CHILDHOOD PSYCHOLOGICAL ABUSE AND ADULT FUNCTIONING IN MOTHERS

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Abstract

This thesis explores the effects of childhood psychological abuse (CPA) on maternal parenting practices and perpetration of psychological abuse on their children. A systematic review (N=15) considered existing research investigating the relationship between maternal CPA and parenting. Although parenting outcomes varied in definition and degree of harm, with the majority of studies subject to methodological limitations, CPA was found to have a negative effect on parenting. Following this, an empirical research project investigated unresolved trauma symptoms, exposure to further victimisation in adulthood and perceived social support as possible mediating factors in the relationship between maternal CPA and perpetration of psychological abuse in a UK sample of mothers (N=328). Analyses revealed unresolved trauma symptoms acted as a mediating risk factor, with the ability to form supportive social relationships functioning as a mediating protective factor, in the cycle of psychological abuse. A single case study is then presented, summarising the assessment and formulation of a mother attempting to secure the return of her son from foster placement, exploring the hypothesised trajectory of CPA on psychological functioning and parenting. Finally, a critique of the Brief Betrayal Trauma Survey is presented examining its psychometric properties and clinical utility. The thesis emphasises the importance of considering CPA as contributing to difficulties in adult functioning which, in turn, may increase the likelihood of harmful parenting behaviours. In doing so, this thesis highlights the importance of incorporating such understandings to support both mothers who disclose CPA, and the parenting services working with them, to address factors associated with harmful parenting practices.

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INTRODUCTION

1. Childhood Maltreatment

Childhood maltreatment is recognised as one of the biggest public health and social problems in the world (World Health Organisation (WHO), 2020). As noted by the World Health Organisation (2020), child maltreatment is defined as:

> "the abuse and [or] neglect that occurs to children under 18 years [of age]. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power".

The latest findings from the Office of National Statistics (ONS) (2020) suggest approximately 20.7% of the United Kingdom population experienced some form of childhood maltreatment, the primary forms being neglect, psychological abuse, physical abuse and sexual abuse. Although recognised that child maltreatment may be perpetrated by individuals outside the family environment (HM Government, 2018), parents and/or caregivers are typically considered the primary perpetrators, particularly in relation to psychological abuse (WHO, 2020). The effects of child maltreatment on neurological (Twardosz & Lutzker, 2010; Glaser, 2014), emotional (Young & Widom, 2014; Harms et al., 2019) and cognitive development (Crozier & Barth, 2005; Irigaray et al., 2013) is well established, with evidence demonstrating the enduring effects such abuse

can have on adolescent (Trickett et al., 2011; Miller et al., 2013) and adult (Clemmons et al., 2007; van Vugt et al., 2014) psychological functioning.

Compared to both sexual and physical abuse, psychological abuse has repeatedly been identified as the most common form of child maltreatment in the UK (Radford et al., 2011; ONS, 2020), with 9% of adults reporting experiences of childhood psychological abuse (CPA), higher than both physical (7%) and sexual abuse (7%) (ONS; 2016). Internationally, it is estimated approximately 3 in 4 children aged between 2 and 4-years-old experience physical and/or psychological abuse perpetrated by their parents or caregivers (WHO, 2020). In the UK, CPA was the most common category of maltreatment for children being placed on the child protection register in 2019, with a 6% increase in calls specifically regarding CPA to the NSPCC from the previous year (ONS, 2020). This is reiterated by a recent NSPCC report noting a 200% increase in reported CPA since 2010 (Bentley et al., 2017). Whilst it is recognised increased awareness of CPA may have contributed to such significant increases in reported cases, the statistics also evidence the widespread presence of CPA in the UK and globally and its probable neglect in earlier child maltreatment literature and research.

2. Defining Childhood Psychological Abuse

Despite such statistics and apparent increased interest in recording CPA, defining this very concept has been notably challenging. This has been suggested to reflect the more discrete nature of CPA between a parent and child which, compared to a more obvious physical impact, makes it more difficult to easily identify (Glaser, 2002). Additionally, challenges in

distinguishing between suboptimal and psychologically abusive parenting has been suggested to add to difficulties in clearly identifying and measuring the concept (e.g. Trickett et al., 2009). Further, the term psychological abuse has long been used interchangeably with emotional, verbal and/or mental abuse (Navarre, 1987), all constructs which have also proven difficult to define and distinguish between (Black et al., 2001). Such difficulties still appear present, with researchers often referring to one term whilst acknowledging other, and seemingly synonymous, terms (e.g. Tonmyr et al., 2011). However, some researchers have argued such terms, particularly psychological and emotional abuse, are, at least partially, distinguishable concepts (O'Hagan, 1995; Hart et al., 2002) implying researchers should attempt to define and choose between these terms where possible.

Whilst identifying clear differences between psychological and emotional abuse is still challenging, one key difference between the terms appears to rest on whether the maltreatment targets only affective aspects of the child, thus argued to be better encapsulated within emotional abuse (O'Hagan, 1995), or whether it targets both affective and cognitive aspects, argued to better reflect psychological abuse (Hart & Brassard, 1986). Expanding on this, researchers have suggested psychological abuse is a broader term which reflects persistent patterns of emotional abuse (Glaser, 2002; Crawford et al., 2007). Further, given researchers highlight the adverse effects childhood emotional abuse can have on a child's cognitive development (Glaser, 2002; O'Hagan, 2006), it seems most appropriate to utilise the term which better encapsulates the potential impact on both emotional and cognitive development and functioning. However, as

apparent throughout the following chapters, the majority of existing research does not clearly define, nor clearly distinguishes between, childhood psychological or emotional abuse. Thus, Her Majesty's Government (2018) definition of childhood psychological abuse is utilised as a clear definition throughout this thesis to identify relevant literature and research, with the term childhood psychological abuse utilised throughout. For clarity, the HM Government (2018) defines CPA as:

> *"The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children".*

In sum, CPA is generally understood as persistent and severe patterns of harmful parent-child interactions, often characterised by rejecting,

isolating, ignoring and/or corrupting the child (Tomison & Tucci, 1997; HM Government, 2018). Additionally, some research has argued CPA encapsulates parental emotional unresponsiveness and failing to attend the emotional needs of the child (Hart et al., 2010; Brassard & Donovan, 2006).

Of note, child maltreatment literature typically discusses acts of commission, such as physical, sexual or psychological abuse, and acts of omission, such as neglect or failures to protect children from dangerous environments (Pollak et al., 2000). Some researchers have combined experiences of CPA with emotional neglect, accounting for both committed and omitted acts of maltreatment (see Hughes & Cossar, 2016 for review). For the purposes of this thesis, only CPA, i.e. the committed act, will be considered and not emotional neglect. This was decided to maximise the likelihood of accurately examining and researching the impact of CPA, independent of other forms of maltreatment, to contribute to research in this area.

3. Child Maltreatment and Parenting: Theory and Gaps in the Literature

The majority of research exploring the existence of a relationship between experiences of child maltreatment and subsequent parenting practices have focused on physical (e.g. Libby et al., 2008; Ehrensaft et al., 2015) and/or sexual abuse (e.g. Spieker et al., 1996; Kim et al., 2010). Research has found such experiences of maltreatment negatively impacts later parenting, for both mothers and fathers (Newcomb & Locke, 2001), particularly in the form of physical (Banyard, 1997) and psychological aggression (Barrett, 2009), parental permissiveness (Ruscio, 2000) and negative parent-child

interactions (Roberts et al., 2004). Indeed, a recent review of meta-analyses exploring child maltreatment antecedents (see van Ijzendoorn et al., 2020) identified parental experience of maltreatment in their own childhood as the strongest risk factor for child maltreatment, further supporting the presence of this relationship. Some research exploring this relationship between child maltreatment and subsequent problematic parenting have explored potential mediating factors in this relationship, looking at the role of parental anger (DiLillo et al., 2000), depression (Hugill et al., 2017), dissociation (Collin-Vezina et al., 2005), relational violence in intimate relationships (Schuetze & Eiden, 2005; Labella et al., 2019) and parental mental health difficulties (Greene et al., 2020).

Numerous theoretical underpinnings have been offered to explain the relationship between experiences of child maltreatment, particularly physical and/or sexual abuse, and subsequent parenting outcomes. The majority of these theories are developmental in nature: that is, focusing on how experiences of child maltreatment may impact a child's development (Cicchetti & Olsen, 1990) and subsequent emotional (Pollak et al., 1998), cognitive (Crozier and Barth, 2005; Enlow et al., 2012) and/or behavioural (Falshaw, 2005) functioning throughout their life. Developmental theory may generally be understood as an overarching umbrella term encapsulating a variety of theories focused on how early childhood experiences impact such development across the lifespan, including Attachment (Bowlby, 1969; Crittenden, 1995), Social Learning (Bandura, 1976) and trauma-informed theories (e.g. Ringel & Brandell, 2011). In sum, developmental theories focus on human adaptation and maturation to explore the continuity and change of psychological functioning, offering

theoretical trajectories across the lifespan (Schaffer, 2006). For researchers concerned with how early childhood experiences, such as child maltreatment, impact subsequent functioning, developmental theory is arguably most fitting. Indeed, the majority of research examining the impact of and relationship between child maltreatment and subsequent parenting (e.g. Rodriquez & Tucker, 2011), alongside more generally examining the intergenerational transmission of poor parenting (e.g. Zeanah & Zeanah, 1989; Belsky, 1993; Levendosky, 2013), a developmental theoretical approach has been utilised, highlighting the appropriateness of this theoretical framework when researching possible relationships between child maltreatment and parenting. Thus, this thesis is underpinned by developmental theory generally, utilising literature and research in this field to focus on the likely trajectories between experiences of CPA and subsequent parenting. However, as evident throughout the chapters, an attachment-informed approach will primarily be drawn upon.

Specifically, the Dynamic Maturational Model of Attachment and Adaptation (DMM; Crittenden, 2008) will be the attachment model utilised throughout this thesis. Whilst it is acknowledged other attachment models exist, including the more mainstream ABC+D approach (Main & Solomon, 1990; Hesse & Main, 2000; Main, 2000), principles specific to the DMM were considered most helpful in explaining the proposed theoretical mechanisms likely underpinning the relationship between CPA and parenting. Whilst a thorough overview of this approach is outlined in Chapter Three, where readers are directed, a brief summary of the theoretical impact of CPA on development and subsequent parenting, as understood via DMM-informed principles, will be outlined below.

The DMM argues human beings have four basic survival needs: Safety; Comfort; Proximity; and Predictability (see Allam & Baim, 2017). How the attachment figure interacts with and responds to the child, and how predictable and attuned they are at meeting the infant's needs, will determine how the child organises themselves to maximise the likelihood of these needs being met. Any perceived threat to these needs being obtained is often referred to as "danger" within the DMM framework and, as such, readers are reminded the use of the word danger throughout the thesis is understood in this manner, consistent with DMM principles. Thus, how the child organises information to adapt to danger largely reflects the underlying attachment processes, referred to as self-protective strategies within the DMM. There are various adaptations a child may try as part of their self-protective strategy to minimise danger and maximise safety which involve varying degrees of information transformation dependent on the effectiveness of strategies and severity of danger (see Crittenden, 2008; Crittenden & Landini, 2011). The behaviours and interpersonal interactions displayed are argued to reflect these underlying self-protective attachment strategies. In this way, attachment is largely understood as a strategy for self-protection, functioning to reduce perceived danger, underpinned by neurological patterns of information processing (Crittenden, 2008).

In specific relation to CPA, this may be perceived as a form of danger for some children. For example, it is plausible that if the caregiver is psychologically abusive towards the child, this may be perceived as threatening the child's sense of psychological and/or physical safety and likely restricts proximity to the caregiver. As the child likely learns that the caregiver not only does not meet their needs, primarily of safety and

comfort, but may actually be the source of danger and increase distress, adaptation is required to reduce this perceived danger and increase the likelihood of immediate and future needs being met. Whilst many adaptations may occur (see Crittenden, 2008; Crittenden & Landini, 2011), in the case of CPA, it is plausible this may likely occur in the form of extreme emotional suppression to protect oneself from the psychological and emotional harm CPA may cause. This would enable the child to maintain the otherwise vital relationship with their caregiver in order to maximise the likelihood of needs being met. Indeed, some research has suggested some individuals who experience CPA learn others cannot be trusted to meet their needs (Liem & Boudewyn, 1999) and may create an avoidance of emotional closeness (Riggs, 2010) as the self-protective strategy to ensure painful emotions are evaded (Main, 1991; Riggs, 2010). Self-protective strategies in response to CPA, such as emotional suppression, are therefore considered a paramount adaptation needed to maximise the likelihood of the danger being reduced and future needs being obtained.

However, whilst adaptive in childhood, when this danger is no longer present, these highly embedded and largely unconscious strategies may function in problematic ways. Continuing with the plausible trajectory of emotional suppression as the adaptation required to survive CPA, such individuals may engage in harmful behaviours when danger is erroneously perceived in a safe context. Having learnt from their experiences of CPA that self-protection comes from dismissing how one feels to maintain the relationship with the caregiver, any perceived attempts from others to do otherwise may be perceived as a danger. When the context is safe and does not require this approach, but the danger of emotional closeness is

perceived, such as a child seeking comfort, the individual may engage in behaviours which they consider to be self-protective. One function of CPA may therefore be as a strategy to keep the child at a safe enough emotional distance from the parent, reflective of the parent's difficulty regulating their behaviour in response to their child's affective signals, specifically when comfort is needed (Crittenden, 2008). For other individuals who become aware their existing strategy is not appropriate but cannot adapt to the new context, this may be reflected in depression (Crittenden & Landini, 2011), proposed to significantly reduce the parent's ability to meet the child's needs when required (Crittenden, 2008). Whilst this is explored in relation to parenting further throughout the thesis, readers are directed to Crittenden's (2008) work which provides a comprehensive DMM theoretical overview of how experiences in childhood may impact neurological and psychological development which may offer an understanding for why some parents who are maltreated go on to perpetrate maltreatment themselves.

