*(2), 563-576. <https://doi.org/10.1007/s10803-022-05803-9>
- Agha, S. S., Zammit, S., Thapar, A., & Langley, K. (2013). Are parental ADHD problems associated with a more severe clinical presentation and greater family adversity in children with ADHD? *European child & adolescent psychiatry, 22*(6), 369-377. <https://doi.org/10.1007/s00787-013-0378-x>
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment : a psychological study of the strange situation*. Hillsdale, N.J. : Lawrence Erlbaum.
- Allen, K., Harrington, J., Quetsch, L. B., Masse, J., Cooke, C., & Paulson, J. F. (2023). Parent-Child Interaction Therapy for Children with Disruptive Behaviors and Autism: A Randomized Clinical Trial. *Journal of autism and developmental disorders, 53*(1), 390-404. <https://doi.org/10.1007/s10803-022-05428-y>
- Alrahili, N. (2023). Burnout and anxiety among parents of children with neurodevelopmental disorders: a cross-sectional study in Saudi Arabia. *Middle East Current Psychiatry, 30*(1), 58. <https://doi.org/10.1186/s43045-023-00331-3>
- APA. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th edn*. American Psychiatric Association
- Arias-Mera, C., Paillama-Raimán, D., Lucero-González, N., Leiva-Bianchi, M., & Avello-Sáez, D. (2023). Relation between sleep disorders and attention deficit disorder with hyperactivity in children and adolescents: A systematic review. *Research in developmental disabilities, 137*, 104500. <https://doi.org/10.1016/j.ridd.2023.104500>
- Arnold, E. H., O'Leary, S. G., & Edwards, G. H. (1997). Father involvement and self-report parenting of children with attention deficit-hyperactivity disorder. *Journal of Consulting and Clinical Psychology, 65*(2), 337-342. <https://doi.org/10.1037/0022-006X.65.2.337>
- Baker, J. K., Smith, L. E., Greenberg, J. S., Seltzer, M. M., & Taylor, J. L. (2011). Change in Maternal Criticism and Behavior Problems in Adolescents and Adults with Autism Across a Seven-Year Period.

- Journal of abnormal psychology* (1965), 120(2), 465-475.
<https://doi.org/10.1037/a0021900>
- Baron-Cohen, S. (1989). The Autistic Child's Theory of Mind: a Case of Specific Developmental Delay. *Journal of child psychology and psychiatry*, 30(2), 285-297.
<https://doi.org/https://doi.org/10.1111/j.1469-7610.1989.tb00241.x>
- Bender, H. L., Allen, J. P., McElhaney, K. B., Antonishak, J., Moore, C. M., Kelly, H. O. B., & Davis, S. M. (2007). Use of harsh physical discipline and developmental outcomes in adolescence. *Development and psychopathology*, 19(1), 227-242.
<https://doi.org/10.1017/S0954579407070125>
- Berenguer Forner, C., Roselló Miranda, B., Baixauli Fortea, I., García Castellar, R., Colomer Diago, C., & Miranda Casas, A. (2017). ADHD Symptoms and peer problems: Mediation of executive function and theory of mind. *Psicothema*, 29(4), 514-519.
<https://doi.org/10.7334/psicothema2016.376>
- Berg, K. L., Acharya, K., Shiu, C.-S., & Msall, M. E. (2018). Delayed Diagnosis and Treatment Among Children with Autism Who Experience Adversity. *Journal of autism and developmental disorders*, 48(1), 45-54. <https://doi.org/10.1007/s10803-017-3294-y>
- Bettelheim, B. (1967). *The empty fortress : infantile autism and the birth of the self*. New York : The Free Press
- London : Collier-Macmillan.
- Biederman, J., Faraone, S. V., & Monuteaux, M. C. (2002). Impact of exposure to parental attention-deficit hyperactivity disorder on clinical features and dysfunction in the offspring. *Psychological Medicine*, 32(5), 817-827. <https://doi.org/10.1017/S0033291702005652>
- Billstedt, E., Gillberg, C., & Gillberg, C. (2005). Autism after Adolescence: Population-based 13- to 22-year Follow-up Study of 120 Individuals with Autism Diagnosed in Childhood. *Journal of autism and developmental disorders*, 35(3), 351-360.
<https://doi.org/10.1007/s10803-005-3302-5>
- Bowlby, J. (1982). *Attachment and loss Vol. 1. Attachment. 2nd edition.* (2 ed.). Basic Books. ((Original work published 1969))
- Breider, S., de Bildt, A., Greaves-Lord, K., Dietrich, A., Hoekstra, P. J., & van den Hoofdakker, B. J. (2024). Parent Training for Disruptive Behaviors in Referred Children with Autism Spectrum Disorder: A Randomized Controlled Trial. *Journal of autism and developmental disorders*. <https://doi.org/10.1007/s10803-024-06567-0>
- Brobst, J. B., Clopton, J. R., & Hendrick, S. S. (2009). Parenting Children With Autism Spectrum Disorders:The Couple's Relationship. *Focus on*

- Autism and Other Developmental Disabilities*, 24(1), 38-49. <https://doi.org/10.1177/1088357608323699>
- Brugha, T. S., McManus, S., Bankart, J., Scott, F., Purdon, S., Smith, J., Bebbington, P., Jenkins, R., & Meltzer, H. (2011). Epidemiology of Autism Spectrum Disorders in Adults in the Community in England. *Archives of general psychiatry*, 68(5), 459-465. <https://doi.org/10.1001/archgenpsychiatry.2011.38>
- Caglayan, S., Høye, A., Thimm, J. C., Wang, C. E. A., & Grønli, O. K. (2025). Association of adverse childhood experiences with physical illness and self-rated health in the population-based Tromsø Study. *European Journal of Public Health*, 35(3), 498-504. <https://doi.org/10.1093/eurpub/ckaf031>
- Ceyhan, I., & Akyurek, G. (2025). Sensory processing skills and school functions in school-aged children with attention deficit hyperactivity disorder: a gender-based analysis. *Child Neuropsychology*, 1-20. <https://doi.org/10.1080/09297049.2025.2523595>
- Chakraborti, M., Gitimoghaddam, M., McKellin, W. H., Miller, A. R., & Collet, J. P. (2021). Understanding the Implications of Peer Support for Families of Children With Neurodevelopmental and Intellectual Disabilities: A Scoping Review. *Frontiers in Public Health*, 9, 719640. <https://doi.org/10.3389/fpubh.2021.719640>
- Chronis-Tuscano, A., Clarke, T. L., O'Brien, K. A., Raggi, V. L., Diaz, Y., Mintz, A. D., Rooney, M. E., Knight, L. A., Seymour, K. E., Thomas, S. R., Seeley, J., Kosty, D., & Lewinsohn, P. (2013). Development and preliminary evaluation of an integrated treatment targeting parenting and depressive symptoms in mothers of children with attention-deficit/hyperactivity disorder. *Journal of Consulting and Clinical Psychology*, 81(5), 918-925. <https://doi.org/10.1037/a0032112>
- Chronis-Tuscano, A., Raggi, V. L., Clarke, T. L., Rooney, M. E., Diaz, Y., & Pian, J. (2008). Associations between maternal attention-deficit/hyperactivity disorder symptoms and parenting. *Journal of abnormal child psychology*, 36(8), 1237-1250. <https://doi.org/10.1007/s10802-008-9246-4>
- Chu, S. Y., Kassim, S. N. Z. b., Gan, C. H., Fierro, V., Chan, C. M. H., & Hersh, D. (2023). "Sometimes I Feel Grateful...": Experiences of the Adolescent Siblings of Children with Autism Spectrum Disorder in Malaysia. *Journal of autism and developmental disorders*, 53(2), 795-807. <https://doi.org/10.1007/s10803-021-05184-5>
- Cicchetti, D., & Rogosch, F. A. (2002). A Developmental Psychopathology Perspective on Adolescence. *Journal of Consulting and Clinical Psychology*, 70(1), 6-20. <https://doi.org/10.1037/0022-006X.70.1.6>

