Supplemental A

Description of the findings of the regression models used to decompose the maternal composite stress score into its three components: PTSD-like symptoms, peritraumatic distress, and peritraumatic dissociation.

*PTSD-like symptom.* As presented in Table 3, PTSD-like symptoms, child sex, genotype (LL vs LS/SS), PTSD-like symptoms × child sex interaction, and PTSD-like symptoms × genotype interactions were not significantly related to the children’s ASRS scores. The genotype × child sex interaction tended to be related to the children’s ASRS scores (p= 0.059), accounting for 2.5% of the variance. Finally, the PTSD-like symptoms × genotype × child sex interaction was significantly related to the children’s ASRS scores, accounting for an additional 2.7% of the variance. The final model accounted for 38.6% of the variance in the children’s ASRS scores.

The significant results of the analyses conducted to explore the 3-way PTSD-like symptoms × genotype × child sex interaction are presented in Table 4. In boys, maternal pregnancy status at the completion of the recruitment questionnaire was unrelated to the ASRS scores. The three covariates (maternal positive mental health at recruitment and current maternal empathy and anxiety) collectively accounted for 22.2% of the variance: lower positive maternal mental health, lower maternal empathy, and higher maternal anxiety were associated with higher ASRS scores. PTSD-like symptoms were marginally related to the boys’ ASRS scores, accounting for an additional 4.6% of the variance: higher PTSD-like symptoms were associated with higher ASRS scores. Maternal objective hardship levels and genotype (LL vs LS/SS) were not significantly related to the boys’ ASRS scores. However, the maternal PTSD-like symptoms × genotype interaction was significantly related to the boys’ ASRS scores, accounting for an additional 6.8% of the variance. The final model accounted for 37.6% of the variance in the children’s ASRS scores.

Post-hoc exploration of the interaction using Process (Hayes, 2013) revealed that only the slope for the LL genotype was significant (p=0.004) with ASRS scores increasing with increasing PTSD-like symptoms (Figure 4). The slope for the LS/SS genotype was not significant (p=0.139). Finally, ASRS scores differed significantly between boys with the LL and LS/SS genotypes when the value of PTSD-like symptoms was 1.15 and greater.

In girls, maternal pregnancy status at time of completion of the recruitment questionnaire tended to be related to the ASRS scores (p= 0.068), accounting for 7.4% of the variance: mothers who were still pregnant when they completed the recruitment questionnaire tended to rate their girls higher on this scale. The three covariates (maternal positive mental health at recruitment, and current levels of maternal empathy and anxiety) collectively were related to the ASRS scores, accounting for 33.2% of the variance: lower empathy (p = 0.018 at entry; p = 0.040 in final model), higher anxiety (p = 0.058 at entry; p = 0.067 in final model), and higher maternal positive mental health (p = 0.229 at entry; p = 0.181 in final model) scores were associated with higher ASRS scores (data not shown). Neither maternal objective hardship levels, PTSD-like symptoms, genotype (LL vs LS/SS), nor the PTSD-like symptoms × genotype interaction were significantly related to the girls’ ASRS scores.

*Peritraumatic distress.* Peritraumatic distress, child sex, genotype (LL vs LS/SS), peritraumatic distress × child sex interaction, peritraumatic distress × genotype interaction, the genotype × child sex interaction, and the peritraumatic distress × genotype × child sex were not significantly related to the children’s ASRS scores. The final model accounted for 34.4% of the variance in the children’s ASRS scores.

*Peritraumatic dissociation.* Peritraumatic dissociation, child sex, genotype (LL vs LS/SS), peritraumatic dissociation × child sex interaction, peritraumatic dissociation × genotype interaction, and the genotype × child sex interaction were not significantly related to the children’s ASRS scores. However, the peritraumatic dissociation × genotype × child sex interaction was significantly related to the children’s ASRS scores, accounting for an additional 4.5% of the variance. The final model accounted for 37.2% of the variance in the children’s ASRS scores.

 The significant results of the analyses conducted to explore the 3-way peritraumatic dissociation × genotype × child sex interaction are presented in Table 4. In boys, maternal pregnancy status at the completion of the recruitment questionnaire was unrelated to the ASRS scores. The three covariates (maternal positive mental health at recruitment and current maternal empathy and anxiety) collectively accounted for 22.2% of the variance: lower positive maternal mental health, lower maternal empathy, and higher maternal anxiety were associated with higher ASRS scores. Maternal objective hardship levels, peritraumatic dissociation, and genotype (LL vs LS/SS) were not significantly related to the boys’ ASRS scores. However, the peritraumatic dissociation × genotype interaction was marginally related to the boys’ ASRS scores, accounting for an additional 4.4% of the variance. The final model accounted for 29.5% of the variance in the boys’ ASRS scores.

Post-hoc exploration of the interaction using Process (Hayes, 2013) revealed that only the slope for the LL genotype tended to be significant (p=0.085) with ASRS scores increasing with increasing peritraumatic dissociation values. Finally, ASRS scores differed between boys with the LL and LS/SS genotypes when the value of peritraumatic dissociation was 2.12 or greater (Figure 5).

In girls, maternal pregnancy status at time of completion of the recruitment questionnaire tended to be related to the ASRS scores (p= 0.068), accounting for 7.4% of the variance: mothers who were still pregnant when they completed the recruitment questionnaire tended to rate their girls higher on this scale. The three covariates (maternal positive mental health at recruitment, and current levels of maternal empathy and anxiety) collectively were related to the ASRS scores, accounting for 33.2% of the variance: lower empathy, higher anxiety, and higher maternal positive mental health scores were associated with higher ASRS scores (Table 4). Neither maternal objective hardship levels, peritraumatic dissociation, nor genotype (LL vs LS/SS) were significantly related to the girls’ ASRS scores as main effects. However, the peritraumatic dissociation × genotype interaction was significantly related to the girls’ ASRS scores, accounting for an additional 5.9% of the variance. The final model accounted for 51.4% of the variance in the girls’ ASRS scores,.

Post-hoc exploration of the interaction using Process (Hayes, 2013) revealed that neither the slope for the LS/SS (p = 0.219) or LL (p = 0.133) genotypes were statistically significant. However, ASRS scores differed between girls with the LL and LS/SS genotypes when the value of peritraumatic dissociation was 1.87 or greater (Figure 5).