However, it is noted and acknowledged throughout this thesis that many individuals who experience CPA do not go on to engage in harmful parenting practices themselves. The presence of an alternative attachment-figure, such as a protective adult figure or a sibling, who is able to provide safety when needed may be one method through which individuals can be shielded and protected against some of the potentially harmful effects of maltreatment (Doyle, 2001). Understanding the theory behind those that do continue the cycle of abuse, and in what circumstances this cycle may occur, is vital to more accurately identify relevant risk factors and encourage more proactive and preventative parenting interventions.

Whilst existing research does not typically distinguish between and/or control for types of childhood abuse on subsequent parenting, where studies have done this, CPA has been found to independently and significantly predict poor parenting practices (see Bailey et al., 2012). Generally, however, CPA appears largely neglected from the majority of child maltreatment literature, particularly that examining the possible impact of this experience on parenting as understood via developmental theory principles. Thus, the primary aims of the current thesis were to:

(1) Systematically review the existing literature examining the relationship between CPA and subsequent parenting practices;

(2) Examine the likely trajectories between CPA and problematic parenting via possible mediating factors and formulation.

The details of how these aims were met are noted below and are documented throughout Chapters 1-3 and summarised in Chapter 5. By addressing such aims, the current thesis wishes to add to child maltreatment literature by providing initial findings of possible pathways and contributing factors between CPA and parenting. Underpinned by a developmental theory framework, the thesis draws upon relevant literature to interpret and explain observed relationships.

4. Overview of Thesis

This thesis aims to draw and expand upon the existing research and literature regarding CPA and subsequent parenting to examine whether, and under what circumstances, this trajectory may occur for some individuals. Importantly, this thesis only focuses on mothers. This is due to some research identifying gender differences in risk factors for child

maltreatment perpetration (Schaeffer et al., 2005), different experiences of trauma type (Goldberg & Freyd, 2006) and trauma responses (Frans et al., 2005) in adulthood and general differences in parenting practices (Gryczkowski et al., 2010). Thus, to control for any gender differences on these topics of interest only mothers were considered within all chapters of this thesis. As noted in the concluding Chapter 5, this is recognised as a future area of research to better understand and compare any gender differences between CPA and parenting to guide relevant services.

The first chapter of this thesis details a systematic literature review, summarising the existing findings from research exploring the impact of CPA on later parenting practices. This aimed to establish whether, based on good quality existing empirical research studies, a relationship exists between CPA and subsequent parenting. No previous review examining CPA on parenting, independently of other forms of childhood maltreatment, was identified, highlighting both the neglect of CPA in existing child maltreatment literature and the important contribution such a review may have for research in this area. Establishing whether such a relationship does exist, as with other forms of childhood maltreatment and parenting, was essential to determine whether further research exploring the circumstances under which this may occur is justified.

The thesis then considers the circumstances under which the relationship between CPA and subsequent poor parenting practices in motherhood may exist. An empirical research study, detailed in Chapter Two, examines some of the factors through which the relationship between CPA and subsequent perpetration of psychological abuse in motherhood may occur. This explored the hypothesised mediating roles of adult

exposure to interpersonal trauma, posttraumatic stress symptoms and perceived social support, whilst controlling for any experiences of physical and sexual abuse in childhood: a methodological issue identified in Chapter One. These mediating factors were identified after drawing upon existing literature from other cycles of maltreatment and literature within the field of psychological abuse. Presented in Chapter Three, is a single-case study of a mother who experienced CPA and demonstrated poor parenting practices, ultimately resulting in the removal of her son from her care. Attention is focused on the mother's current psychological functioning to, as with Chapter Two, better understand the circumstances through which her experiences of CPA have likely impacted her parenting. A developmental approach is utilised throughout these chapters to consider the etiological trajectory between CPA and problematic parenting practices, expanded upon in Chapter Three's single case-study which examines the mother's likely attachment development and strategies. By utilising a developmentally-informed theoretical approach, it is hoped more learning about the circumstances under which this apparent relationship between CPA and subsequent parenting is achieved, which could help guide preventative procedures and interventions aiming to support mothers and reduce the risk of child maltreatment. In doing so, it is hoped that this could reduce the risk of mother-child separations through care services.

In Chapter Four, this thesis explores and critically evaluates the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006), a self-report assessment measuring adult exposure to traumatic events. This assessment was utilised within the empirical research project detailed in Chapter Two, with the recommended scoring method demonstrating poor

internal consistency thus triggering Chapter Four's review of its psychometric properties and utility. Further underpinned by principles of developmental theory, the Chapter revisits the relationship between CPA and interpersonal betrayal trauma. Finally, an overview and discussion of this thesis is presented in Chapter Five which summarises the work and findings presented throughout the chapters. Alongside consideration of how each chapter influences one another, limitations are noted with recommendations for future research and implications for practice highlighted.

CHAPTER ONE

Outcomes of Maternal Childhood Psychological Abuse on Parenting: A Systematic Review.

Abstract

This paper systematically reviews the existing evidence regarding the relationship between reported maternal experiences of childhood psychological abuse (CPA) and subsequent parenting outcomes. All studies were identified through a systematic search strategy using pre-determined keyword searches on five databases: PsycINFO, Embase, MEDLINE, PsycARTICLES and ASSIA. Reference lists of included papers were reviewed and fourteen key authors were contacted to ascertain if other papers were available. All studies were subject to pre-defined inclusion and exclusion criteria and the quality of included studies was assessed. Searches yielded 5699 hits. Of these, 1417 duplicates and 4229 irrelevant hits were excluded. Fifty-three full-text articles were assessed for eligibility, from which 37 studies that did not meet the inclusion criteria and one study which failed to meet the quality threshold were subsequently excluded, leaving 15 publications to be reviewed. The findings support a tentative relationship between maternal CPA and parenting outcomes, with the majority of studies reporting a significant negative impact on parenting. In particular, findings suggest an increased likelihood of child abuse potential and/or perpetration of psychological abuse on their own children. However, methodological differences between studies including a lack of clearly defined concepts, variability in samples and different levels of exposure to CPA mean findings should be interpreted with caution. Implications for practice and recommendations for future research are discussed.

Links of this systematic review on this thesis' empirical research project and other chapters

This systematic review has influenced this thesis in several ways. Firstly, a review of both the existing theoretical and empirical evidence provided a thorough overview of the enduring negative influences childhood psychological abuse can have on parenting. This understanding underpins the current thesis and informed Chapters Two and Three. It also highlighted this relationship is not absolute and resulted in conclusions emphasising the need to explore the underlying relationship between CPA and parenting further. Beginning to explore this was the primary focus of Chapter 2. Secondly, critiquing the methodologies of existing empirical research highlighted a number of pertinent points when developing the empirical research project, including the identification and control of other forms of childhood maltreatment and social desirability measures when gathering self-report data on parenting practices.

Introduction

As outlined in the introduction of this thesis, childhood psychological abuse (CPA) is broadly understood as persistent and severe patterns of harmful parent-child interactions, often characterised by rejecting, isolating, ignoring and/or corrupting the child (Smith et al., 2018) and is regularly being identified as the most prevalent form of child abuse both within the UK (Radford et al., 2011) and globally (Abbasi et al., 2015; Stoltenborgh et al., 2015). It is understood that CPA can occur in isolation, i.e. without other forms of abuse present, and may precede physical and/or sexual abuse (Claussen & Crittenden, 1991; Hart & Glaser, 2011) and has been described as the least studied form of child maltreatment (National Research Council, 1993).

CPA is suggested to severely and adversely affect a child's emotional development (HM Government, 2018). There is also a growing evidence-base of the negative effects of CPA on adult functioning. CPA has been found to affect developmental (Gilbert et al., 2009), neurobiological (Teicher & Samson, 2016) and psychological (Dias et al., 2015; Taillieu et al., 2016; World Health Organisation (WHO), 2016) functioning in adulthood (Higgins & McCabe, 2000; Edwards et al., 2003). Specifically, research has identified the predictive power of CPA in relation to emotional regulation difficulties (Burns et al., 2010), increased anxiety (Gibb et al., 2007) and depression (Norman et al., 2012). For some individuals who experienced CPA and subsequent difficulties in adulthood, it is reasonable to hypothesise their own parenting styles may be negatively affected.

When considering how and why some experiences of CPA can manifest into difficulties across the lifespan, possibly including parenting,

several developmental theories may be applied. For example, attachment theorists (Bowlby, 1969; Crittenden, 2008) suggest individuals who experience abuse develop self-protective strategies to cope with this in childhood. These strategies form the basis on which individual's form mental representations of the self and others (Maier et al., 2005). For some individuals who experience CPA, the likelihood of developing negative mental representations is intensified (Liem & Boudewyn, 1999; Riggs, 2010). Indeed, individuals who experience CPA and subsequently develop negative views of themselves and/or others have displayed difficulties with intimacy (Carbone, 2010), conflict resolution (Bernzenski & Yates, 2010; Styron & Janoff-Bulman, 1997) and interpersonal aggression (Hazan & Shaver, 1987; Riggs & Kaminski, 2010). Further, research has found such mental representations, reflected in insecure attachment styles, relate to higher levels of non-optimal parenting styles (Branjerdporn et al., 2019), parent-child conflict (Selcuk et al., 2010), maltreatment (Cramer & Kelly, 2010) and lower levels of parental sensitivity (Main et al., 1985), support (Rholes et al., 1995), care (Picardi et al., 2013) and overall involvement with the child(ren) (Coyl et al., 2010). Whilst research has been conducted within the context of CPA and intimate relationships, as well as attachment affecting parenting generally, little research has examined the relationship between CPA and parenting practices.

Whilst experiences of childhood sexual (Banyard, 1997; DiLillo & Damashek, 2003; Roberts et al., 2004) and physical abuse (Kim, 2009) have been found to negatively influence subsequent parenting outcomes, it is less clear whether CPA follows a similar pattern. Hughes and Cossar (2016) conducted a systematic review, searched in 2013, investigating the

effects of maternal childhood emotional abuse and neglect on parenting. They found tentative support for this relationship which indicated increased parenting stress, maltreatment potential, lower empathy and greater psychological control. This suggests the combined effects of emotional abuse and neglect may follow a similar pattern to other forms of childhood abuse in relation to problematic parenting. However, as the review in question combined childhood emotional abuse and emotional neglect, it is unclear whether this hesitant relationship exists solely in the context of these combined forms of maltreatment. It is possible exploration of CPA alone would yield different conclusions.

To the author's knowledge, no existing systematic reviews have solely explored maternal experiences of CPA, independent of and/or controlling for other forms of maltreatment, on parenting outcomes. This was determined after reviewing PROSPERO, The Cochrane Database of Systematic Reviews and The Campbell Library for existing and/or in publication systematic reviews. The current paper aims to systematically review the existing literature exploring mothers' childhood experiences of psychological abuse and subsequent parenting. Alongside the rationale provided in the Introduction of this thesis, the decision to focus on mothers only was determined following a scoping exercise of existing research exploring this phenomenon: very few studies exist generally and even fewer exist in relation to fathers. This is a noted limitation of the current review and is highlighted in the discussion.

Objectives

The aim of the current systematic review was to determine if maternal experiences of CPA impacted subsequent parenting outcomes. The objectives were:

- To determine if maternal CPA affects subsequent parenting
- If the above relationship exists, to explore *how* parenting is affected
- To consider how such understandings may contribute to parenting services.

Inclusion Criteria

In relation to participants recruited to studies: mothers could be any age, with their children aged between 0-18. Secondly, regarding conceptualisation, definition and measurement of CPA: whilst CPA was largely understood by the United Kingdom's definition previously outlined (HM Government, 2018), a flexible approach to the search terms used was adopted. Similarly, in relation to the definition and measurement of parenting outcomes in each study, variability was allowed for 'parenting' to consist of behaviours, beliefs or attitudes. These were considered necessary to best capture all relevant studies.

This review included both retrospective and prospective, and cohort and cross-sectional studies. All studies met the following inclusion criteria: (1) exploration of the relationship between maternal CPA and subsequent parenting; and (2) written in English. Studies were excluded if they: (1) did not distinguish between and/or control for multiple types of maternal childhood maltreatment; (2) were single case studies; (3) used qualitative methodology; (4) were unpublished dissertations; (5) were conference abstracts; or (6) recruited expectant mothers only. Of note, whilst it is

recognised the inclusion of unpublished literature could help account for publication bias, for the purposes of this review unpublished dissertations were excluded to maximise the likelihood of high-quality papers from peer-reviewed journals. Please see Appendix One for the inclusion and exclusion form, guided by PICOS principles, with a summary of the PICOS in Table 1.

Table 1. PICOS for Systematic Review.

Population	Mothers with children aged between 0-18
Intervention/Exposure	Maternal childhood experience of psychological abuse
Comparison	No exposure to childhood psychological abuse
Outcomes	Parenting behaviours / beliefs / attitudes with own children
Study Design(s)	Cohort, Cross-sectional, Case-Control, Longitudinal, Prospective, Retrospective

Methods

PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses; Moher et al., 2009) guidelines were followed.