- Cidav, Z., Marcus, S. C., & Mandell, D. S. (2012). Implications of childhood autism for parental employment and earnings. *Pediatrics*, *129*(4), 617-623. <https://doi.org/10.1542/peds.2011-2700>
- Claussen, A. H., Holbrook, J. R., Hutchins, H. J., Robinson, L. R., Bloomfield, J., Meng, L., Bitsko, R. H., O'Masta, B., Cerles, A., Maher, B., Rush, M., & Kaminski, J. W. (2024). All in the Family? A Systematic Review and Meta-analysis of Parenting and Family Environment as Risk Factors for Attention-Deficit/Hyperactivity Disorder (ADHD) in Children. *Prevention Science*, *25*(Suppl 2), 249-271. <https://doi.org/10.1007/s11121-022-01358-4>
- Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M., & Bornstein, M. H. (2000). Contemporary research on parenting. The case for nature and nurture. *American Psychologist*, *55*(2), 218-232.
- Craig, F., Operto, F. F., De Giacomo, A., Margari, L., Frolli, A., Conson, M., Ivagnes, S., Monaco, M., & Margari, F. (2016). Parenting stress among parents of children with Neurodevelopmental Disorders. *Psychiatry Research*, *242*, 121-129. <https://doi.org/10.1016/j.psychres.2016.05.016>
- Crnicek, K. A. (2024). Parenting stress and child behavior problems: Developmental psychopathology perspectives. *Development and psychopathology*, *36*(5), 2369-2375. <https://doi.org/10.1017/S0954579424001135>
- Cronshaw, G., & Midouhas, E. (2024). Harsh Parenting and Trajectories of Emotional and Behavioural Difficulties in Autistic Children. *J Autism Dev Disord*, *54*(12), 4637-4649. <https://doi.org/10.1007/s10803-023-06167-4>
- Danielsdóttir, H. B., Aspelund, T., Shen, Q., Halldorsdóttir, T., Jakobsdóttir, J., Song, H., Lu, D., Kuja-Halkola, R., Larsson, H., Fall, K., Magnusson, P. K. E., Fang, F., Bergstedt, J., & Valdimarsdóttir, U. A. (2024). Adverse Childhood Experiences and Adult Mental Health Outcomes. *JAMA Psychiatry*, *81*(6), 586-594. <https://doi.org/10.1001/jamapsychiatry.2024.0039>
- Dawson, A. E., Wymbs, B. T., Marshall, S. A., Mautone, J. A., & Power, T. J. (2016). The Role of Parental ADHD in Sustaining the Effects of a Family-School Intervention for ADHD. *Journal of clinical child and adolescent psychology*, *45*(3), 305-319. <https://doi.org/10.1080/15374416.2014.963858>
- Deater-Deckard, K. (1998). Parenting stress and child adjustment: Some old hypotheses and new questions: Science and Practice. *Clinical psychology*, *5*(3), 314-332. <https://doi.org/https://doi.org/10.1111/j.1468-2850.1998.tb00152.x>

- Deater-deckard, K. (2017). Parents' and Children's ADHD in a Family System. *Journal of abnormal child psychology*, 45(3), 519. <https://doi.org/10.1007/s10802-017-0276-7>
- Dekkers, T. J., Hornstra, R., van den Hoofdakker, B. J., de Jong, S. R. C., Schaaf, J. V., Bosmans, G., & van der Oord, S. (2021). Attachment Representations in Children with and without Attention-Deficit/Hyperactivity Disorder (ADHD). *Brain sciences*, 11(11), 1516. <https://doi.org/10.3390/brainsci11111516>
- Dekkers, T. J., Hornstra, R., van der Oord, S., Luman, M., Hoekstra, P. J., Groenman, A. P., & van den Hoofdakker, B. J. (2022). Meta-analysis: Which Components of Parent Training Work for Children With Attention-Deficit/Hyperactivity Disorder? *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(4), 478-494. <https://doi.org/https://doi.org/10.1016/j.jaac.2021.06.015>
- Deneault, A.-A., Laquerre, D., Beaulieu, L., Myre, G., Racine, N., & Madigan, S. (2025). Prevalence and correlates of adverse childhood experiences in fathers: A systematic review and meta-analysis. *Child abuse & neglect*, 169, 107651. <https://doi.org/https://doi.org/10.1016/j.chiabu.2025.107651>
- Dinkler, L., Lundström, S., Gajwani, R., Lichtenstein, P., Gillberg, C., & Minnis, H. (2017). Maltreatment-associated neurodevelopmental disorders: a co-twin control analysis. *Journal of Child Psychology and Psychiatry* 58(6), 691-701. <https://doi.org/10.1111/jcpp.12682>
- Dissanayake, C., Richdale, A., Kolivas, N., & Pamment, L. (2020). An Exploratory Study of Autism Traits and Parenting. *Journal of autism and developmental disorders*, 50(7), 2593-2606. <https://doi.org/10.1007/s10803-019-03984-4>
- DosReis, S., Barksdale, C. L., Sherman, A., Maloney, K., & Charach, A. (2010). Stigmatizing experiences of parents of children with a new diagnosis of ADHD. *Psychiatric Services*, 61(8), 811-816. <https://doi.org/10.1176/ps.2010.61.8.811>
- Dugdale, A.-S., Thompson, A. R., Leedham, A., Beail, N., & Freeth, M. (2021). Intense connection and love: The experiences of autistic mothers. *Autism*, 25(7), 1973-1984. <https://doi.org/10.1177/13623613211005987>
- Dupaul, G. J., Anastopoulos, A. D., Power, T. J., Reid, R., Ikeda, M. J., & McGoey, K. E. (1998). Parent Ratings of Attention-Deficit/Hyperactivity Disorder Symptoms: Factor Structure and Normative Data. *Journal of psychopathology and behavioral assessment*, 20(1), 83. <https://doi.org/10.1023/A:1023087410712>
- Epstein, J. N., Conners, C. K., Erhardt, D., Arnold, L. E., Hechtman, L., Hinshaw, S. P., Hoza, B., Newcorn, J. H., Swanson, J. M., & Vitiello, B. (2000). Familial aggregation of ADHD characteristics. *Journal of*

- abnormal child psychology*, 28(6), 585-594.
<https://doi.org/10.1023/a:1005187216138>
- Estes, A., Rivera, V., Bryan, M., Cali, P., & Dawson, G. (2011). Discrepancies Between Academic Achievement and Intellectual Ability in Higher-Functioning School-Aged Children with Autism Spectrum Disorder. *Journal of autism and developmental disorders*, 41(8), 1044-1052.
<https://doi.org/10.1007/s10803-010-1127-3>
- Faraone, S. V., Asherson, P., Banaschewski, T., Biederman, J., Buitelaar, J. K., Ramos-Quiroga, J. A., Rohde, L. A., Sonuga-Barke, E. J. S., Tannock, R., & Franke, B. (2015). Attention-deficit/hyperactivity disorder. *Nature reviews. Disease primers*, 1(1), 15020-15020.
<https://doi.org/10.1038/nrdp.2015.20>
- Faraone, S. V., Biederman, J., & Mick, E. (2006). The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. *Psychological Medicine*, 36(2), 159-165.
<https://doi.org/10.1017/S003329170500471X>
- Fearon, R. P., Bakermans-Kranenburg, M. J., Van Ijzendoorn, M. H., Lapsley, A.-M., & Roisman, G. I. (2010). The Significance of Insecure Attachment and Disorganization in the Development of Children's Externalizing Behavior: A Meta-Analytic Study. *Child development*, 81(2), 435-456. <https://doi.org/10.1111/j.1467-8624.2009.01405.x>
- Feldman, M., Hamsho, N., Blacher, J., Carter, A. S., & Eisenhower, A. (2022). Predicting peer acceptance and peer rejection for autistic children. *Psychology in the Schools*, 59(11), 2159-2182.
<https://doi.org/https://doi.org/10.1002/pits.22739>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). 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*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Fernell, E., Hatakenaka, Y., Sakaguchi, M., Ninomiya, H., Fukunaga, I., & Gillberg, C. (2016). ESSENCE-Q - a first clinical validation study of a new screening questionnaire for young children with suspected neurodevelopmental problems in south Japan. *Neuropsychiatric disease and treatment*, 12, 1739-1746.
<https://doi.org/10.2147/NDT.S108411>
- Gagliano, A., Costanza, C., Di Modica, I., Carucci, S., Donno, F., Germanò, E., Abbate, C. S., Roccella, M., & Vetri, L. (2024). Neurodevelopmental Disorders and Suicide: A Narrative Review. *Journal of Clinical Medicine*, 13(6).
<https://doi.org/10.3390/jcm13061627>

- Gershoff, E. T. (2002). Corporal Punishment by Parents and Associated Child Behaviors and Experiences: A Meta-Analytic and Theoretical Review. *Psychological bulletin*, 128(4), 539-579. <https://doi.org/10.1037/0033-2909.128.4.539>
- Gidziela, A., Ahmadzadeh, Y. I., Michelini, G., Allegrini, A. G., Agnew-Blais, J., Lau, L. Y., Duret, M., Procopio, F., Daly, E., Ronald, A., Rimfeld, K., & Malanchini, M. (2023). A meta-analysis of genetic effects associated with neurodevelopmental disorders and co-occurring conditions. *Nature Human Behaviour*, 7(4), 642-656. <https://doi.org/10.1038/s41562-023-01530-y>
- Gillberg, C. (2010). The ESSENCE in child psychiatry: Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations. *Research in developmental disabilities*, 31(6), 1543-1551. <https://doi.org/10.1016/j.ridd.2010.06.002>
- Gillberg, C., Fernell, E., & Minnis, H. (2013). Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations. *The Scientific World Journal*, 2013(1), 710570. <https://doi.org/https://doi.org/10.1155/2013/710570>
- Gillberg, C., Gillberg, I. C., Thompson, L., Biskupsto, R., & Billstedt, E. (2015). Extreme (“pathological”) demand avoidance in autism: a general population study in the Faroe Islands. *European child & adolescent psychiatry*, 24(8), 979-984. <https://doi.org/10.1007/s00787-014-0647-3>
- Goodman, R. (1999). The Extended Version of the Strengths and Difficulties Questionnaire as a Guide to Child Psychiatric Caseness and Consequent Burden. *Journal of child psychology and psychiatry*, 40(5), 791-799. <https://doi.org/10.1111/1469-7610.00494>
- Gray, D. E. (2002). ‘Everybody just freezes. Everybody is just embarrassed’: felt and enacted stigma among parents of children with high functioning autism. *Sociology of health & illness*, 24(6), 734-749. <https://doi.org/10.1111/1467-9566.00316>
- Green, J. G., McLaughlin, K. A., Berglund, P. A., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2010). Childhood Adversities and Adult Psychiatric Disorders in the National Comorbidity Survey Replication I: Associations With First Onset of DSM-IV Disorders. *Archives of general psychiatry*, 67(2), 113-123. <https://doi.org/10.1001/archgenpsychiatry.2009.186>
- Gudka, R., Kelman, C., Bryant, E., Farooq, B., Berry, V., Bjornstad, G., Martin, F., Glover, S.-L., & Russell, A. (2023). Parent-carer experiences using a peer support network: a qualitative study. *BMC public health*, 23. <https://doi.org/10.1186/s12889-023-16666-9>
- Hartley, G., Sirois, F., Purrington, J., & Rabey, Y. (2024). Adverse Childhood Experiences and Autism: A Meta-Analysis. *Trauma, violence &*

- abuse*, 25(3), 2297-2315.
<https://doi.org/10.1177/15248380231213314>
- Hartley, S. L., Barker, E. T., Seltzer, M. M., Floyd, F., Greenberg, J., Orsmond, G., & Bolt, D. (2010). The relative risk and timing of divorce in families of children with an autism spectrum disorder. *Journal of family psychology*, 24(4), 449-457. <https://doi.org/10.1037/a0019847>
- Hartley, S. L., Mihaila, I., Otolara-Fadner, H. S., & Bussanich, P. M. (2014). Division of Labor in Families of Children and Adolescents with Autism Spectrum Disorder. *Family Relations*, 63(5), 627-638. <https://doi.org/10.1111/fare.12093>
- Harvey, E., Danforth, J. S., McKee, T. E., Ulaszek, W. R., & Friedman, J. L. (2003). Parenting of children with attention-defecit/hyperactivity disorder (ADHD): the role of parental ADHD symptomatology. *Journal of Attention Disorders*, 7(1), 31-42. <https://doi.org/10.1177/108705470300700104>
- Hatakenaka, Y., Ninomiya, H., Billstedt, E., Fernell, E., & Gillberg, C. (2017). ESSENCE-Q - used as a screening tool for neurodevelopmental problems in public health checkups for young children in south Japan. *Neuropsychiatric disease and treatment*, 13, 1271-1280. <https://doi.org/10.2147/NDT.S132546>
- Hayes, S. A., & Watson, S. L. (2013). The Impact of Parenting Stress: A Meta-analysis of Studies Comparing the Experience of Parenting Stress in Parents of Children With and Without Autism Spectrum Disorder. *Journal of autism and developmental disorders*, 43(3), 629-642. <https://doi.org/10.1007/s10803-012-1604-y>
- Hoover, D. W., & Kaufman, J. (2018). Adverse childhood experiences in children with autism spectrum disorder. *Current Opinion in Psychiatry*, 31(2), 128-132. <https://doi.org/10.1097/YCO.0000000000000390>
- Howlin, P., & Clements, J. (1995). Is it possible to assess the impact of abuse on children with pervasive developmental disorders? *Journal of autism and developmental disorders*, 25(4), 337-354. <https://doi.org/10.1007/BF02179372>
- Howlin, P., & Magiati, I. (2017). Autism spectrum disorder: Outcomes in adulthood. *Current Opinion in Psychiatry*, 30, 1. <https://doi.org/10.1097/YCO.0000000000000308>
- Hoyle, J. N., Laditka, J. N., & Laditka, S. B. (2021). Mental health risks of parents of children with developmental disabilities: A nationally representative study in the United States. *Disability and Health Journal*, 14(2), 101020. <https://doi.org/https://doi.org/10.1016/j.dhjo.2020.101020>
- Hoza, B., Mrug, S., Gerdes, A. C., Hinshaw, S. P., Bukowski, W. M., Gold, J. A., Kraemer, H. C., Pelham, W. E., Jr., Wigal, T., & Arnold, L. E.

- (2005). What Aspects of Peer Relationships Are Impaired in Children With Attention-Deficit/Hyperactivity Disorder? *Journal of Consulting and Clinical Psychology*, 73(3), 411-423. <https://doi.org/https://doi.org/10.1037/0022-006X.73.3.411>
- Hudson, C. C., Hall, L., & Harkness, K. L. (2019). Prevalence of Depressive Disorders in Individuals with Autism Spectrum Disorder: a Meta-Analysis. *Journal of abnormal child psychology*, 47(1), 165-175. <https://doi.org/10.1007/s10802-018-0402-1>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet. Public health*, 2(8), e356-e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Humphrey, N., & Hebron, J. (2015). Bullying of children and adolescents with autism spectrum conditions: a 'state of the field' review. *International Journal of Inclusive Education*, 19(8), 845-862. <https://doi.org/10.1080/13603116.2014.981602>
- Hunt, T. K. A., Slack, K. S., & Berger, L. M. (2017). Adverse childhood experiences and behavioral problems in middle childhood. *Child abuse & neglect*, 67, 391-402. <https://doi.org/10.1016/j.chiabu.2016.11.005>
- Ivanović, I. (2021). Psychiatric Comorbidities in Children With ASD: Autism Centre Experience. *Frontiers in psychiatry*, 12, 673169. <https://doi.org/10.3389/fpsy.2021.673169>
- James, A., Lai, F. H., & Dahl, C. (2004). Attention deficit hyperactivity disorder and suicide: a review of possible associations. *Acta psychiatrica Scandinavica*, 110(6), 408-415. <https://doi.org/10.1111/j.1600-0447.2004.00384.x>
- Jangid, R., Seema, N., Arun, G., Barre, V. P., Walia, D., & Rana, S. (2025). Interplay Between Adverse Childhood Experiences and Neurodevelopmental Disorders: A Systematic Review of Recent Evidence. *Annals of Neurosciences*, 09727531251359413. <https://doi.org/10.1177/09727531251359413>
- Jensen, V. H., Orm, S., Øie, M. G., Andersen, P. N., Hovik, K. T., & Skogli, E. W. (2025). Executive functions and ADHD symptoms predict educational functioning in children with ADHD: A two-year longitudinal study. *Applied Neuropsychology: Child*, 14(2), 225-235. <https://doi.org/10.1080/21622965.2023.2292264>
- Jimenez, M. E., Wade, R., Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse Experiences in Early Childhood and Kindergarten Outcomes. *Pediatrics (Evanston)*, 137(2), e20151839. <https://doi.org/10.1542/peds.2015-1839>