Sources of Literature

1. Five electronic databases were searched up to 6 September 2019:
    - Ovid: MEDLINE (1946 – September 2019)
    - Ovid: EMBASE (1974 – September 2019)
    - Ovid: PsycINFO (1806 – September 2019)
    - ProQuest: Applied Social Sciences Index and Abstracts (ASSIA) (ALL)
    - Ovid: PsycARTICLES (ALL)

2. Reference lists of included papers, and the review identified previously (Hughes & Cossar, 2016), were hand searched to identify any other potentially applicable studies.

3. An additional scope on Google Scholar was conducted on 20 September 2019 to identify outstanding relevant papers not captured within the search.

4. Fourteen identified key authors and experts were contacted to establish whether any further studies were currently in-publication that may be useful to consider for inclusion in the present review. Five authors and experts responded and no additional papers were identified.

Search Strategy

A variety of search terms were used to maximise the search sensitivity, with similar search terms applied to all databases. This included the following terms and readers are directed to Appendix Two for full details of the search terms and syntax used:

'child abuse' or 'emotion* abus*' or 'psychological* abus*' or 'emotional maltreat*' or 'psychological* maltreat*' or 'verbal abus*' or 'mental* abus*' AND 'mother' or 'maternal' or 'female parent' or 'primary caregiver' AND 'mother child relations*' or 'parent child relations*' or 'mother child interaction*' or 'parent child interaction*' or 'parenting' or 'transgenerational' or 'intergenerational' or 'cycle of abuse' or 'emotional warmth'.

Study Selection

Studies were screened with the pre-defined criteria form (see Appendix One). An initial review of the titles and/or abstracts of papers identified was conducted, with papers that failed to meet the inclusion criteria and/or which met the exclusion criteria excluded. The remaining articles were retrieved in full-text and reviewed: those which met the relevant criteria were retained.

Quality Assessment

The quality of a study can depend on several factors, including: the appropriateness of the design to meet the objectives of the research; the generalisability of the study beyond its sample; the acknowledgement and/or management of potential biases in the study; and the detail of reporting to enable reproducible studies (Ryan et al., 2013). The quality assessment tool (see Appendix Three) was designed to assess the methodological quality of the papers identified as eligible for the data extraction process based on understandings of 'quality'. This drew on existing tools including the Effective Public Health Practice Project (1999) Quality Assessment Tool for Quantitative Studies and the Critical Appraisal Skills Programme (CASP; 2018) checklist for cohort studies. These tools were modified to also cater for cross-sectional studies and were adapted to ensure the form was tailored to the current review question. All extracted papers were independently reviewed by the author and a secondary reviewer. Cohen's Kappa was run to assess for inter-rater reliability, which demonstrated significant agreement between the reviewer's judgements, $\kappa = .60$ (95% CI, .304 to .846), $p \leq .001$.

Based on existing systematic reviews, a quality cut-off of 60% was determined. For three papers where one reviewer had scored within this and the other had not (Fujiwara et al., 2010; Haapasalo & Aalton, 1999; Zurvain & Fontanella, 1999), discussion between the reviewers was held which ultimately determined inclusion. One study (Fujiwara et al., 2011) was independently rated by both reviewers to fall outside this quality cut-off and thus was excluded from further data synthesis. The remaining 15 papers achieved this, with scores ranging between 60% and 77.5%. Please see Table 1 for the exact quality ratings for each study which were considered when synthesising and summarising the data.

Data Extraction

The data extraction pro-forma was developed based on the inclusion/exclusion criteria for the current review and piloted before data synthesis. Data extraction was conducted after each study had been quality assessed. Please see Appendix Four.

Results

The full search produced a total of 5699 papers from electronic databases. No additional papers were identified from scoping google scholar, hand-searching relevant reference lists or from key authors or experts. A total of 1417 duplicates were excluded, prior to examining the titles and abstracts of the remaining 4282 papers. Fifty-three full-text papers were retained to review, where 37 papers were subsequently excluded based on the inclusion/exclusion criteria (Appendices One and Five). The remaining 16 publications, with 15 studies, were chosen for inclusion in the review.

Following quality assessment, 15 publications, with 15 studies, remained for data synthesis. Please see Figure 1 for details of the search process.

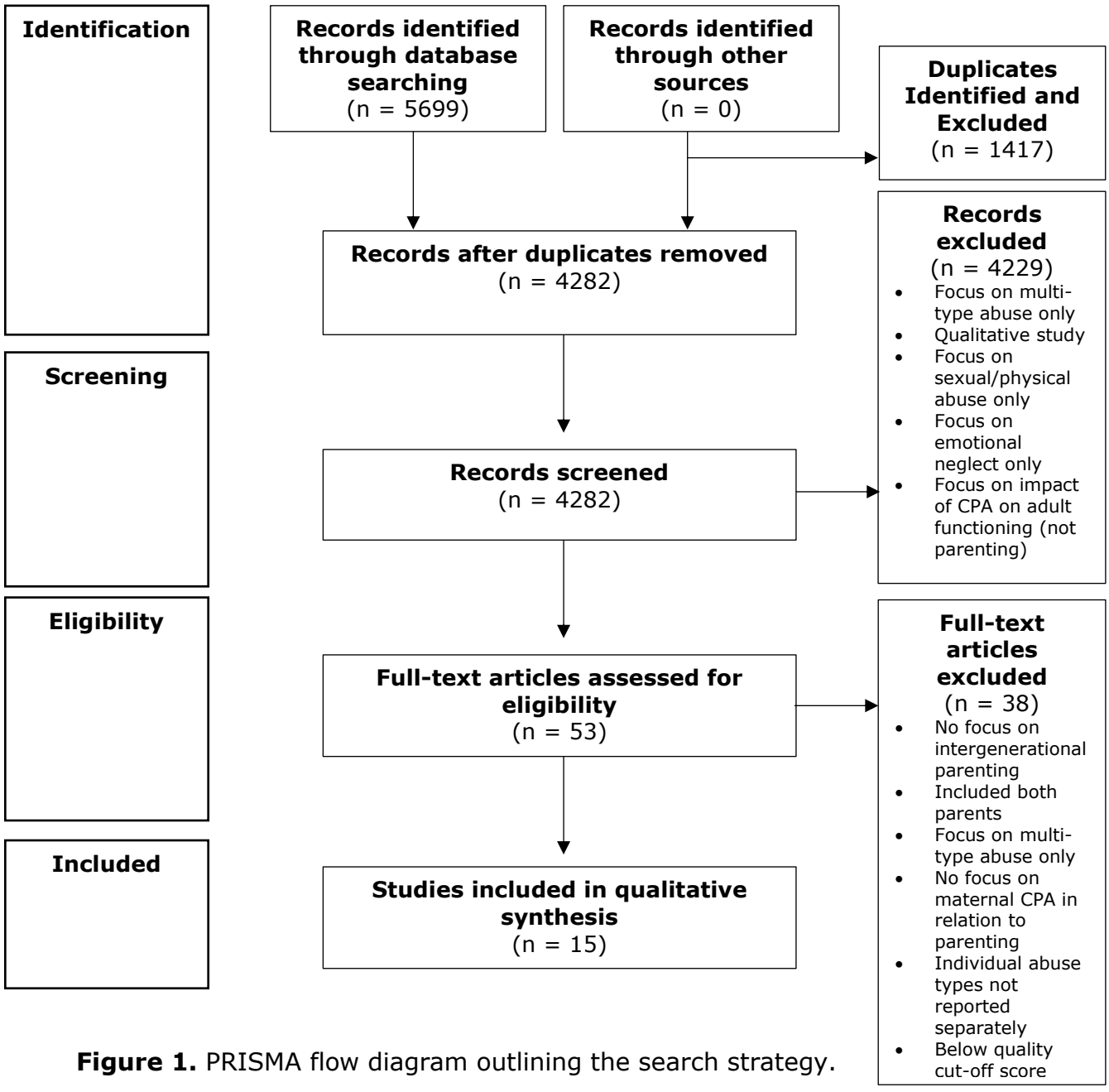


Figure 1. PRISMA flow diagram outlining the search strategy.

Characteristics of Included Studies

Information on the included studies' design, participants, aims and overall quality rating is summarised in Table 2. The total number of mothers who participated across the studies is 4172, with an average sample size of

278.13 and number of participants ranging from 31 to 1265. One study did not provide the child age (Zurvain & Fontanella, 1999), although as it was apparent the children included in the study were under 18 years old, due to descriptions of the participants, this study was retained. Of the remaining 14 studies, the average age of the child(ren) was 65.76 months (5.48 years). Of the 7 studies which reported child gender, these were largely equal between male and female (4/7 male). The majority of studies used a cross-sectional design (9/15), with 5 adopting a cohort design and 1 utilising a randomised control trial (randomisation was not exposure to CPA). The majority of studies (13/15) were conducted in the United States of America or Canada, with one study utilising a Japanese sample (Fujiwara et al., 2010) and the other a Finnish sample (Haapasalo & Aaltonen, 1999). Participants ranged from recruitment within community settings (e.g. Lang et al., 2010; McCullough et al., 2014;) to mother-child homes (Fujiwara et al., 2010), with the majority reporting recruitment from mental health or community centres (e.g. Caldwell et al., 2011; Zalewski et al., 2013). Prior to examining CPA experiences, the majority of samples (9/15) appear to include some characteristics of mothers which may already be considered at-risk of more harmful and/or stressful parenting practices. For example, high percentages of low income or unemployment (8/14) and single or divorced parent households (4/15). Only 2 of the 9 studies identified some of these variables as potentially confounding the results and thus controlled for these within the statistical analyses (Bert et al., 2009; Rea & Shaffer, 2016).

Parenting outcomes varied, with 4 studies primarily focused on mothers actual or potential child abuse, excluding psychological abuse (e.g.

Chung et al., 2013; McCullough et al., 2017), 4 studies focused on maternal actual or potential child psychological abuse (e.g. Zurvain & Fontanella, 1999; Sexton et al., 2017), 2 studies primarily focused on maternal interactions with their child(ren) (Pereira et al., 2012; McCullough et al., 2014), and 2 studies focused on maternal self-efficacy or competence (Lang et al., 2010; Caldwell et al., 2011). Not included in these figures are Zurvain and Fontanella's (1999) study, which explored outcomes related to both maternal perpetration of psychological abuse and parental competence, and Haapasalo and Aalton's (1999) study, which explored both maternal physical and psychological child abuse potential. Additionally, Bert et al. (2009) explored outcomes related to both maternal interactions and child abuse potential. For the purposes of data synthesis, these three studies are included in relevant discussion throughout with the acknowledgement of an overlap in focus.

Table 2. Overview of quality rating, demographic information and participant variables of included studies (N=15).

Study	Location	Design	Participants Age/Demographics	Child(ren)s Mean Age / Gender	Aims	Overall Quality Rating
Ammerman et al. (2016)	North Carolina, USA	Randomised Control Trial*	93 depressed mothers recruited from referrals to home visiting service Mean age: 21.95 62.3% White. 62.02% single, never married. 55.91% very low income ($0-$9999)	5.03 months	To examine the moderating influence of child maltreatment history in depressed mothers (including CPA) on response to adapted CBT treatment on social support and parenting.	70%
Bert et al. (2009)	USA	Cross-sectional	681 first-time mothers (3 groups: teens / adult low resource / adult high resource) Existing data reviewed from previous recruitment to primary care facilities Mean age: 19.8 68.5% African American 58.7% single Monthly income range: $415-$16,666+.	6 months 53.5% female	To examine how maternal histories of CPA, physical and/or sexual abuse are associated with parenting knowledge and behaviour.	60%

Caldwell et al. (2011)	California, USA	Cross-sectional	76 mothers recruited from community programmes for at-risk mothers Mean age: 28 51% Caucasian/White	36 months	To explore the relationship between maternal CPA and parental self-efficacy.	70%
Chung et al. (2013)	Philadelphia, USA	Cohort	1265 mothers recruited from community health centres. Mean age: 24 50% Black 78% single 50% annual income of <$6450 40% completed less than high school education.	11-12 months	To explore the relationship between maternal CPA and current parental attitudes towards corporal punishment and use of infant spanking	65%
Fujiwara et al. (2010)	Japan	Cross-sectional	340 mothers recruited from Mother-Child Homes. Mean age: 35.8 73.8% divorced 15.8% unemployed	7.8 years 50.9% male 60.6% first born	To explore the relationship between maternal experiences of CPA and maternal perpetration of maltreatment on their child(ren)	60%
Haapasalo & Aaltonen (1999)	Finland	Cross-sectional	25 mothers recruited via child protection services matched with 25 mothers recruited via schools Mean age: 40	12.28 years 56% male	To examine whether maternal experiences of CPA could explain	60%

					psychological and physical maltreatment and punitiveness directed to own child(ren)	
	California, USA					
Lang et al. (2010)	USA	Cohort	31 mothers Mean age: 29.27 61.4% Caucasian 59.1% reported annual household income >$50,000 81.8% permanently partnered 34% college graduates	1 year	To examine whether CPA predicted infant parent-child interactions, perceived parenting competence and stress and perceptions of infant temperament	70%
McCullough et al. (2014)	USA	Cross-sectional	53 female caregivers recruited from community Mean age: 37.78 66% married or in relationship 60.3% completed some college	9.42 years	To explore the relationship between maternal CPA and parenting styles.	60%

			51% reported annual income of <$20,000			
McCullough et al. (2017)	Canada	Cohort	64 mother-child dyads recruited from community Mean age: 36.08 48.3% African American 43.8% married 25% attended college but did not graduate 46.9% reported annual income of <$20,000.	9.45 years 58.3% female	To explore the relationship between maternal CPA and emotionally unsupportive parenting behaviours.	77.5%
Pereira et al. (2012)	USA	Cross-sectional	291 mothers recruited from community centres Mean age: 33.38 67.2% Caucasian 94.8% in a relationship Income range: $114,000-149,000.	15.98 months 50.9% male 57.2% single child	To explore the relationship between maternal CPA, parenting stress and sensitivity to child	60%
Rea & Shaffer (2016)	USA	Cohort	64 mothers recruited from community sample Mean age: 36.97 50% African American 43.8% married 32.8% college degree or higher	9.48 years	To explore the relationship between maternal CPA and unsupportive parenting styles.	70%

			65.6% fell below poverty line			
Seay et al. (2016)	Michigan, USA	Cohort	173 mothers recruited from schools and community centres Mean age: 16.80	5.04 years 59.73% male	To explore whether adolescent mother's experience of psychological control influenced their potential for child abuse and punitive discipline on their own child(ren).	67.5%
Sexton et al. (2017)	Pennsylv-ania, USA	Cross-sectional	173 mothers recruited from community (stratification protocol utilised to engage mothers endorsing history of child abuse) Mean age: 28.8 63% Caucasian 34% reported annual income <$25,000 84% completed some college.	6 months	To explore whether maternal CPA was associated with hostile, controlling and/or positive parenting behaviours in high- and low-stress parenting tasks.	67.5%

Zalewski et al. (2013)	USA	Cross-sectional	95 mother-child dyads recruited via child mental health services Mean age: 44 77% Caucasian 95% educated to at least high school level 48% married 100% met diagnoses for major depressive disorder	15.05 years 56% female 44% diagnosed with attention deficit disorder	To examine the relationship between maternal CPA, depression and maladaptive parenting strategies.	60%
Zurvain & Fontanella (1999)		Cross-sectional	516 mothers recruited from family aid centres Mean age: 29.6 60% African American 48% educated above 12th grade 62% never married	-	To investigate the relationship between maternal CPA, perceived parenting competence and verbally abusive parenting behaviours.	60%

*RCT was in relation to allocation of treatment vs control group (not exposure to CPA).