- Johansson, M., Svensson, I., Stenström, U., & Massoudi, P. (2017). Depressive symptoms and parental stress in mothers and fathers 25 months after birth. *Journal of Child Health Care*, 21(1), 65-73. <https://doi.org/10.1177/1367493516679015>
- Johnson, M., Gillberg, C., Vinsa, I., Fransson, G., Samuelsson, L., Jakobsson, K., Östlund, S., Fernell, E., & Gillberg, C. (2023). A randomized controlled trial of a new intervention in early symptomatic syndromes eliciting neurodevelopmental clinical examinations: PR-ESSENCE. *European child & adolescent psychiatry*, 32(1), 63-74. <https://doi.org/10.1007/s00787-021-01837-z>
- Johnston, C., Mash, E. J., Miller, N., & Ninowski, J. E. (2012). Parenting in adults with attention-deficit/hyperactivity disorder (ADHD). *Clinical psychology review*, 32(4), 215-228. <https://doi.org/10.1016/j.cpr.2012.01.007>
- Johnston, C., Park, J. L., & Miller, N. V. (2018). Parental Cognitions: Relations to Parenting and Child Behavior. In M. R. Sanders & A. Morawska (Eds.), *Handbook of Parenting and Child Development Across the Lifespan* (pp. 395-414). Springer International Publishing. https://doi.org/10.1007/978-3-319-94598-9_17
- Johnston, C., Scoular, D. J., & Ohan, J. L. (2004). Mothers' Reports of Parenting in Families of Children with Symptoms of Attention-Deficit/Hyperactivity Disorder: Relations to Impression Management. *Child & family behavior therapy*, 26(1), 45-61. https://doi.org/10.1300/J019v26n01_04
- Jones, E. A., Fiani, T., Stewart, J. L., Sheikh, R., Neil, N., & Fienup, D. M. (2019). When One Sibling has Autism: Adjustment and Sibling Relationship. *Journal of Child and Family Studies*, 28(5), 1272-1282. <https://doi.org/10.1007/s10826-019-01374-z>
- Kasari, C., Locke, J., Gulrud, A., & Rotheram-Fuller, E. (2011). Social networks and friendships at school: comparing children with and without ASD. *Journal of Autism and Developmental Disorders* 41(5), 533-544. <https://doi.org/10.1007/s10803-010-1076-x>
- Kayfitz, A. D., Gragg, M. N., & Robert Orr, R. (2010). Positive Experiences of Mothers and Fathers of Children with Autism. *Journal of applied research in intellectual disabilities*, 23(4), 337-343. <https://doi.org/10.1111/j.1468-3148.2009.00539.x>
- Keen, D., Adams, D., & Simpson, K. (2023). Teacher ratings of academic skills and academic enablers of children on the autism spectrum. *International Journal of Inclusive Education*, 27(10), 1085-1101. <https://doi.org/10.1080/13603116.2021.1881626>
- Kerns, C. M., Newschaffer, C. J., & Berkowitz, S. J. (2015). Traumatic Childhood Events and Autism Spectrum Disorder. *Journal of Autism*

- and Developmental Disorders* 45(11), 3475-3486.
<https://doi.org/10.1007/s10803-015-2392-y>
- Kiff, C. J., Lengua, L. J., & Zalewski, M. (2011). Nature and Nurturing: Parenting in the Context of Child Temperament. *Clinical child and family psychology review*, 14(3), 251-301.
<https://doi.org/10.1007/s10567-011-0093-4>
- King, K., Alexander, D., & Seabi, J. (2016). Siblings' Perceptions of Their ADHD-Diagnosed Sibling's Impact on the Family System. *International Journal of Environmental Research and Public Health* 13(9). <https://doi.org/10.3390/ijerph13090910>
- Kinnear, S. H., Link, B. G., Ballan, M. S., & Fischbach, R. L. (2016). Understanding the Experience of Stigma for Parents of Children with Autism Spectrum Disorder and the Role Stigma Plays in Families' Lives. *Journal of autism and developmental disorders*, 46(3), 942-953.
<https://doi.org/10.1007/s10803-015-2637-9>
- Kirby, A. V., Bakian, A. V., Zhang, Y., Bilder, D. A., Keeshin, B. R., & Coon, H. (2019). A 20-year study of suicide death in a statewide autism population. *Autism research*, 12(4), 658-666.
<https://doi.org/10.1002/aur.2076>
- Kirchhofer, S. M., Orm, S., Haukeland, Y. B., Fredriksen, T., Wakefield, C. E., & Fjermestad, K. W. (2022). A systematic review of social support for siblings of children with neurodevelopmental disorders. *Research in developmental disabilities*, 126, 104234.
<https://doi.org/https://doi.org/10.1016/j.ridd.2022.104234>
- Kosić, R., Petrić, D., Vlašić-Cicvarić, I., & Kosec, T. (2025). Associations Between Parental Alexithymia and Family Dynamics in Autism Spectrum Disorder. *Healthcare*, 13(4), 373.
<https://www.mdpi.com/2227-9032/13/4/373>
- Kraper, C. K., Kenworthy, L., Popal, H., Martin, A., & Wallace, G. L. (2017). The Gap Between Adaptive Behavior and Intelligence in Autism Persists into Young Adulthood and is Linked to Psychiatric Comorbidities. *Journal of autism and developmental disorders*, 47(10), 3007-3017. <https://doi.org/10.1007/s10803-017-3213-2>
- Ku, B., & Ghim, S. (2025). Poor Physical Health in Caregivers of Children with ADHD or ASD and its Association with Health Risk Behaviours: NHIS 2016-2018. *International Journal of Behavioral Medicine*, 32(3), 431-442. <https://doi.org/10.1007/s12529-023-10253-3>
- Kvist, A. P., Nielsen, H. S., & Simonsen, M. (2013). The importance of children's ADHD for parents' relationship stability and labor supply. *Social Science & Medicine*, 88, 30-38.
<https://doi.org/https://doi.org/10.1016/j.socscimed.2013.04.001>

- Lai, M. C., & Baron-Cohen, S. (2015). Identifying the lost generation of adults with autism spectrum conditions. *Lancet Psychiatry*, 2(11), 1013-1027. [https://doi.org/10.1016/s2215-0366\(15\)00277-1](https://doi.org/10.1016/s2215-0366(15)00277-1)
- Lai, M. C., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *Lancet Psychiatry*, 6(10), 819-829. [https://doi.org/10.1016/s2215-0366\(19\)30289-5](https://doi.org/10.1016/s2215-0366(19)30289-5)
- Larsson, H., Sariaslan, A., Långström, N., D'Onofrio, B., & Lichtenstein, P. (2014). Family income in early childhood and subsequent attention deficit/hyperactivity disorder: a quasi-experimental study. *Journal of child psychology and psychiatry*, 55(5), 428-435. <https://doi.org/10.1111/jcpp.12140>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. Springer Publishing Company. <https://research.ebsco.com/linkprocessor/plink?id=522b1578-d862-3f77-818d-9ba3415baa01>
- Lee, C. S. C., Ng, K.-h., Chan, P. C. K., & Peng, X. (2022). Effectiveness of mindfulness parent training on parenting stress and children's ADHD-related behaviors: A systematic review and meta-analysis. *Hong Kong Journal of Occupational Therapy*, 35(1), 3-24. <https://doi.org/10.1177/156918612111073826>
- Lee, J. (2013). Maternal stress, well-being, and impaired sleep in mothers of children with developmental disabilities: A literature review. *Research in developmental disabilities*, 34(11), 4255-4273. <https://doi.org/https://doi.org/10.1016/j.ridd.2013.09.008>
- Lee, J. D., Terol, A. K., Yoon, C. D., & Meadan, H. (2024). Parent-to-parent support among parents of children with autism: A review of the literature. *Autism*, 28(2), 263-275. <https://doi.org/10.1177/13623613221146444>
- Leitch, S., Sciberras, E., Post, B., Gerner, B., Rinehart, N., Nicholson, J. M., & Evans, S. (2019). Experience of stress in parents of children with ADHD: A qualitative study. *International Journal of Qualitative Studies on Health and Well-being*, 14(1), 1690091. <https://doi.org/10.1080/17482631.2019.1690091>
- LeMoine, K. A., Romirowsky, A. M., Woods, K. E., & Chronis-Tuscano, A. (2018). Paternal Antisocial Behavior (But Not Paternal ADHD) Is Associated With Negative Parenting and Child Conduct Problems. *Journal of Attention Disorders*, 22(13), 1187-1199. <https://doi.org/10.1177/1087054715604361>
- Letourneau, N., Dewey, D., Kaplan, B. J., Ntanda, H., Novick, J., Thomas, J. C., Deane, A. J., Leung, B., Pon, K., & Giesbrecht, G. F. (2019). Intergenerational transmission of adverse childhood experiences via

- maternal depression and anxiety and moderation by child sex. *Journal of developmental origins of health and disease*, 10(1), 88-99. <https://doi.org/10.1017/S2040174418000648>
- Levy, F., Hay, D. A., McStephen, M., Wood, C., & Waldman, I. (1997). Attention-Deficit Hyperactivity Disorder: A Category or a Continuum? Genetic Analysis of a Large-Scale Twin Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(6), 737-744. <https://doi.org/10.1097/00004583-199706000-00009>
- Li, F., Xu, M., Wu, D., Tang, Y., Zhang, L., Liu, X., Zhou, L., Li, F., & Jiang, L. (2022). From child social impairment to parenting stress in mothers of children with ASD: The role of parental self-efficacy and social support. *Frontiers in psychiatry*, 13, 1005748. <https://doi.org/10.3389/fpsy.2022.1005748>
- Li, S.-T., Chien, W.-C., Chung, C.-H., & Tzeng, N.-S. (2024). Increased risk of acute stress disorder and post-traumatic stress disorder in children and adolescents with autism spectrum disorder: a nation-wide cohort study in Taiwan [Original Research]. *Frontiers in psychiatry, Volume 15 - 2024*. <https://doi.org/10.3389/fpsy.2024.1329836>
- Liao, X., Wang, T., Tian, J., & Xie, H. (2025). A Cross-Sectional Study of Child Problem Behaviors and Parental Burnout in Parents of Children with Neurodevelopmental Disorders. *Journal of autism and developmental disorders*. <https://doi.org/10.1007/s10803-025-06887-9>
- Lichtenstein, P., Carlström, E., Råstam, M., Gillberg, C., & Anckarsäter, H. (2010). The genetics of autism spectrum disorders and related neuropsychiatric disorders in childhood. *American Journal of Psychiatry*, 167(11), 1357-1363. <https://doi.org/10.1176/appi.ajp.2010.10020223>
- Lin, X., Su, X., Huang, S., Liu, Z., Yu, H., Wang, X., Lin, L., Cao, M., Li, X., & Jing, J. (2023). Association between maternal parenting styles and behavioral problems in children with ASD: Moderating effect of maternal autistic traits [Original Research]. *Frontiers in psychiatry, Volume 14 - 2023*. <https://doi.org/10.3389/fpsy.2023.1107719>
- Lindström, T., Buddgård, S., Westholm, L., Forster, M., Bölte, S., & Hirvikoski, T. (2025). Parent training tailored for parents with ADHD: a randomized controlled trial. *BMC Psychiatry*, 25(1), 818. <https://doi.org/10.1186/s12888-025-07166-8>
- Lingineni, R. K., Biswas, S., Ahmad, N., Jackson, B. E., Bae, S., & Singh, K. P. (2012). Factors associated with attention deficit/hyperactivity disorder among US children: Results from a national survey. *BMC pediatrics*, 12(1), 50-50. <https://doi.org/10.1186/1471-2431-12-50>

- Loyd, B. H., & Abidin, R. R. (1985). Revision of the Parenting Stress Index. *Journal of Pediatric Psychology*, *10*(2), 169-177. <https://doi.org/10.1093/jpepsy/10.2.169>
- Lundh, L.-G., WÅNgby-Lundh, M., & BjÅRehed, J. (2008). Self-reported emotional and behavioral problems in Swedish 14 to 15-year-old adolescents: A study with the self-report version of the Strengths and Difficulties Questionnaire. *Scandinavian journal of psychology*, *49*(6), 523-532. <https://doi.org/10.1111/j.1467-9450.2008.00668.x>
- Mannion, A., & Leader, G. (2023). Relationship between child sleep problems in autism spectrum disorder and parent mental health and well-being. *Sleep medicine*, *109*, 4-10. <https://doi.org/10.1016/j.sleep.2023.05.009>
- Maric, M., & Bögels, S. M. (2019). Parenting behaviors associated with youth AD diagnosis vs. youth ADHD diagnosis. *The European journal of psychiatry*, *33*(1), 17-23. <https://doi.org/10.1016/j.eipsy.2018.07.003>
- Marriott, E., Stacey, J., Hewitt, O. M., & Verkuijl, N. E. (2022). Parenting an Autistic Child: Experiences of Parents with Significant Autistic Traits. *Journal of autism and developmental disorders*, *52*(7), 3182-3193. <https://doi.org/10.1007/s10803-021-05182-7>
- Marsh, S., Dobson, R., & Maddison, R. (2020). The relationship between household chaos and child, parent, and family outcomes: a systematic scoping review. *BMC public health*, *20*(1), 513-527. <https://doi.org/10.1186/s12889-020-08587-8>
- Martin, J., Hamshere, M. L., Stergiakouli, E., O'Donovan, M. C., & Thapar, A. (2014). Genetic Risk for Attention-Deficit/Hyperactivity Disorder Contributes to Neurodevelopmental Traits in the General Population. *Biological psychiatry (1969)*, *76*(8), 664-671. <https://doi.org/10.1016/j.biopsych.2014.02.013>
- Marzocchi, G. M., Capron, C., Di Pietro, M., Duran Tauleria, E., Duyme, M., Frigerio, A., Gaspar, M. F., Hamilton, H., Pithon, G., Simões, A., & Théron, C. (2004). The use of the Strengths and Difficulties Questionnaire (SDQ) in Southern European countries. *European child & adolescent psychiatry*, *13*(S2), ii40-ii46. <https://doi.org/10.1007/s00787-004-2007-1>
- Mayes, S. D., & Calhoun, S. L. (2007). Learning, Attention, Writing, and Processing Speed in Typical Children and Children with ADHD, Autism, Anxiety, Depression, and Oppositional-Defiant Disorder. *Child Neuropsychology*, *13*(6), 469-493. <https://doi.org/10.1080/09297040601112773>
- McKay, M. T., Kilmartin, L., Meagher, A., Cannon, M., Healy, C., & Clarke, M. C. (2022). A revised and extended systematic review and meta-analysis of the relationship between childhood adversity and adult psychiatric disorder. *Journal of psychiatric research*, *156*, 268-283. <https://doi.org/10.1016/j.jpsychires.2022.10.015>

- McQuade, J. D., Taubin, D., & Mordy, A. E. (2024). Positive Emotion Dysregulation and Social Impairments in Adolescents with and without ADHD. *Research on Child and Adolescent Psychopathology*, 52(12), 1803-1815. <https://doi.org/10.1007/s10802-024-01237-2>
- Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044. <https://doi.org/10.1001/jamapediatrics.2018.2537>
- Miklósi, M., Kovács, B., Janovicz, J., Lelki, F., & Kassai, R. (2024). Adult attention-deficit/hyperactivity symptoms and parental cognitions: a meta-analysis. *Frontiers in psychiatry*, 14, 1321078. <https://doi.org/10.3389/fpsyg.2023.1321078>
- Miller, M., Musser, E. D., Young, G. S., Olson, B., Steiner, R. D., & Nigg, J. T. (2019). Sibling Recurrence Risk and Cross-aggregation of Attention-Deficit/Hyperactivity Disorder and Autism Spectrum Disorder. *JAMA Pediatrics*, 173(2), 147-152. <https://doi.org/10.1001/jamapediatrics.2018.4076>
- Miranda, A., Mira, A., Berenguer, C., Rosello, B., & Baixauli, I. (2019). Parenting Stress in Mothers of Children With Autism Without Intellectual Disability. Mediation of Behavioral Problems and Coping Strategies [Original Research]. *Frontiers in Psychology, Volume 10 - 2019*. <https://doi.org/10.3389/fpsyg.2019.00464>
- Missiuna, C., Cairney, J., Pollock, N., Campbell, W., Russell, D. J., Macdonald, K., Schmidt, L., Heath, N., Veldhuizen, S., & Cousins, M. (2014). Psychological distress in children with developmental coordination disorder and attention-deficit hyperactivity disorder. *Research in developmental disabilities*, 35(5), 1198-1207. <https://doi.org/10.1016/j.ridd.2014.01.007>
- Mokrova, I., O'Brien, M., Calkins, S., & Keane, S. (2010). Parental ADHD Symptomology and Ineffective Parenting: The Connecting Link of Home Chaos. *Parenting, science and practice*, 10(2), 119-135. <https://doi.org/10.1080/15295190903212844>
- Montes, G., & Halterman, J. S. (2007). Psychological functioning and coping among mothers of children with autism: a population-based study. *Pediatrics (Evanston)*, 119(5), 985.
- Muñoz-Silva, A., Lago-Urbano, R., Sanchez-Garcia, M., & Carmona-Márquez, J. (2017). Child/Adolescent's ADHD and Parenting Stress: The Mediating Role of Family Impact and Conduct Problems. *Frontiers in Psychology*, 8, 2252. <https://doi.org/10.3389/fpsyg.2017.02252>
- Narayan, A. J., Lieberman, A. F., & Masten, A. S. (2021). Intergenerational transmission and prevention of adverse childhood experiences