Quality of Included Studies

All studies had a clearly focused and valid research question and fully or partially provided sufficient participation information. Although all studies provided an adequate description of how CPA was being measured, only 4 studies provided a definition of CPA, or their conceptualisation of this, for the purpose of their study. There were some similarities in the definitions provided, with all 4 including "verbal abuse/hostility" and 2 including "terrorising". As all studies claimed to be measuring the same phenomena, and with the understanding clear definitions and/or categorisations increase the quality of any given study (Moller & Myles, 2016), it may be helpful for future studies to define their conceptualisation of this within the study to improve quality. This is addressed further in the discussion.

As noted, the majority of studies utilised a cross-sectional design. Whilst this methodology has advantages in respect of estimating prevalence of any given outcome, in this case parenting, causal inferences are more difficult to estimate (Levin, 2006). Further, the studies utilising this method (12/15) may only measure correlational relationships. Methods of data collection were similar across studies, with the majority (14/15) using self-report measures to gather information on CPA. The majority of studies (11/15) used the complete or modified version of the Childhood Trauma Questionnaire (Bernstein et al., 1994; Bernstein & Fink, 1998; Bernstein et al., 2003) to assess for levels of experienced CPA. In relation to parenting outcomes, 6 studies used an independent rating of maternal parenting outcomes, the remaining 9 relying on self-reported parenting. There was little similarity in the parenting assessments used, although two studies

both utilised the Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978) (Caldwell et al., 2011; Lang et al., 2010).

Of the independently rated studies, 66.67% (4/6) found maternal CPA had a solely negative impact on parenting outcomes, in comparison to 55.56% (5/9) from the self-reported studies. Of the independently rated studies, there was an average quality score of 67.5% compared to an average of 63.61% of the self-report studies. This suggests the self-report studies, despite reporting more mixed results, are not of significantly lower quality than the independently rated studies. Nonetheless, as the self-report studies found fewer negative impacts of CPA on parenting practices than the independently rated studies, it raises questions about the applicability of self-report tools when measuring sensitive concepts, where there is a desire and/or pressure to display the self in a significantly more positive light. This is an area of quality that could be improved for future studies and is addressed furthered within the discussion.

In the majority of studies (11/15), other forms of maternal childhood abuse had not been controlled for or it was unclear if this had been conducted. Of these studies, 54.55% (6/11) found CPA had a solely negative impact on parenting outcomes (e.g. Chung et al., 2013; Rea & Shaffer, 2016). Of the remaining 4 studies which fully or partially controlled for some form(s) of childhood abuse, 75% (3/4) found a solely negative impact of CPA on parenting (e.g. McCullough et al., 2014, Zalewski et al., 2013). The average quality score of these 4 studies was 62.5%, similar to the average quality score of studies which did not control for other forms of abuse (66.14%). Only 5 studies achieved a quality score of 70% or above,

suggesting the majority of studies (10/15), whilst reaching the quality cut-off score, do not reflect particularly high-quality studies.

Data Synthesis

The 15 selected studies will now be addressed in relation to the aim of the current review. To clearly synthesise the results, the following section is separated into four main categories to explore the impact of maternal experiences of CPA on parenting outcomes:

(1) the effect of CPA on maternal interactions with their child(ren)

(2) the relationship between CPA and mothers perpetrated or potential child maltreatment, excluding psychological abuse

(3) the relationship between CPA and mothers perpetrated psychological abuse on their child(ren)

(4) mothers' beliefs about their parental competence and self-efficacy.

Although the comparison of effect sizes has been suggested to improve the power and accuracy of systematic reviews (Volker, 2006), this was not performed due to the heterogeneity of outcome measures employed in the included studies. Thus, a descriptive approach is utilised to identify and summarise key features from the included studies, with information on variables measured, measurements utilised and statistical analyses and findings seen in Table 3.

Table 3. Predictor and Parenting Variables, Measurements, Variables Controlled For and Statistical Findings of Included Papers (N=15).

Study (Sample Size)	Definition of CPA	Form of Parenting Assessed	Measure(s)	Variables controlled for	Mediating Variables	Analysis	Statistical Results
Ammerman et al. (2016) N = 93	-	Parenting Behaviour(s).	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). **Parenting Outcome:** The Home Observation for Measurement of the Environment Inventory (HOME; Caldwell & Bradley, 1984).	-	-	Mixed model analysis	Mothers who reported CPA displayed significantly higher levels of depression (β = .76, t = 2.66, $p \leq .01$), lower nurturing and stimulating parenting scores (β = -.34, t = -2.60, $p \leq .01$) and less social support (β = -.24, t = -1.82, $p \leq .10$) than those without reported CPA.
Bert et al. (2009) N = 681	-	Parenting knowledge, behaviour(s) and perpetration of abuse potential.	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). **Parenting Outcome:** Knowledge of Infant Inventory – Short Form (KIDI; MacPhee, 1981). Child Abuse Potential Inventory (CAPI; Milner, 1986).	Income, education and age of mothers	-	Correlation analysis Multiple Regression analyses	CPA was significantly associated with decreased responsivity and empathy towards their child (β = -.12, $p \leq .05$). CPA was significantly associated with more accepting views of punishment (β = .15, $p \leq .01$) and abuse/neglect (β = .15, $p \leq .01$) and increased scores of child abuse potential (β = -.15, $p \leq .01$).

			Parenting Style Expectations Questionnaire (Bavolek, 1984).				Exposure to CPA accounted for a significant proportion of the variance among maternal responsivity/empathy (R^2= .12), punishment (R^2= .05), abuse/neglect scores (R^2= .05) and child abuse potential (R^2= .12). CPA also accounted for 13% of variance amongst authoritarian parenting styles although this was not significant.
Caldwell et al. (2011) N = 76	-	Parental self-efficacy.	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). **Parenting Outcome:** Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978).	-	Maternal Depression mediated the relationship between childhood abuse and parental self-efficacy (CPA not distinguished)	Bivarate Correlational Analyses	Reported CPA was significantly negatively correlated with parental self-efficacy (r = -.28, $p \leq$ .05).
Chung et al. (2013) N = 1265	Verbal hostility	Parental attitudes to corporal punishment	**CPA:** Single-item survey questions (CPA; Infant Spanking)	-	Parental attitudes towards corporal punishment	Bivarate Correlational Analyses	Mothers exposed to CPA were significantly more likely to use infant spanking (17% vs 12%, p = .02) and significantly more likely to

		Infant spanking.	**Parenting Outcome:** Adult-Adolescent Parenting Inventory (Bavolek & Keene, 1999).				value corporal punishment (22% vs 17%, p = .05) than mothers exposed to other forms of adverse childhood experiences.
Fujiwara et al. (2010) N = 340	-	Maternally inflicted child maltreatment.	**CPA & Parenting Outcome:** Childhood Abuse History obtained via 7-item survey Modified version of the Japanese version of Maltreatment (Centre for Child Abuse Prevention, 1999) + additional questions outlined by the authors (see Fujiwara et al., 2010).	Mother's age, child's age/sex, birth order and educational status. Other forms of childhood abuse (physical, sexual, neglect).	Mother's experience of domestic violence and mental health problems	Regression Analysis	Historical CPA was independently and significantly associated with perpetration of psychological abuse, after adjusting other forms of maternal childhood abuse history (β = .14, p = .008). Childhood physical abuse (β = .08, p = .34), neglect (β = -.11, p = .12) and sexual abuse (β = -.06, p = .47) did not significantly predict perpetration of psychological abuse after adjusting for CPA.
Haapasalo & Aaltonen (1999) N = 50	Verbal abuse, rejection, accusing and provoking guilt, degrading, too high or inadequate expectations, terrorising,	Maternal psychological abuse and punitiveness.	**CPA & Parenting Outcome:** Open-ended Structured Interview (responses measured on 5-point Likert scale).	Contact or no contact with child protective services, socio-economic status and social problems.	-	Correlational Analysis Hierarchal Regression	Higher levels of maternal CPA were correlated with increased punitiveness (r = .43, $p \leq .05$). Maternal CPA was the strongest predictor of parental punitiveness (β = .66, $p \leq .001$).

	isolating, preventing from exploring environment, corrupting, exploiting, living in dangerous and unstable environment.						Maternal CPA did significantly correlate with psychological abuse (r = .48, $p \leq .05$). Maternal CPA did not significantly predict perpetration of physical abuse.
Lang et al. (2010) N = 31	-	Perceptions of infant temperament, perceived parenting competence and parental stress.	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). **Parenting Outcome:** The Infant Behavior Questionnaire-Revised (IBQ-R; Gartstein & Rothbart, 2003). The Parenting Sense of Competence Scale (PSOC; Wagner & Morse, 1975). The Parenting Stress Index-Short	Maternal depression, PTSD, physical and sexual abuse.	-	Hierarchal Multiple Regression	Maternal CPA was predictive of more dysfunctional parent-child interactions (β = .71, $p \leq .01$). Maternal CPA was not significantly predictive of perceived parental competence or stress. Maternal CPA predicted less infant distress to limitations (β = -.60, $p \leq .05$) and faster falling reactivity / rate of recovery (β = .61, $p \leq$ .05).

			Form (PSI-SF; Abidin, 1995).				
McCullough et al. (2014) N = 53	Isolating and confining, exploiting or corrupting, verbally assaulting, ignoring or overlooking needs and terrorising or threatening.	Maternal positive (e.g. promoting autonomy) and negative (e.g. hostility) parental styles.	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). **Parenting Outcome:** Parenting Behaviour assessed using Five Behavioural Observation Measures, each rated on a 7-point Likert scale.	Caregiver age, child age, mothers age at child birth, maternal childhood physical abuse and neglect, emotional neglect and sexual abuse.	-	Linear Regression and Model-based cluster analysis	Mothers who displayed negative parenting styles (*M* = 12.57, S*D* = 5.29) and mothers who were at-risk of negative parenting (*M* = 11.0, *SD* = 7.05) both reported significantly more CPA than mothers who displayed positive parenting styles (*M* = 7.41, *SD* = 3.66).
McCullough et al. (2017) N = 64	-	Emotionally unsupportive parenting behaviours (hostility, psychological control and psychological unavailability).	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). **Parenting Outcome:** Parenting Behaviour assessed using Three Behavioural Observation Measures, each rated on a 7-point Likert scale.	Age at child birth, maternal emotional dysregulation	- *N.B. Moderation Analysis (age at birth & emotional dysregulation) was conducted.*	Correlational Bivarate Analyses	Maternal CPA was significantly positively correlated with perpetration of emotionally unsupportive behaviours (r = .43, $p \leq$ .001) and maternal emotional dysregulation (r = .44, $p \leq$ .05).

Pereira et al. (2012) N = 291	-	Parenting stress and maternal sensitivity.	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). **Parenting Outcome:** Maternal Behaviour Q-Sort (MBQS; Pederson, Moran & Bento, 1999; Pederson et al., 1990).	Marital status, income, child gender, siblings.	-	Correlational Analysis	Maternal CPA was significantly positively correlated with parenting stress (r = .27, $p \leq$ .005). Maternal CPA was not significantly correlated with maternal sensitivity.
Rea & Shaffer (2016) N = 64	-	Emotionally supportive and unsupportive parenting behaviours.	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). **Parenting Outcome:** Parental behaviour measured in two forms: (1) Coping with Children's Negative Emotions Scale (CCNES; Fabes, Eisenberg & Bernzweig, 1990) (2) coded by an observer on a 7-point Likert scale	Maternal mental health, anxiety, education, ethnicity, socio-economic status, marital status, number of stressful life events and age of first child.	-	Correlational Analysis	Maternal CPA was significantly negatively correlated with self-reported supportive parenting behaviours (r = -.35, $p \leq$ .05).

			for positive and negative parenting behaviours				
Seay et al. (2016) N = 173	Personal attack, love withdrawal, invalidating feelings and verbally constraining behaviours.	Maternal child abuse potential and punitive discipline.	**CPA:** Psychological Control Scale Youth Self-Report (PCS-YSR; Barber, 1996). **Parenting Outcome:** Brief Child Abuse Potential Inventory (BCAP; Ondersma et al., 2006)	Economic hardship, child gender, mothers age, mother's nativity, living status and child negativity.	-	Correlational Analysis	Mother's experience of psychological control was significantly positively correlated with their own child abuse potential (r = .35, $p \leq .001$). Experience of psychological control was not significantly correlated with maternal punitive discipline.
Sexton et al. (2017) N = 173	-	Maternal positive, over-controlling and hostile parenting behaviours.	**CPA:** Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003). **Parenting Outcome:** Observed interacting with child before completing structured tasks: coded using the MACY Infant-Parent Coding System (Earls, Muzik & Beeghly, 2009).	-	-	Univariate General Linear Models	Maternal CPA was not significantly related to any parenting behaviour.

Zalewski et al. (2013) N = 95	-	Maternal levels of acceptance and psychological control.	**CPA:** Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein et al., 2003). **Parenting Outcome:** Child Report of Parent Behavior Inventory (CRPBI; Margolies & Weintraub, 1977).	Maternal experiences of childhood neglect, depression, education, income, race and marital status.	-	Correlational and Univariate Regression Analyses	Maternal CPA was significantly negatively correlated with child reports of maternal acceptance (r = .27, $p \leq .01$) and significantly positively correlated with maternal psychological control (r = .30, $p \leq .01$). Mothers who reported CPA were significantly lower in acceptance (β = -.57, $p \leq$ .01) and higher in psychological control (β = .37, $p \leq .01$). Maternal CPA was independently related to both child reports of lower acceptance (β = .82, p = .05) and greater psychological control (β = .42, $p \leq .05$), after controlling for depression and parenting risk factors.
Zurvain & Fontanella (1999) N = 516	Verbal abuse Lack of Emotional Support	Maternal parenting competence and verbally abusive parenting behaviours.	**CPA**: (1) dichotomous measure; (2) Adapted Emotional Needs Met and Relationship with	-	-	Bivariate Correlational Analyses	Maternal experiences of verbal abuse were not significantly correlated with perceived parenting competence.

	Parents subscales (Helfer, Schneider & Hoffmeister, 1978). **Parenting Outcome:** Parenting Competence Scale (Johnson & Mash, 1989).	Maternal experiences of verbal abuse were significantly positively correlated with perpetration of verbally abusive behaviours (r = .24, $p \leq$ .001) and severe violence (r = 2.02, $p \leq$ .01).

1. Impact on Maternal Relational Functioning With Their Child

Three studies primarily focused on mothers' experience of CPA and their interactions with their child(ren), all of which used observational and independently rated measures of mother-child interactions. Relational functioning varied and related to nurturing and stimulating parenting (Ammerman et al., 2016), unsupportive parenting styles (Rea & Shaffer, 2016) and mothers' sensitivity to their child (Pereira et al., 2012). Additionally, Bert et al. (2009) utilised self-report measures to explore maternal responsivity and empathy towards the child and thus will be included in this section, totalling 4 studies.

Of the 4 studies included, 3 reported maternal experiences of CPA significantly negatively impacted their relational functioning. Ammerman et al. (2016) found mothers who self-reported CPA accumulated significantly lower independently rated nurturing and stimulating parenting scores compared to those who did not report this childhood experience (β = -.34, $p \leq .01$). However, as Ammerman et al.'s (2016) study utilised depressed mothers, it is possible views of their parenting was skewed by symptoms related to depression including low self-esteem. Bert et al. (2009) also found maternal CPA was significantly associated with decreased responsivity and empathy towards their child (β = -.12, $p \leq .05$), with the statistics reported indicating CPA accounted for 12% of variance among maternal responsivity and empathy.

Conversely, Pereira et al. (2012) reported maternal experiences of CPA were not significantly correlated with maternal sensitivity (although CPA was significantly correlated with parenting stress, (r = .27, $p \leq .005$). Of note, Pereira et al. (2012) stated 69.1% of their sample reported "none

or minimal" CPA, compared to 47.7% of Bert et al.'s (2009) sample who reported "some level" of CPA, and between 44-49% of Ammerman et al.'s (2016) sample experiencing "severe" CPA. All 4 studies utilised the same tool to measure CPA, the CTQ (Bernstein & Fink, 1998). No comparable statistics were available for Rea and Shaffer's (2016) study to examine levels of experienced CPA. The average quality score for the studies included in this section is 65%.

2. Impact on Parental Potential/Actual Child Maltreatment (excluding Psychological abuse)

Three studies focused on the relationship between mothers' self-reported experience of CPA and maternally inflicted child abuse (actual or potential). Additionally, Haapasalo and Aaltonen (1999) included findings which explored the relationship between CPA and maternal perpetration of physical abuse. Likewise, Bert et al. (2009) examined maternal views of punishment, neglect and child abuse potential. Thus, both will be included in this section, totalling 5 studies.

McCullough et al. (2014) utilised a cross-sectional design to explore the relationship between maternal experiences of CPA and harmful parenting styles. Based on observed and independently rated parenting interactions, the authors first clustered the sample into three parenting types: Positive Parenting, indicative of low levels of parental unavailability and anger; Negative Parenting, indicative of low levels of adaptive emotional regulation behaviours and higher unavailability; and At-Risk Parenting, indicative of similar traits to the Negative Parenting but significantly higher level of emotional regulation. When comparing the level

of reported CPA, the authors found a significant difference between the parenting groups ($F(2, 47) = 4.86$, $p = .01$) with both the negative (M = 12.57, SD = 5.29) and at-risk (M = 11.0, SD = 7.05) parenting clusters displaying significantly higher levels of CPA than the positive parenting group (M = 7.41, SD = 3.66), although the at-risk and negative parenting clusters did not significantly differ between themselves.

Seay et al.'s (2016) cohort study found a significant positive correlation between adolescent mothers' exposure to psychological control and child abuse potential 1 year later ($r = .35, \leq .001$). Further, Chung et al. (2013) found mothers who reported childhood experiences of verbal hostility were significantly more likely to use infant spanking and to value corporal punishment towards their own child than mothers who did not report childhood verbal hostility. However, as indicated by the quality assessment tool, it is unclear whether the other forms of childhood maltreatment measured (sexual and physical abuse) were controlled for in this analysis, questioning the direct correlation between CPA and perceptions of and actual child abuse. Likewise, Bert et al.'s (2009) study did not control for the potentially confounding effects of childhood emotional neglect, physical abuse, sexual abuse or physical neglect, reducing the quality of their study. However, they also reported a significant positive relationship between mothers' experiences of CPA and more accepting views of punishment ($\beta = .15$, $p \leq .01$), abuse/neglect ($\beta = .15$, $p \leq .01$) and child abuse potential ($\beta = -.15$, $p \leq .01$).

Of the 5 included studies in this section, only 1 reported a non-significant relationship between CPA and child abuse potential. Haapaslo and Aaltonen (1999) found maternal CPA did not significantly predict

perpetration of physical abuse on their own children. However, maternal CPA did significant predict perpetration of psychological abuse (see Section 3 below). This was also the only study included in this section which did not use an American sample. All information gathered in Haapasalo and Aaltonen's (1999) study was obtained via a structured interview lasting between 2-6 hours, although this information was analysed quantitatively. As this methodology is substantially different from the methodology employed in the other studies included in this section, it makes comparability between them difficult. In relation to quality ratings, there were no substantially different ratings between the studies included in this section (see Table 2), with an average quality score of 62.5%.

3. Impact on Parental Potential/Actual Child Psychological Abuse

Four studies focused on the relationship between maternal experiences of CPA and subsequent potential or actual perpetration of psychological abuse on their child(ren). This included a focus on behaviours which were hostile (McCullough et al., 2014), controlling (Sexton et al., 2017) and psychologically controlling (Zalewski et al., 2013; McCullough et al., 2014): the author of this review has considered descriptions of these to be psychologically abusive according to the definition provided by HM Government (2015; 2018). Additionally, Zurvain and Fontanella (1999) and Haapasalo and Aaltonen (1999) included findings which related to maternal perpetration of psychological abuse and thus are included in this section, totalling 6 studies.

McCullough et al. (2017) used independent observers to evaluate 64 mother-child dyads and found mothers who displayed emotionally

unsupportive behaviours reported significantly higher levels of CPA. Sexton et al. (2017) also utilised observational measures to assess for psychologically abusive parenting styles in 173 mother-infant dyads. However, the authors found no significant relationship between maternal experiences of CPA and parenting behaviour. Of note, McCullough et al.'s (2017) study was rated noticeably higher in quality (77.5%) than Sexton et al.'s (2017) study (67.5%), providing clear definitions of all concepts measured, controlling for relevant variables and utilising appropriate statistical analyses. Of note, McCullough et al.'s (2017) study utilised participants with an average child age of 9.45 years, compared to Sexton et al.'s (2017) children aged 6 months.

Fujiwara et al. (2010) recruited mothers from mother-child homes in Japan and found historical experiences of CPA were significantly associated with maternal perpetration of psychological abuse after adjusting for other forms of childhood abuse (β = .14, p = .008). Likewise, Zalewski et al. (2013) found maternal CPA was significantly positively correlated with psychological control within 95 mother-child dyads (r = .30, $p \leq .01$). However, both these studies only just achieved the 60% quality threshold, both failing to provide a clear definition of the concept they claim to be measuring: CPA. Also only just meeting the quality threshold was Zurvain and Fontanella's (1999) study which found, of the 516 mothers included in their sample, childhood experiences of verbal hostility was significantly positively correlated with maternally perpetrated verbal abuse towards their own child (r = .24, $p \leq .001$).

Haapasalo and Aaltonen (1999) reported mixed findings in their sample of mothers, noting experiences of CPA were the strongest predictor

of maternal punitiveness when childhood physical abuse, socio-economic status or other social problems were accounted for (β = .66, $p \leq .001$). Although CPA was significantly correlated with higher rates of perpetrated psychological abuse (r = .48, $p \leq .05$), CPA failed to significantly predict perpetration of psychological when physical abuse, socio-economic status and other social problems were accounted for. The average quality of the studies included in this section is 64.17%, with the highest range of all the categories (60-77.5%). However, the highest quality paper (McCullough et al., 2017) and the lowest quality paper included in this section (Zurvain & Fontanella, 1999) both reported significant statistics indicating a relationship between CPA and an increased likelihood to inflict psychologically abusive behaviours.

4. Impact on Parental Self-Efficacy and Competence

Two studies explored how experiences of maternal CPA may impact self-perceived parental self-efficacy and competence. Zurvain and Fontanella (1999) also included findings related to parenting competence and thus is included in this section, totalling 3 studies.

In their sample of 76 mothers, Caldwell et al. (2011) found exposure to CPA was significantly negatively correlated with parental self-efficacy (r = -.28, $p \leq .05$), demonstrating the strongest association compared to other types of maltreatment (physical abuse, sexual abuse, emotional neglect and physical neglect). However, the remaining 2 studies both found maternal experiences of CPA was not predictive of maternal perceived stress (Lang et al., 2010) or competence (Zurvain & Fontanella, 1999). These studies were of similar quality ratings, with an average quality score

for the studies included in this section of 66.67%. Please see Table Two for the characteristics of all included studies and Appendix Six for additional relevant information.

Discussion

Summary of Key Findings

To the author's knowledge, this is the first attempt to systematically review maternal experiences of psychological abuse in childhood and subsequent parenting outcomes. A total of 15 studies were identified in the current review that explored maternal experiences of CPA and subsequent parenting outcomes. Parenting outcomes formed four key themes which are outlined above. The majority of studies reported negative impacts of maternal CPA and parenting outcomes, with only 4 finding mixed results and 1 study finding no significant effects of CPA on parenting. The strongest associations were found between mothers' experience of CPA and child abuse potential, excluding psychological abuse, where all but one of the 5 studies included in this section reported a significant increased risk of actual or potential abusive parenting practices. The next strongest association was between maternal experiences of CPA and an increased likelihood of supporting and/or perpetrating psychological abuse on their own children, where 4 of 6 studies reported a significant association between these factors. The weakest association was in relation to parental self-efficacy and perceived competence, where only one of three studies reported significant effects of CPA on this outcome.

As noted in a previous review exploring the impact of psychologically abusive and/or neglectful childhood experiences (Hughes & Cossar, 2016),

the majority of mothers who reported experiencing CPA did not go on to display harmful and/or abusive parenting practices. For example, in Chung et al.'s (2013) study, which noted 17% of mothers reporting CPA also reported using infant spanking, emphasis should be placed on the 83% of mothers who were exposed to CPA and did not implement spanking. This raises questions about possible contributing factors that increase the likelihood of a continued cycle of abuse to better understand associated risk factors and help identify protective factors to reduce this cycle further. Indeed, one included study found the relationship between CPA and perpetrated child abuse was mediated by mothers dissociated, depressive and traumatic symptoms (Fujiwara et al., 2010). Likewise, Ammerman et al. (2016) found mothers who reported CPA also reported a decreased social network size which arguably could have influenced parenting outcomes. Although some studies reported CPA accounted for significant variance in parenting outcomes (e.g. Bert et al., 2009), given this accounted for less than 20% of the total variance, it is evident other factors likely also contribute to parenting outcomes. This is discussed further in relation to future research.