- (ACEs). *Clinical Psychology Review* 85, 101997. <https://doi.org/10.1016/j.cpr.2021.101997>
- Nomaguchi, K. M. (2012). Parenthood and psychological well-being: Clarifying the role of child age and parent-child relationship quality. *Social Science Research*, 41(2), 489-498. <https://doi.org/10.1016/j.ssresearch.2011.08.001>
- O'Nions, E., Christie, P., Gould, J., Viding, E., & Happé, F. (2014). Development of the 'Extreme Demand Avoidance Questionnaire' (EDA-Q): preliminary observations on a trait measure for Pathological Demand Avoidance. *Journal of child psychology and psychiatry*, 55(7), 758-768. <https://doi.org/10.1111/jcpp.12149>
- O'Nions, E., Gould, J., Christie, P., Gillberg, C., Viding, E., & Happé, F. (2016). Identifying features of 'pathological demand avoidance' using the Diagnostic Interview for Social and Communication Disorders (DISCO). *European child & adolescent psychiatry*, 25(4), 407-419. <https://doi.org/10.1007/s00787-015-0740-2>
- O'Nions, E., Viding, E., Greven, C. U., Ronald, A., & Happé, F. (2014). Pathological demand avoidance: Exploring the behavioural profile. *Autism : the international journal of research and practice*, 18(5), 538-544. <https://doi.org/10.1177/1362361313481861>
- Olf, M., Hein, I., Amstadter, A. B., Armour, C., Skogbrott Birkeland, M., Bui, E., Cloitre, M., Ehlers, A., Ford, J. D., Greene, T., Hansen, M., Harnett, N. G., Kaminer, D., Lewis, C., Minelli, A., Niles, B., Nugent, N. R., Roberts, N., Price, M.,...Vujanovic, A. A. (2025). The impact of trauma and how to intervene: a narrative review of psychotraumatology over the past 15 years. *The European Journal of Psychotraumatology*, 16(1), 2458406. <https://doi.org/10.1080/20008066.2025.2458406>
- Oppenheimer, A. V., Weisskopf, M. G., & Lyall, K. (2024). An Examination of Family Transmission of Traits Measured by the Social Responsiveness Scale-Short Form. *Journal of autism and developmental disorders*, 54(11), 4034-4044. <https://doi.org/10.1007/s10803-023-06115-2>
- Orm, S., & Fjermestad, K. (2021). A Scoping Review of Psychosocial Adjustment in Siblings of Children with Attention-deficit/hyperactivity disorder. *Advances in neurodevelopmental disorders*, 5(4), 381-395. <https://doi.org/10.1007/s41252-021-00222-w>
- Ostberg, M., & Hagekull, B. (2000). A structural modeling approach to the understanding of parenting stress. *Journal of clinical child and adolescent psychology*, 29(4), 615-625. https://doi.org/10.1207/s15374424jccp2904_13

- Ostberg, M., Hagekull, B., & Wettergren, S. (1997). A measure of parental stress in mothers with small children: dimensionality, stability and validity. *Scandinavian Journal of Psychology* 38(3), 199-208. <https://doi.org/10.1111/1467-9450.00028>
- Pagnier, M., & Moualla, M. (2024). The Autistic Parenting Journey: A Systematic Review of Qualitative Evidence and Thematic Meta-Synthesis. *Autism in Adulthood*. <https://doi.org/10.1089/aut.2024.0176>
- Pan, B., Wang, Y., Xu, P., Gong, Y., Zhao, C., Miao, J., & Li, Y. (2024). The complex longitudinal influence of paternal and maternal parental psychological flexibility on child problem behavior: exploring the role of parenting styles. *BMC Psychology*, 12(1), 793. <https://doi.org/10.1186/s40359-024-02291-7>
- Pan, B., Wang, Y., Zhao, C., Miao, J., Gong, Y., Xiao, B., & Li, Y. (2024). Co-parenting, parental competence and problem behaviours in children: examining differential parental roles. *Humanities & social sciences communications*, 11(1), 1283-1210. <https://doi.org/10.1057/s41599-024-03774-z>
- Park, J. L., Hudec, K. L., & Johnston, C. (2017). Parental ADHD symptoms and parenting behaviors: A meta-analytic review. *Clinical psychology review*, 56, 25-39. <https://doi.org/10.1016/j.cpr.2017.05.003>
- Peng, Q., Dong, Y., Jin, J., Ao, H., Zhang, C., & Ma, Y. (2025). The effectiveness of mindfulness-based interventions for children with autism and their parents: a systematic review and meta-analysis [Systematic Review]. *Frontiers in Psychology*, Volume 16 - 2025. <https://doi.org/10.3389/fpsyg.2025.1526001>
- Picardi, A., Gigantesco, A., Tarolla, E., Stoppioni, V., Cerbo, R., Cremonte, M., Alessandri, G., Lega, I., & Nardocci, F. (2018). Parental Burden and its Correlates in Families of Children with Autism Spectrum Disorder: A Multicentre Study with Two Comparison Groups. *Clinical Practice & Epidemiology in Mental Health*, 14, 143-176. <https://doi.org/10.2174/1745017901814010143>
- Pinquart, M. (2017). Associations of Parenting Dimensions and Styles With Externalizing Problems of Children and Adolescents: An Updated Meta-Analysis. *Developmental psychology*, 53(5), 873-932. <https://doi.org/10.1037/dev0000295>
- Pohl, A. L., Crockford, S. K., Blakemore, M., Allison, C., & Baron-Cohen, S. (2020). A comparative study of autistic and non-autistic women's experience of motherhood. *Molecular Autism*, 11(1), 3. <https://doi.org/10.1186/s13229-019-0304-2>
- Polanczyk, G., de Lima, M. S., Horta, B. L., Biederman, J., & Rohde, L. A. (2007). The Worldwide Prevalence of ADHD: A Systematic Review

- and Metaregression Analysis. *The American journal of psychiatry*, 164(6), 942-948. <https://doi.org/10.1176/ajp.2007.164.6.942>
- Posserud, M. B., Breivik, K., Gillberg, C., & Lundervold, A. J. (2013). ASSERT--the Autism Symptom Self-Report for adolescents and adults: bifactor analysis and validation in a large adolescent population. *Research in developmental disabilities*, 34(12), 4495-4503. <https://doi.org/10.1016/j.ridd.2013.09.032>
- Ragadran, J., Kamal Nor, N., Ismail, J., Ong, J. J., & Sundaraj, C. (2023). Estimating the Risk of Attention Deficit Hyperactivity Disorder (ADHD) in Parents of Children with ADHD and the Association with Their Children's Disease Severity and Adherence to Medication. *Children (Basel)*, 10(9). <https://doi.org/10.3390/children10091440>
- Renhorn, E., Nytell, C., Backman, A., Ekstrand, C., & Hirvikoski, T. (2019). Burden sharing in families to children, adolescents and young adults with ADHD: Analysis of ADHD Helpline in Swedish Clinical Services. *Scandinavian journal of child and adolescent psychiatry and psychology*, 7(1), 88-91. <https://doi.org/10.21307/sjcapp-2019-012>
- Renk, K., Oliveros, A., Roddenberry, A., Klein, J., Sieger, K., Roberts, R., & Phares, V. (2007). The relationship between maternal and paternal psychological symptoms and ratings of adolescent functioning. *Journal of adolescence* 30(3), 467-485. <https://doi.org/10.1016/j.adolescence.2006.05.001>
- Rezendes, D. L., & Scarpa, A. (2011). Associations between Parental Anxiety/Depression and Child Behavior Problems Related to Autism Spectrum Disorders: The Roles of Parenting Stress and Parenting Self-Efficacy. *Autism Research and Treatment*, 2011, 395190. <https://doi.org/10.1155/2011/395190>
- Rivard, M., Terroux, A., Parent-Boursier, C., & Mercier, C. (2014). Determinants of Stress in Parents of Children with Autism Spectrum Disorders. *Journal of autism and developmental disorders*, 44(7), 1609-1620. <https://doi.org/10.1007/s10803-013-2028-z>
- Robinson, E. B., St Pourcain, B., Anttila, V., Kosmicki, J. A., Bulik-Sullivan, B., Grove, J., Maller, J., Samocha, K. E., Sanders, S. J., Ripke, S., Martin, J., Hollegaard, M. V., Werge, T., Hougaard, D. M., Neale, B. M., Evans, D. M., Skuse, D., Mortensen, P. B., Børglum, A. D.,...Daly, M. J. (2016). Genetic risk for autism spectrum disorders and neuropsychiatric variation in the general population. *Nature genetics*, 48(5), 552-555. <https://doi.org/10.1038/ng.3529>
- Rowell, T., & Neal-Barnett, A. (2022). A Systematic Review of the Effect of Parental Adverse Childhood Experiences on Parenting and Child Psychopathology. *Journal of Child & Adolescent Trauma* 15(1), 167-180. <https://doi.org/10.1007/s40653-021-00400-x>