Interpretation of Mixed Results

Some of the mixed findings may be attributed to variations in samples included across the studies. For example, it appears the samples measured in the 3 studies noting a significant negative impact on maternal relational functioning were significantly different from the more privileged and less psychologically abused sample measured in Pereira et al.'s (2012) study reporting the only non-significant impact on relational functioning. Pereira

et al.'s (2012) study recruited high-income mothers, with almost 95% in a relationship. This is in comparison to the remaining 3 studies exploring relational functioning all of whom reported a majority of low-income and single mothers, with Rea and Shaffer (2016) noting 65.6% of their sample fell below the poverty line. Although these variables were controlled for in all but Ammerman et al.'s (2016) study, ensuring no impact on parenting interactions, this would not impact the levels of retrospective CPA reported in the sample. As noted in this section, Pereira et al.'s (2012) sample reported "none to minimal" levels of CPA compared to the other 3 studies reporting low-income, single-mothers with moderate to high levels of CPA suggesting they may have been measuring a relatively non-maltreated population. From this exploration, it is possible only samples where moderate or severe experiences of CPA are present result in significantly negative impacts on parenting interactions, namely nurturing, supportiveness, sensitivity and empathy.

Indeed, severity of CPA has been identified as an important factor to consider when measuring abusive experiences (Bailey et al., 2012). This raises a wider issue with how levels of CPA were reported across the studies. Despite the majority of samples utilising the same measurement of CPA, the CTQ (Bernstein & Fink, 1998), some reported average CTQ scores (Lang et al., 2010), others provided groupings of CPA severity based on scores from the CTQ (Pereira et al., 2012) and other studies did not specify either of these (Caldwell et al., 2011; Rea & Shaffer, 2016). This limits the extent of comparability between studies as well as limiting confidence in the conclusion that varying degrees of severity may offer one explanation for the mixed findings. Nonetheless, it appears, at least tentatively, that

severity of CPA experiences appears important when considering conflicting findings.

Extending from this, the recruitment and representativeness of samples across the studies may also, in part, explain some of the conflicting findings. For example, some studies recruited participants from mental health services (Zalewski et al., 2013), community programmes for "at-risk" mothers (Caldwell et al., 2011) or mothers who were diagnosed with depression (Ammerman et al., 2016): all of whom reported a significant negative impact of CPA on parenting outcomes. Other studies recruited and utilised participants from community settings (e.g. Lang et al., 2010; Pereira et al., 2012), who reported mixed findings or no significant impact. Whilst this was not exclusive, with Rea and Shaffer (2016) utilising a community sample and reporting a significant relationship between CPA and parenting, it does appear sample recruitment could explain some conflict in findings. For example, mothers recruited from mental health services and/or programmes for at-risk parenting may arguably have experienced more severe CPA and/or have additional risk factors that increased their likelihood of negative parenting styles and thus ascertaining the direct relationship between CPA and parenting, or the extent to which CPA can explain this relationship, is difficult. Whilst this may offer an explanation for some mixed findings, it also suggests the studies included in the current review are likely to be at least partially representative of the wider target population (mothers), when pooled together.

Methodological Considerations and Limitations of Reviewed Studies

Several methodological issues identified in the included studies limit the author's confidence in the ability to draw firm conclusions about the impact of maternal CPA on parenting outcomes. Firstly, the quality of studies included in this review is considered moderate. Whilst attempts were made to include only studies of high quality, the limited existing studies exploring this relationship slightly restricted this. Only 5 studies achieved a quality score of 70% or above, suggesting the majority of studies, whilst reaching the quality cut-off score, do not reflect particularly high-quality studies. Common issues which reduced the quality of included studies are discussed below.

A key methodological issue centred on definition. Despite all 15 studies claiming to measure and examine the impact of CPA, only 4 provided a definition of this. Given the highly problematic conceptual and subsequent methodological difficulties already associated with psychological abuse, including a lack of consensus regarding definition and conceptualisations often based on the measurement being utilised in any given study (Follingstad, 2007), the lack of any definition provided by the majority of studies limits confidence in concluding the phenomenon has even been examined. To some reassurance, the definitions provided by the 4 studies were consistent and largely mirrored the definition outlined at the beginning of this review. Even with consistent definitions, however, researchers exploring the measurement of psychological abuse have noted difficulties distinguishing psychologically abusive parenting from suboptimal non-abusive parenting which arguably makes existing findings regarding harmful effects difficult to compare and generalise (Rosen & Martin, 1996; Wright, 2005). Indeed, some researchers have noted differences in criteria

that parents apply to and define as "maltreatment" can be dependent on social-cultural values (Giovannoni & Becerra, 1979; Rose & Meezan, 1995). Extending from this, research has emphasised the importance of employing culturally appropriate definitions when assessing child abuse (Korbin, 1991), arguably accounting for this difficulty in differentiating between psychologically abusive and sub-optimal parenting which may be considered culturally normative. Whilst this is acknowledged as potentially being relevant for samples who experienced minimal CPA, moderate and/or severe CPA is considered reflective of harmful parenting practices which, irrelevant of culturally acceptable values and/or behaviours, is likely to be harmful to the child's development. Nonetheless, methodological differences in defining psychologically abusive experiences pose a real difficulty in measuring this construct. It is possible some of the mixed findings found in the current review may indeed be attributed to the methodological differences in definition.

In the majority of studies (11/15), other forms of maternal childhood abuse had not been controlled for or it was unclear if this had been conducted. Of these studies, 54.55% found CPA had a solely negative impact on parenting outcomes (e.g. Chung et al., 2013; Rea & Shaffer, 2016). Of the remaining 4 studies which fully or partially controlled for some form(s) of childhood abuse, 75% found a solely negative impact of CPA on parenting (e.g. McCullough et al., 2014, Zalewski et al., 2013). The average quality score of these 4 studies was 62.5%, similar to the average quality score of studies which did not control for other forms of abuse (66.14%). Whilst this suggests the relationship between CPA and parenting outcomes exists irrespective of some other forms of childhood maltreatment, several

other methodological issues identified in the 4 studies which did control for this raises further questions. For example, in McCullough et al.'s (2014) study, whilst the authors controlled for the significantly higher levels of reported childhood sexual abuse in mothers who displayed psychologically abusive behaviours (negative parenting group) compared to those who did not (positive parenting group), there was a substantially uneven sample size with only 7 mothers considered to display such negative behaviours, compared to 36 mothers who did not. Indeed, whilst seemingly not the case for the aforementioned study, significantly unequal sample sizes can increase the likelihood of a Type 2 error occurring often due to the likely lack of statistical power (Field, 2009), raising further concerns about some the methodologies utilised. This appeared to be a general theme throughout the included studies, with studies failing to address multiple methodological procedures which may be pertinent to drawing firm conclusions.

As previously outlined, studies which utilised independent observers were more likely to report a solely negative impact of CPA on parenting outcomes (66.67%) than studies which relied on self-reporting measures (55.56%). Whilst this mirrors well-documented discrepancies between self-report and observational measures (Morsbach & Prniz, 2006), studies utilising self-report methodologies appeared to have been biased by social desirability, where mothers reported themselves in a more favourable light. Previous research has noted females are significantly more likely to display socially desirable responses than males (Barger, 2002). Combined with the understanding assessing parenting is a sensitive topic for some parents, mothers may arguably be most at-risk of answering in socially desirable ways. This is of methodological concern when exploring how maternal

childhood experiences impact parenting, with research consistently questioning the validity of parental self-report measures (Holden, 2001; Perepletchikova & Kazdin, 2004). Some research disputes this, however, noting parental self-report measures converge relatively well with observations of parents use of positive and negative parenting (Hawes & Dadds, 2006). Validating self-report measures, possibly by also including observational measures, may be important to ascertain increased accuracy of responses. Of note, none of the included studies utilised a tool to measure social desirability and therefore potentially control for this, which may have also produced further clarity on the role of socially desirable responses in relation to studies exploring maternal CPA and parenting.

A separate limitation to note involves the author's decision to utilise a quality cut-off of 60% to determine paper inclusion. Although only one paper fell below this cut-off and therefore was not included in further analysis, given the limited research in this area, it may have been more appropriate to include all studies which met the inclusion criteria. Regardless of quality score, all studies which met the aforementioned criteria could have been included with a thorough consideration of the study's quality and any risk of bias discussed in the data synthesis. This may have maximised the likelihood of capturing all relevant studies to more systematically review existing findings. This is acknowledged as a limitation of the systematic review process.

Conclusions and Recommendations

The current review has systemically reviewed the existing empirical evidence exploring the relationship between maternal CPA and parenting

outcomes. Despite the majority of studies reporting a significant association between CPA and parenting, only tentative relationships may be drawn due to the methodological limitations outlined above. This mirrors summaries from the previously outlined review by Hughes and Cossar (2015). Overall, however, the majority of studies included in this review describe some strength of relationship between maternal experiences of CPA and negative parenting outcomes. This supports existing research which has highlighted the enduring effects psychologically abusive experiences can have on adult functioning in specific relation to parenting. However, this review may be vulnerable to publication bias as no unpublished studies were included. Whilst the review did find studies which reported no significant relationships at all, it is possible the published studies are biased towards significant findings. However, as the findings reported in the current review were largely determined by documented significance values, future research may wish to include an analysis of effect sizes to more clearly understand the strength of the apparent relationship between CPA and parenting.

Parenting interventions, such as those for at-risk mothers, may benefit from recognition of relevant risk factors in the form of mother's own experiences of childhood maltreatment and understanding of how this may still be impacting them and/or their parenting. Furthermore, assessment measures could be developed to aid identification of mothers who may be most at-risk of perpetrating harmful parenting behaviours, including abuse, during pregnancy to offer support to minimise this. Practice may benefit from future research which explores potential protective factors in this relationship to help mothers build skills in these areas. Additionally, as all included studies were cross-sectional or cohort designs, only correlational

relationships can be determined. The field may benefit from research utilising longitudinal methods to more thoroughly examine the full developmental trajectory from psychologically abusive childhood experiences to parenting.

What seems apparent is the relationship between CPA and problematic parenting outcomes is not absolute. As noted, some studies found other factors influenced parenting outcomes suggesting a more multifaceted relationship between CPA and parenting. Higher quality studies with clearly outlined definitions of psychological abuse, controlled analysis for confounding variables and more exploration into the potential mechanisms underpinning this apparent relationship between CPA and parenting would help unpick this complex trajectory.

CHAPTER TWO

The mediating risk and protective factors in the maternal cycle of psychological abuse: a UK sample.

Abstract

The intergenerational transmission of child physical and sexual abuse is well documented but little research has explored whether such an apparent cycle of abuse also exists with child psychological abuse (CPA) and the mechanisms through which this may occur. A study of 328 UK-based mothers explored: (1) the relationship between CPA and their own perpetration of psychological abuse on their child(ren); and (2) the indirect effects of adult interpersonal trauma, posttraumatic stress symptoms (PTSS) and perceived social support on this relationship. Results indicated that higher CPA scores predicted significantly higher levels of perpetrated psychological abuse, with PTSS and perceived social support significantly mediating this relationship. Higher levels of perceived social support in adulthood seemingly broke the relationship between CPA and perpetration of psychological abuse, with the PTSS maintaining the cycle. Whilst higher levels of CPA predicted increased exposure to interpersonal trauma in adulthood, this did not significantly predict perpetration of psychologically abusive parenting although did predict significantly higher levels of PTSS. Findings highlight the cycle of psychological abuse as not inevitable but explained via complex mechanisms best understood through developmental theory perspectives. The equal power of risk and protective factors in explaining mothers who seemed to maintain and/or break the cycle of psychological abuse suggests mothers at risk of perpetrating maltreatment may benefit from treatment aiming to both increase social support whilst addressing symptoms of unresolved trauma. Future research is needed to explore other contributing factors possibly explaining the complex mechanisms underpinning the cycle of psychological abuse.

Links of this empirical research project on other chapters

This research project supports the tentative conclusions drawn from Chapter One, providing empirical data for the relationship between experiences of CPA and subsequent problematic parenting. As Chapter One revealed some of more consistent evidence was in relation to CPA and perpetration of psychologically abusive behaviours, this was the parenting outcome of interest in the study. Drawing on limitations from the Systematic Review, a deception scale is included in the study to assess and control for dishonest responses. Further, experiences of physical and sexual abuse are assessed and controlled for within the study to more confidently examine the sole impact of CPA on psychologically abusive parenting. Expanding on the literature identified in Chapter One, the study attempts to explain the apparent cycle of psychological abuse identified by examining the mediating roles of three well-researched factors in other cycles of abuse: exposure to adult interpersonal trauma, posttraumatic stress symptoms and social support. A developmental approach is used to explain the likely trajectory between the variables considered and ultimate parenting practices. The findings from this project supported findings from Chapter One, informed the approach adopted within Chapter Three and triggered the review of one psychometric measure documented within Chapter Four.

Introduction

There is an increasingly growing evidence-base of the negative effects of childhood psychological abuse (CPA) on adult functioning (see Chapter One). Indeed, data from the National Association for People Abused in Childhood (NAPAC; Office for National Statistics (ONS), 2020) revealed 45% of all calls from adults made between 2018 and 2019 were specific to experiences of CPA, indicating the enduring impact such experiences can have. Of particular interest, research has found some individuals who experience CPA are more likely to inflict psychological abuse, towards romantic partners, themselves in adulthood (Gover et al., 2008; Riggs & Kaminski, 2010; Leisring, 2012). Additionally, research has found some individuals who experience CPA display an increased likelihood of perpetrating psychologically abusive behaviours towards their own children (McCullough et al., 2017), although it is unclear under what conditions this apparent cycle of abuse may occur. To date, research has largely concentrated on the intergenerational transmission of physical abuse (Widom & Maxfield, 2001; Fagan, 2005; Gomez, 2010) and sexual abuse (Leifer et al., 2004; Jesperson et al., 2009), supporting an apparent transition from victimization to perpetration for some individuals. By investigating whether this apparent cycle also exists for psychological abuse, and the mechanisms through which this may occur, practical interventions may be administered to target risk factors associated with this form of intergenerational maltreatment.

Numerous theoretical underpinnings have been offered to explain the apparent cycle of abuse, whereby some abused individuals display an increased propensity to inflict abuse themselves (Kempe & Kempe, 1978).

Attachment Theory (Bowlby, 1969), a developmental model grounded in the notion that early childhood experiences have lifelong implications (Crittenden, 2008), suggest individuals who experience maltreatment may develop self-protective strategies to cope with this in childhood forming mental representations, i.e. Internal Working Models (IWMs; Bowlby, 1969), of the self and others (Maier et al., 2005). These mental representations are used to shape immediate emotional and cognitive reactions (Collins & Sroufe, 1999), thus guiding the processing strategies of cognitive and affective information (Collins & Sroufe, 1999; Baim, 2014), and providing lifelong templates for future relationships (Berry et al., 2014; Bowlby, 1980). For some individuals who experience childhood abuse, attachment theorists suggest they are more likely to develop IWMs which perceive the self and/or others negatively and thus are more likely to reflect an insecure attachment style (Bartholomew & Horowitz, 1991).

Indeed, for some individuals who experience CPA, research has demonstrated an increased likelihood of developing insecure attachment styles in adulthood (Bernzenski & Yates, 2010; Leisring, 2012; Riggs & Kaminski, 2010) which has been found to subsequently increase the likelihood of perpetrating psychological aggression (Berzenski & Yates, 2010; Riggs, 2010; Oshri et al., 2015). Whilst this apparent cycle of psychological abuse, as explained through a developmental and attachment theory approach, is increasingly being demonstrated in relation to intimate partner violence (Sriyothin & Maneesri, 2017), to the author's knowledge there is no existing research exploring the intergenerational cycle of psychological abuse in relation to parent-child interactions. Thus, as largely understood by attachment theory principles, the first hypothesis of the

current study is that higher levels of CPA will predict higher self-reported rates of perpetrated psychological abuse by parents on their children.

Nonetheless, as it is widely understood the cycle of abuse is not inevitable (Jaffee et al., 2013) understanding the conditions under which this is most likely to occur is essential. There is now a wealth of research demonstrating individuals who report childhood abuse show an increased likelihood of displaying Posttraumatic Stress Symptoms (PTSS; McFarlane, 1990; Herman, 1992; Cloitre et al., 2009; Norman et al., 2012), with research beginning to demonstrate this specifically in relation to CPA and PTSS (Yehuda et al., 2001).

This may also be understood by attachment theory principles, with theorists suggesting that for some individuals who experience childhood abuse, psychological short-cuts regarding cognitive and affective information may be adopted to maximise safety in abusive environments (Crittenden & Landini, 2011). This may involve the maladaptive transformation of information in the form of overgeneralising danger and/or dismissing/omitting important information regarding the trauma(s) (Crittenden & Heller, 2017). For some, this may result in a hyperactive vigilance to perceived threats and/or a reduced perception of vulnerability to perceived threats (Crittenden & Landini, 2011), with the individual therefore presenting with PTSS (Crittenden & Heller, 2017). Although less researched, some individuals who display PTSS also display a significantly increased likelihood of inflicting abuse themselves as parents (Egeland et al., 1988). Whilst the relationship between childhood abuse, PTSS and perpetration of abuse in adulthood has been applied to physical and sexual abuse (Taft et al., 2008), to the author's knowledge, there is no existing

research examining the role of PTSS in the proposed cycle of psychological abuse in parent-child interactions. Based on the existing abuse literature, and theoretical attachment underpinnings, the second hypothesis of the current study is that PTSS will mediate the relationship between CPA and perpetration of psychological abuse.

However, some research has found individuals who report childhood abuse only display PTSS if they also report being victim to adult interpersonal trauma (Pico-Alfonso, 2005; Becker et al., 2010), questioning the proposed relationship between CPA, PTSS and perpetration of psychological abuse. Research has found CPA directly predicts an increased vulnerability to future trauma (Spertus et al., 2003) including later victimisation of abuse (Nishith et al., 2000; Lake et al., 2015). Indeed, data from the ONS (2017) indicated 51% of adults who were abused as children also experienced some form of interpersonal abuse as an adult. This is consistent with the theoretical understanding that experiences of CPA increase the likelihood of developing insecure attachment strategies, with research indicating individuals with such attachment styles are more likely to be victim of interpersonal violence in adulthood (Roberts & Noller, 1998; Bond & Bond, 2004).

Some people who report being victim to adult interpersonal trauma also display an increased likelihood of inflicting abuse themselves as parents (Egeland et al., 1988). Research has found that mothers who continue the cycle of abuse experience significantly more adult trauma than abused individuals who do not perpetrate abuse themselves (Egeland et al., 1988; Banyard et al., 2001), with some research highlighting the importance of interpersonal trauma in relation to an increased risk of the intergenerational

transmission and initiation of abuse (Dixon et al., 2008). Importantly, Banyard et al. (2003) found mothers' reported childhood abuse failed to be a significant explanatory variable in predicting perpetration of abuse after accounting for later life events, with adult trauma instead acting as a significant predictor of parenting behaviours. This suggests exposure to adult interpersonal trauma may too mediate the relationship between childhood abuse and perpetration of parent-child maltreatment, although it is unclear if this may be through PTSS or separately. Although this is under-researched in specific relation to psychological abuse, Chang et al. (2008) found children experienced a significantly increased risk of psychological abuse by their mother-figure when psychological abuse between caregivers was present, further supporting this. However, as CPA and perpetrated psychological abuse was not independently explored from physical and sexual abuse in the aforementioned research, it is unknown whether this relationship exists in the cycle of psychological abuse alone. Thus, the third hypothesis of the current study is that exposure to adult interpersonal trauma will mediate the proposed relationship between CPA and perpetration of psychological abuse in parent-child interactions.

As the cycle of abuse is not inevitable, and with the understanding that the combination of risk and protective factors display more significant predictive validity of desistance from abusive behaviours than risk factors alone (Robbe et al., 2015), it is important to consider how protective factors may interact with the intergenerational transmission of psychological abuse. There is some evidence to suggest financial solvency is a significant protective factor in identifying individuals who break and those who maintain the intergenerational cycle of abuse (Dixon et al., 2008). It may

be that individuals who are more financially secure experience less perceived stress; high levels of which has been found to increase child abuse potential (Holden & Banez, 1996; Cadzow et al., 1999). However, most research examining protective factors within cycles of abuse have focused on perceived social support: an identified protective factor in breaking the cycle of child maltreatment (Langeland & Dijkstra, 1995; Werner, 2000; Jaffee et al., 2013). This, too, may be understood through attachment theory principles. Whilst it is acknowledged that attachment patterns formed in early childhood are an essential component of how an individual psychologically organises cognitive and affective information throughout development (Bowlby, 1988; Crittenden, 2008; Howe, 2011), it is also understood that if individuals are exposed to emotionally close and supportive relationships, either through professional support or supportive intimate relationships, they may be able to psychologically reorganise and develop a more secure attachment strategy (Crittenden & Landini, 2011). As such an 'earned' secure attachment style is an identified protective factor against the continued cycle of abuse (Saunders et al., 2009; Joseph et al., 2013), this may function to break the abusive pattern. Indeed, partner support has been found to enhance family functioning (Coohey, 1995), arguably reducing the likelihood of a continued cycle of abuse. Further, increased social support resources are suggested to decrease maltreatment continuity between generations (Schofield et al., 2013). However, as existing research exploring the protective value of social support in relation to cycles of abuse has not examined the continuation of psychological abuse independently of physical and sexual abuse, it is currently unknown how social support may interact with the intergenerational transmission of

psychological abuse. Thus, the final hypothesis of the present study is that increased perceived social support will mediate the relationship between CPA and perpetration of psychological abuse, reducing the likelihood of this behaviour occurring.

To the author's knowledge, it is currently unknown how PTSS, adult interpersonal trauma and perceived social support interacts with the proposed relationship between maternal CPA and levels of perpetrated psychological abuse towards their own child(ren). For the purposes of this study, only mothers will be examined for several reasons. Firstly, the latest statistics for CPA in the UK have revealed women were more likely to have been psychologically abused by their mother than anyone else (ONS, 2020), suggesting they may already be more at risk of a potential intergenerational cycle of abuse than men. Secondly, gender differences in type of childhood abuse experienced (Sobsey et al., 1997) and type of child abuse inflicted (Allen & Epperson, 1993) suggest there may be different trajectories to perpetration of abuse for men and women. The limitations of this are outlined further in the discussion.

The current study aims to examine the hypothesised mediating risk and protective factors in the maternal intergenerational transmission of psychological abuse. In doing so, a better understanding of the contributing factors that enable the cycle of psychological abuse, understood via attachment theory principles, may be developed. Further, practical interventions may be enhanced to target the known risk factors whilst promoting and developing protective factors associated with desistance from psychological abuse. As perpetration of CPA has been identified as often preceding perpetrated physical abuse (Leonard & Senchak, 1996),

such interventions may be vital to minimise current and future risk of life-endangering harm. In sum, there are three primary hypotheses of the study:

(1) Mothers who report higher levels of CPA will perpetrate more psychological abuse on their children than mothers who report lower levels of CPA;

(2) Both PTSS and exposure to adult interpersonal trauma will mediate the relationship between CPA and perpetration of psychological abuse, i.e. functioning as risk factors which will explain the hypothesized continuation of psychological abuse; and

(3) Higher levels of perceived social support will mediate the relationship between CPA and perpetration, i.e. functioning as a protective factor which will explain those who are able to break the cycle of psychological abuse.

Methods

Participants

A total of 333 mothers aged 18 or over with children aged between 3 and 16 years old were recruited through social media websites, including Facebook, Twitter, LinkedIn, Instagram and Reddit. Five participants were excluded from analysis as identified outliers according to Mahalanobis distance analysis. As the survey was designed where progression could only be achieved once every question had been answered, there were no missing data. However, participants could exit the survey at any time.

Of the 328 participants included in analysis (mean age = 38.50, SD = 8.0), 89% (N = 292) were currently in a relationship, 54.3% (N = 178)

reported having two children, 64.9% (N = 213) reported their children all had the same biological father with 84.1% (N = 276) reporting they currently live with the father of at least one of their children. A total of 34.8% reported a household income of £61,000+ (Mean bracket = £41,000-£50,000) suggesting a relatively wealthy sample. In relation to the children included in the study, a total of 38.7% (N = 127) reported having both male and female children with an average child age of 5.48 (SD = 5.0). On average, mothers were 29.03 years old (SD = 5.70) when they had their first child.

Procedure

The current study was approved by the University of Nottingham School of Medicine's Research Ethics Committee in March 2019 (please see Appendices 7-10 for the ethical approval letter, participant information sheet, indication of informed consent and accompanying debrief form). For the purposes of this study, 'psychological abuse' is consistent with HM Government's (2018) conceptualisation noting CPA may involve: "conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate". Also documented within this definition is the understanding that CPA may involve developmentally inappropriate expectations being placed on the child(ren) (see the introduction of this thesis for full definition).

After indicating informed consent, participants anonymously provided demographic information outlined above. As a within-subjects

design, participants then completed the 110-item survey, comprising of five psychometric measures in the order stated below (see Appendices 11-16). The survey also included an 8-item defensiveness scale from the Culture Free Self Esteem Inventory (CFSEI-II; Battle, 1992) to assess for socially desirable responses. Further, two questions from the Adverse Childhood Experiences Study questionnaire (Felitti et al., 1998) were included to control for childhood experiences of physical and/or sexual abuse.

After completing the survey, participants were debriefed and directed to charitable organisations to contact for support if necessary.

Measures

Social Support. To measure the quantity of and perceived satisfaction with their social network, the Social Support Questionnaire Short-Form (SSQ-SF; Sarason et al., 1987) was utilized. The SSQ-SF is a 6-item self-report measure yielding scores for number of social supports and satisfaction with social support available. This shortened measure has been found to correlate highly with the original SSQ with the measure also demonstrating good internal reliability (Sarason et al., 1987). The questions were adapted to allow for numerical data extraction for an online sample, e.g. "How many people can you rely on..." rather than "Who do you rely on…". Scores were calculated to produce total number of social support and level of satisfaction. In the current sample, number of social support (α = .90) and level of satisfaction (α = .93) were found to demonstrate high internal consistency according to Cronbach's Alpha.

Childhood Psychological Abuse. To measure levels of CPA, the psychological abuse subscale from the Exposure to Abusive and Supportive

Environments Parenting Inventory (EASE-PI; Nicholas & Bieber, 1997) was included. The 19-item scale has been used in a range of studies to measure negative and positive childhood experiences (Milletich & Kelley, 2010), and the psychological abuse subscale has demonstrated excellent internal reliability (Milletich & Kelley, 2010). Response scores were summed to produce a total CPA score, with higher scores indicative of more severe CPA, with possible scores ranging between 0-76. In the current sample, the scale was found to have excellent internal reliability (α = .97). Whilst the tool has been validated for use with a female community sample to measure CPA (Milletich et al., 2010), the items included in the measure does not include failure to protect from traumatic experiences, such as domestic violence, which is recognised as an important component of some CPA (HM Government, 2018). Whilst this is noted as a limitation in the discussion section of this chapter, it should also be noted that the measurement of CPA has been recognised as in need of considerable development in order to address current limitations with existing measures (Kent & Waller, 2000). As the EASE-PI was considered to address the other key components of CPA, more so than other tools identified (e.g. CTQ; Bernstein & Fink, 1998), this was considered the most comprehensive self-report measure available at this time and thus was utilised in the current study.