- Rusu, P. P., Candel, O.-S., Bogdan, I., Ilciuc, C., Ursu, A., & Podina, I. R. (2025). Parental Stress and Well-Being: A Meta-analysis. *Clinical child and family psychology review*, 28(2), 255-274. <https://doi.org/10.1007/s10567-025-00515-9>
- Rutter, M. (2011). Research Review: Child psychiatric diagnosis and classification: concepts, findings, challenges and potential. *Journal of child psychology and psychiatry*, 52(6), 647-660. <https://doi.org/10.1111/j.1469-7610.2011.02367.x>
- Rutter, M. (2013). Changing concepts and findings on autism. *Journal of Autism and Developmental Disorders* 43(8), 1749-1757. <https://doi.org/10.1007/s10803-012-1713-7>
- Saito, A., Matsumoto, S., Sato, M., Sakata, Y., & Haraguchi, H. (2022). Relationship between parental autistic traits and parenting difficulties in a Japanese community sample. *Research in developmental disabilities*, 124, 104210. <https://doi.org/10.1016/j.ridd.2022.104210>
- Salari, N., Ghasemi, H., Abdoli, N., Rahmani, A., Shiri, M. H., Hashemian, A. H., Akbari, H., & Mohammadi, M. (2023). The global prevalence of ADHD in children and adolescents: a systematic review and meta-analysis. *Italian Journal of Pediatrics*, 49(1), 48. <https://doi.org/10.1186/s13052-023-01456-1>
- Scandurra, V., Emberti Gialloreti, L., Barbanera, F., Scordo, M. R., Pierini, A., & Canitano, R. (2019). Neurodevelopmental Disorders and Adaptive Functions: A Study of Children With Autism Spectrum Disorders (ASD) and/or Attention Deficit and Hyperactivity Disorder (ADHD). *Frontiers in psychiatry*, 10, 673. <https://doi.org/10.3389/fpsy.2019.00673>
- Shaffer, D., Gould, M. S., Brasic, J., Ambrosini, P., Fisher, P., Bird, H., & Aluwahlia, S. (1983). A children's global assessment scale (CGAS). *Archives of general psychiatry*, 40(11), 1228-1231. <https://doi.org/10.1001/archpsyc.1983.01790100074010>
- Shawler, P. M., & Sullivan, M. A. (2017). Parental Stress, Discipline Strategies, and Child Behavior Problems in Families With Young Children With Autism Spectrum Disorders. *Focus on Autism and Other Developmental Disabilities*, 32(2), 142-151. <https://doi.org/10.1177/1088357615610114>
- Shenaar-Golan, V., & Hen, M. (2024). Do Parents' Internal Processes and Feelings Contribute to the way they Report Their Children's Mental Difficulties on the Strength and Difficulties Questionnaire (SDQ)? *Child Psychiatry & Human Development* 55(4), 943-953. <https://doi.org/10.1007/s10578-022-01444-2>
- Shu, Y., Zhang, Z., Wang, H., Wang, C., Dou, L., Wang, W., Zhang, L., Bi, J., & Wu, M. (2025). The long-term effects of adverse childhood experiences on adult health and behaviors: mediating role of

- socioeconomic inequality. *BMC public health*, 25(1), 1950. <https://doi.org/10.1186/s12889-025-23192-3>
- Sikora, D. M., Vora, P., Coury, D. L., & Rosenberg, D. (2012). Attention-Deficit/Hyperactivity Disorder Symptoms, Adaptive Functioning, and Quality of Life in Children With Autism Spectrum Disorder. *Pediatrics (Evanston)*, 130(Supplement_2), S91-S97. <https://doi.org/10.1542/peds.2012-0900G>
- Sim, A., Cordier, R., Vaz, S., & Falkmer, T. (2016). Relationship satisfaction in couples raising a child with autism spectrum disorder: A systematic review of the literature. *Research in Autism Spectrum Disorders*, 31, 30-52. <https://doi.org/https://doi.org/10.1016/j.rasd.2016.07.004>
- Simon, V., Czobor, P., Bálint, S., Mészáros, Á., & Bitter, I. (2009). Prevalence and correlates of adult attention-deficit hyperactivity disorder: meta-analysis. *British journal of psychiatry*, 194(3), 204-211. <https://doi.org/10.1192/bjp.bp.107.048827>
- Skoglund, C., Kopp Kallner, H., Skalkidou, A., Wikström, A. K., Lundin, C., Hesselman, S., Wikman, A., & Sundström Poromaa, I. (2019). Association of Attention-Deficit/Hyperactivity Disorder With Teenage Birth Among Women and Girls in Sweden. *JAMA Network Open*, 2(10), e1912463. <https://doi.org/10.1001/jamanetworkopen.2019.12463>
- Smith, L. E., Greenberg, J. S., & Mailick, M. R. (2014). The family context of autism spectrum disorders: influence on the behavioral phenotype and quality of life. *Child and Adolescent Psychiatric Clinics*, 23(1), 143-155. <https://doi.org/10.1016/j.chc.2013.08.006>
- Smith, L. E., Hong, J., Seltzer, M. M., Greenberg, J. S., Almeida, D. M., & Bishop, S. L. (2010). Daily Experiences Among Mothers of Adolescents and Adults with Autism Spectrum Disorder. *Journal of autism and developmental disorders*, 40(2), 167-178. <https://doi.org/10.1007/s10803-009-0844-y>
- Solberg, B. S., Hegvik, T. A., Halmøy, A., Skjaerven, R., Engeland, A., Haavik, J., & Klungsoyr, K. (2021). Sex differences in parent-offspring recurrence of attention-deficit/hyperactivity disorder. *Journal of Child Psychology and Psychiatry* 62(8), 1010-1018. <https://doi.org/10.1111/jcpp.13368>
- Spencer, A. E., Faraone, S. V., Bogucki, O. E., Pope, A. L., Uchida, M., Milad, M. R., Spencer, T. J., Woodworth, K. Y., & Biederman, J. (2016). Examining the Association Between Posttraumatic Stress Disorder and Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-Analysis. *The journal of clinical psychiatry*, 77(1), 72-83. <https://doi.org/10.4088/JCP.14r09479>
- Speyer, L. G., Hang, Y., Hall, H. A., & Murray, A. L. (2022). The role of harsh parenting practices in early- to middle-childhood socioemotional

- development: An examination in the Millennium Cohort Study. *Child development*, 93(5), 1304-1317. <https://doi.org/10.1111/cdev.13761>
- Straus, M., & Hamby, S. (1997). Measuring Physical and Psychological Maltreatment of Children with the Conflict Tactics Scales. In (pp. 119-135). <https://doi.org/10.4135/9781483328058.n10>
- Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: a population-based epidemiological study. *Child abuse & neglect*, 24(10), 1257-1273. [https://doi.org/10.1016/S0145-2134\(00\)00190-3](https://doi.org/10.1016/S0145-2134(00)00190-3)
- Taylor, C. A., Manganello, J. A., Lee, S. J., & Rice, J. C. (2010). Mothers' Spanking of 3-Year-Old Children and Subsequent Risk of Children's Aggressive Behavior. *Pediatrics (Evanston)*, 125(5), e1057-e1065. <https://doi.org/10.1542/peds.2009-2678>
- Teague, S. J., Gray, K. M., Tonge, B. J., & Newman, L. K. (2017). Attachment in children with autism spectrum disorder: A systematic review. *Research in Autism Spectrum Disorders*, 35, 35-50. <https://doi.org/10.1016/j.rasd.2016.12.002>
- Thapar, A., & Cooper, M. (2016). Attention deficit hyperactivity disorder. *Lancet*, 387(10024), 1240-1250. [https://doi.org/10.1016/s0140-6736\(15\)00238-x](https://doi.org/10.1016/s0140-6736(15)00238-x)
- Thapar, A., Cooper, M., & Rutter, M. (2017). Neurodevelopmental disorders. *Lancet Psychiatry*, 4(4), 339-346. [https://doi.org/10.1016/s2215-0366\(16\)30376-5](https://doi.org/10.1016/s2215-0366(16)30376-5)
- Theule, J., Wiener, J., Tannock, R., & Jenkins, J. M. (2013). Parenting Stress in Families of Children With ADHD: A Meta-Analysis. *Journal of emotional and behavioral disorders*, 21(1), 3-17. <https://doi.org/10.1177/1063426610387433>
- Totsika, V., Hastings, R. P., Emerson, E., Lancaster, G. A., Berridge, D. M., & Vagenas, D. (2013). Is There a Bidirectional Relationship Between Maternal Well-Being and Child Behavior Problems in Autism Spectrum Disorders? Longitudinal Analysis of a Population-Defined Sample of Young Children. *Autism research*, 6(3), 201-211. <https://doi.org/10.1002/aur.1279>
- Trew, S. (2024). Close Relationships Despite the Challenges: Sibling Relationships and Autism. *Journal of autism and developmental disorders*. <https://doi.org/10.1007/s10803-024-06412-4>
- Tsai, H.-W. J., Cebula, K., Liang, S. H., & Fletcher-Watson, S. (2018). Siblings' experiences of growing up with children with autism in Taiwan and the United Kingdom. *Research in developmental disabilities*, 83, 206-216. <https://doi.org/https://doi.org/10.1016/j.ridd.2018.09.001>
- Vostanis, P., Graves, A., Meltzer, H., Goodman, R., Jenkins, R., & Brugha, T. (2006). Relationship between parental psychopathology, parenting strategies and child mental health: Findings from the GB national

- study. *Social Psychiatry and Psychiatric Epidemiology*, 41(7), 509-514. <https://doi.org/10.1007/s00127-006-0061-3>
- Wang, X., Xie, R., Ding, W., Chen, Y., Wang, X., Zhang, R., & Li, W. (2025). Bidirectional longitudinal relationships between parents' dysregulation, children's emotion regulation and children's internalizing problem. *Children and Youth Services Review*, 170, 108169. <https://doi.org/https://doi.org/10.1016/j.chilyouth.2025.108169>
- Webster-Stratton, C. H., Reid, M. J., & Beauchaine, T. (2011). Combining parent and child training for young children with ADHD. *Journal of Clinical Child & Adolescent Psychology*, 40(2), 191-203. <https://doi.org/10.1080/15374416.2011.546044>
- Wechsler, D. (2014). *Wechsler Intelligence Scale for Children - Fifth Edition (WISC-V) [Svensk version]*. Pearson Assessment.
- Weiss, M., Hechtman, L., & Weiss, G. (2000). ADHD in parents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(8), 1059-1061. <https://doi.org/10.1097/00004583-200008000-00023>
- Weistra, S. R., van Bakel, H. J. A., & Mathijssen, J. J. P. (2025). Adverse Childhood Experiences in Parental History and how they Relate to Subsequent Observed Parent–Child Interaction: A Systematic Review. *Child & Youth Care Forum*, 54(3), 755-785. <https://doi.org/10.1007/s10566-024-09832-6>
- Whittaker, A. C., & Gallagher, S. (2019). Caregiving alters immunity and stress hormones: a review of recent research. *Current opinion in behavioral sciences*, 28, 93-97. <https://doi.org/10.1016/j.cobeha.2019.02.002>
- Williamson, D., & Johnston, C. (2015). Gender differences in adults with attention-deficit/hyperactivity disorder: A narrative review. *Clinical Psychology Review* 40, 15-27. <https://doi.org/10.1016/j.cpr.2015.05.005>
- Williamson, D., & Johnston, C. (2019). Maternal ADHD Symptoms and Parenting Stress: The Roles of Parenting Self-Efficacy Beliefs and Neuroticism. *Journal of Attention Disorders*, 23(5), 493-505. <https://doi.org/10.1177/1087054717693373>
- Williamson, D., Johnston, C., Noyes, A., Stewart, K., & Weiss, M. D. (2017). Attention-Deficit/Hyperactivity Disorder Symptoms in Mothers and Fathers: Family Level Interactions in Relation to Parenting. *Journal of abnormal child psychology*, 45(3), 485. <https://doi.org/10.1007/s10802-016-0235-8>
- Wong, T. S. M., & Shorey, S. (2022). Experiences of peer support amongst parents of children with neurodevelopmental disorders: A qualitative systematic review. *Journal of Pediatric Nursing* 67, e92-e99. <https://doi.org/10.1016/j.pedn.2022.09.004>

- World Health Organization, W. (2023). *Autism*. Retrieved July 14 from <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>
- Zeidan, J., Fombonne, E., Scolah, J., Ibrahim, A., Durkin, M. S., Saxena, S., Yusuf, A., Shih, A., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism research*, *15*(5), 778-790. <https://doi.org/10.1002/aur.2696>
- Zhang, L., Mersky, J. P., Gruber, A. M. H., & Kim, J.-Y. (2023). Intergenerational Transmission of Parental Adverse Childhood Experiences and Children's Outcomes: A Scoping Review. *Trauma, violence & abuse*, *24*(5), 3251-3264. <https://doi.org/10.1177/15248380221126186>
- Zhang, N., Gao, M., Yu, J., Zhang, Q., Wang, W., Zhou, C., Liu, L., Sun, T., Liao, X., & Wang, J. (2022). Understanding the association between adverse childhood experiences and subsequent attention deficit hyperactivity disorder: A systematic review and meta-analysis of observational studies. *Brain and behavior*, *12*(10), e32748-n/a. <https://doi.org/10.1002/brb3.2748>
- Zhang, Y., Liao, W., Rao, Y., Gao, W., & Yang, R. (2025). Effects of ADHD and ADHD medications on depression and anxiety in children and adolescents: A systematic review and meta-analysis. *Journal of psychiatric research*, *181*, 623-639. <https://doi.org/10.1016/j.jpsychires.2024.12.022>
- Zhao, X., Page, T. F., Altszuler, A. R., Pelham, W. E., 3rd, Kipp, H., Gnagy, E. M., Coxe, S., Schatz, N. K., Merrill, B. M., Macphree, F. L., & Pelham, W. E., Jr. (2019). Family Burden of Raising a Child with ADHD. *Journal of Abnormal Child Psychology* *47*(8), 1327-1338. <https://doi.org/10.1007/s10802-019-00518-5>
- Zheng, Q., Hui, B. K. H., Li, J., & Shum, K. K.-m. (2025). Adaptive Functioning in School: A Multidimensional Questionnaire for Assessing Functional Challenges Beyond Symptoms in Students with ADHD. *Child psychiatry and human development*. <https://doi.org/10.1007/s10578-025-01867-7>
- Zuckerman, K. E., Lindly, O. J., Reyes, N. M., Chavez, A. E., Cobian, M., Macias, K., Reynolds, A. M., & Smith, K. A. (2018). Parent Perceptions of Community Autism Spectrum Disorder Stigma: Measure Validation and Associations in a Multi-site Sample. *Journal of autism and developmental disorders*, *48*(9), 3199-3209. <https://doi.org/10.1007/s10803-018-3586-x>
- Zwirs, B. W. C., Burger, H., Schulpen, T. W. J., Wiznitzer, M., Fedder, H., & Buitelaar, J. K. (2007). Prevalence of Psychiatric Disorders Among Children of Different Ethnic Origin. *Journal of abnormal child psychology*, *35*(4), 556. <https://doi.org/10.1007/s10802-007-9112-9>