Exposure to Adult Interpersonal Trauma. The Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006) is a 12-item self-report measure of potentially traumatic events experienced in child and adulthood. As the current study aimed to use the measure to assess adult trauma only, directions were modified so as to respond in relation to adulthood only. Although the measure has demonstrated good construct validity (DePrince

& Freyd, 2001) and test-retest reliability (Goldberg & Freyd, 2006), in the current sample the high betrayal subscale recommended for use indicated poor internal reliability (α = .28). Thus, the total betrayal trauma score, combining the high and low subscales, was utilized in the current study (α = .63), with possible scores ranging between 0-24.

Response to Trauma. The Trauma Symptom Checklist (TSC; Elliott & Briere, 1992) is a 40-item self-report measure evaluating symptoms in adults associated with child and/or adulthood traumatic experiences. Reflecting some criteria of posttraumatic stress disorder, although not a diagnostic tool, it consists of 6 subscales: (1) Anxiety (α = .74); (2) Depression (α = .73); (3) Dissociation (α = .76); (4) Sexual Abuse Trauma Index (α = .74); (5) Sexual Problems (α = .73); and (6) Sleep Disturbance (α = .80). Scores for each subscale were summed, based on a four-point Likert scale, alongside a total score (α = .93). As 50% of the subscales in this sample indicated multicollinearity (please see Appendix Seventeen), only the total score was used in the analysis. Scores may fall between 0-120, with higher scores indicative of a greater presence of unresolved trauma symptoms. The measure has demonstrated good discriminative predictability between abused and non-abused participants (Warner, 1997) and research has found the measure to be reliable and internally consistent (Neal & Nagle, 2013), as demonstrated within the current sample. Further, the tool has been validated for use with female inpatients (Zlotnick et al., 1996), non-clinical samples (Neal & Nagle, 2013) and has demonstrated good construct validity in measuring trauma symptoms in individuals exposed to both child and adulthood trauma (Rizeq et al., 2020), with research specifically utilising the tool to explore trauma symptomology

related to betrayal trauma (Martin et al., 2013). Whilst some research has also utilised the TSC to examine unresolved trauma patterns of individuals who have experienced CPA (Goldsmith & Freyd, 2005), this does appear less validated than its use for other forms of childhood abuse, namely sexual abuse. Whilst this is discussed as a limitation in Chapter 5, with alternative measures noted, the above research does suggest the TSC may be an adequate tool to measure trauma symptomatology associated with child maltreatment and/or any subsequent interpersonal trauma in adulthood.

Perpetration of Psychological Abuse. The Parenting Behaviours and Dimensions Questionnaire (PBDQ; Reid et al., 2015) was utilised to assess mothers' own psychologically abusive parenting styles towards their children. The PBDQ is a 33-item self-report measure assessing six core dimensions of parenting: (1) Emotional Warmth (α = .89), (2) Autonomy Support (α = .89), (3) Democratic Discipline (α = .71), (4) Punitive Discipline (α = .78), (5) Anxious Intrusiveness (α = .74) and (6) Permissive Discipline (α = .85). The authors (Reid et al., 2015) note the first three subscales assess positive parenting practices, with the last three subscales assessing non-contingent, unresponsive and psychologically controlling behaviour. Consistent with the current study's definition of psychologically abusive parenting, the Punitive Discipline subscale focuses on parental rejection, hostility and verbal aggression. For the purposes of this study, this subscale appears to directly match the current understanding of psychologically abusive parenting and thus will be the focus of the analysis assessing such parenting practices.

Results

Demographic and background information interactions were analysed on SPSS (Version 26) using Pearson's Correlation Coefficients and ANOVA. All psychometric measures were analysed on SPSS and PROCESS software (Hayes, 2012). A summary of the sample characteristics can be seen in Table 4.

Assumptions of the statistical tests were reviewed and the data set was analysed to identify any violations of these. Although some variables demonstrated partial skewness, suggesting a partially non-normally distributed sample, the sample size exceeded 200 participants thus invoking the Central Limit Theorem to relax the assumption of normality for Pearson's Correlation Coefficient (Jekel et al., 2001; Hagtvedt et al., 2007). Further, as both ANOVA (Blanca et al., 2017) and mediation analyses, which incorporate bootstrapped samples (Pek et al., 2018), do not require normally distributed samples, the outlined tests were considered valid to analyse and interpret the data accurately.

Univariate and Bivariate Analyses

Of the parenting styles assessed, perpetration of psychological abuse assessed via the Punitive Discipline subscale, was the lowest self-reported parenting interaction (Table 5). However, almost all participants (99.6%; N = 324) reported using at least one example of punitive discipline with the mean number of psychologically abusive behaviours outlined in Table 5.

Table 4. Characteristics of Sample (N=328).

Demographic Information		Mean(SD) or N(%)	Range
Mother's age (years)		38.50(8.03)	18-65
Mother's age at first born		29.03(5.70)	15-49
Number of Children		1.93(.75)	1-5
Age of youngest child		5.48(5.0)	
Relationship Status	Currently in relationship	292(89%)	
	Not currently in relationship	36(11%)	
Father status	Children have same biological father	213(64.9%)	
	Children have different biological fathers	22(6.7%)	
	Some of my children have the same biological father and some have another biological father	10(3.0%)	
	I have one child	83(25.3%)	
Living status	Currently live with biological father of at least one of your children	276(84.1%)	
	Do not currently live with the biological father of at least one of your children	52(15.9%)	
Annual income	£0-10,000	4(1.2%)	
	£11-20,000	20(6.1%)	
	£21,000-£30,000	47(14.3%)	
	£31,000-£40,000	38(11.6%)	
	£41,000-£50,000	54(16.5%)	
	£51,000-£60,000	51(15.5%)	
	£61,000+	114(34.8%)	
Child Gender	Male	109(33.2%)	
	Female	92(28.0%)	
	Both	127(38.7%)	

For reference, a brief consideration of the current sample scores in relation to levels of CPA, exposure to adult trauma, unresolved trauma symptoms and harmful parenting practices as compared to previous samples available is outlined. As seen in Table 5, the current sample mean for CPA was 19.26(18.45), higher than that found in the normative sample recruited by the psychometric developers which is noted as 13.02(16.95) (see Nicholas & Bieber, 1997). In relation to adult exposure to trauma, Goldsmith et al.'s (2012) sample of undergraduate students noted a mean score of 2.08(1.94), similar to the current sample mean of 2.06(2.28). Elliot and Briere (1992) reported a mean score of 26.02(12.1) of unresolved trauma symptoms in their sample of sexually abused women, notably lower than the current sample's mean of 40.52(18.40). Likewise, in relation to perpetration of psychologically abusive parenting, the current sample mean of 6.42(4.48) fell above that found in the normative sample which was noted as 2.24(0.71) (see Reid et al., 2015). In sum, it appears the current sample experienced higher levels of CPA and unresolved trauma symptoms and perpetrated higher levels of psychologically abusive parenting, and similar levels of adult trauma, compared to previous samples noted in research. However, it should be noted, the current sample's standard deviations across each variable is notably higher than those documented in the above research. Arguably, this suggests a higher level of variability across the sample compared to the samples previously outlined, reflecting the previously outlined finding that the some of the current data was non-normally distributed. However, as also previously noted, the statistical analyses utilised in the current study allowed for such a distribution.

Perpetrated psychological abuse was not significantly correlated with other forms of maladaptive parenting styles but was significantly negatively correlated with all positive parenting styles: Emotional Warmth, $r = -.61$, $p \leq .001$, Democratic Discipline, $r = -.38$, $p \leq .001$, and Autonomy Support, $r = -.46$, $p \leq .001$. Means, standard deviations and Pearson's Correlation Coefficients for all major variables can be seen in Table 5. As hypothesised, experiences of CPA were significantly positively correlated with experiences of interpersonal trauma in adulthood ($r = .43$, $p \leq .001$), trauma symptoms ($r = .49$, $p \leq .001$) and perpetration of psychological abuse ($r = .11$, $p = .04$). CPA scores were also significantly negatively correlated with reported numbers of social support ($r = -.38$, $p \leq .001$), satisfaction with this ($r = -.30$, $p \leq .001$), levels of parental emotional warmth ($r = -.24$, $p \leq .001$) and democratic discipline parenting styles ($r = -.13$, $p = .02$). This suggests higher CPA scores are related to higher levels of maternally perpetrated psychological abuse and lower levels of positive emotional warmth and democratic discipline parenting styles. Of note, whilst 66.8% (N = 219) of participants reported experiencing at least one adult trauma, experiences of adult interpersonal trauma were not significantly correlated with perpetration of psychological abuse.

Additionally, defensiveness scores, as assessed via the lie scale from the CFSEI-II (Battle, 1992), were significantly negatively correlated with perpetration of psychologically abusive behaviours ($r = -.11$, $p = .04$) and permissive discipline practices ($r = -.19$, $p \leq .001$) and significantly positively correlated with all positive parenting practices: emotional warmth ($r = .12$, $p = .04$), democratic discipline ($r = .12$, $p = .03$) and autonomy support ($r = .15$, $p = .01$).

Table 5. Means, standard deviations and Pearson's Correlation Coefficients for all variables (N=328).

	1	2	3	4	5	6	7	8	9	10	11	12
1. CPA	1											
2. Adult Trauma	.43**	1										
3. Trauma Symptoms	.49**	.36**	1									
4. Total Social Group	-.38**	-.27**	-.48**	1								
5. Social Satisfaction	-.30**	-.15**	-.52**	.67**	1							
6. Punitive Discipline	.11*	.04	.24**	-.12*	-.23**	1						
7. Permissive Discipline	.12*	.34	-.12*	-.12*	.02	-.00	1					
8. Anxious Intrusiveness	-.04	.03	.20**	-.11*	-.04	-.09	.30**	1				
9. Emotional Warmth	-.24**	-.13*	-.20**	.28**	.28**	-.61**	.07	.28**	1			
10. Democratic Discipline	-.13*	-.07	-.14**	.21**	-.14**	-.38**	-.04	.16**	.61**	1		
11. Autonomy Support	-.08	-.08	-.17**	.10	.11*	-.46**	-.03	.07	.52**	.51**	1	
12. Defensiveness	-.07	-.08	-.10	.08	.05	-.11*	-.19**	.01	.12*	.12*	.15**	1
M	19.26	2.06	40.52	3.83	3.35	6.42	12.02	18.23	26.82	21.20	19.51	2.85
SD	18.45	2.28	18.40	2.16	1.40	4.48	4.47	5.08	3.41	3.28	3.45	.97

This indicates participants who responded defensively, i.e. dishonestly, self-reported less psychologically abusive parenting and more positive parenting practices.

Control Variables

To best explore the direct impact of CPA on parenting, participants were asked to indicate whether they had experienced physical and/or sexual abuse in childhood using two questions from the Adverse Childhood Experiences (ACE) questionnaire. A total of 31% (N = 102) of participants reported experiencing childhood physical abuse, with 20% (N = 66) reporting experiences of childhood sexual abuse. One-way ANOVAs revealed individuals who reported childhood experiences of physical abuse also reported significantly higher levels of CPA (*Welch's* $F(1, 171.43) = 87.77$, $p \leq .001$), adult interpersonal trauma (*Welch's* $F(1, 166.51) = 25.15$, $p \leq .001$), trauma symptoms ($F(1, 327) = 43.23$, $p \leq .001$) and lower levels of social satisfaction ($F(1, 327) = 4.04$, $p = .045$) than those who did not report childhood physical abuse. Similarly, individuals who reported childhood experiences of sexual abuse reported significantly higher levels of CPA ($F(1, 327) = 29.60$, $p \leq .001$), adult interpersonal trauma (*Welch's* $F(1, 83.18) = 25.67$, $p = \leq .001$), trauma symptoms ($F(1, 327) = 11.34$, $p \leq .001$) and perpetration of psychological abuse ($F(1, 327) = 5.62$, $p = .018$) than those who did not report this (see Appendix Eighteen). As a result, both childhood physical and sexual abuse was controlled for in the mediational analyses detailed below.

Further, as defensiveness was significantly correlated with perpetration of psychologically abusive parenting behaviours, this was also

controlled for within the mediational analyses. Additionally, any significant differences in variables of interest (perpetration of psychological abuse, PTSS scores or social satisfaction) between demographic information gathered were also explored and controlled for within the mediational analyses, as detailed below.

Multivariate Analyses

To explore the hypotheses of the present study, mediation analysis was conducted. The four causal steps to demonstrate mediation, as outlined by Baron and Kenny (1986), were met for PTSS and satisfaction with social support. As experiences of adult interpersonal trauma and total numbers of social network were not significantly correlated with perpetration of psychological abuse, these was excluded from multivariate analyses. Multiple mediational analysis was considered appropriate to ensure any mediating effect is independent of the effect of the other proposed mediator.

Step 1: The independent variable (CPA) must significantly affect the outcome variable (perpetration of psychological abuse) (seen in Figure 2 as path c').

As one-way ANOVAs revealed significant group differences in levels of maternally perpetrated psychological abuse for child gender, *Welch's F*(2, 203.48) = 3.86, p = .023, number of children, F(4, 323) = 3.67, p = .006, father status, *Welch's F*(3, 32.03) = 3.02, p = .04, and childhood experiences of sexual abuse F(1, 327) = 5.62, p = .018, these were included as covariates in the analysis. CPA significantly predicted perpetration of psychological abuse scores when the above variables, and

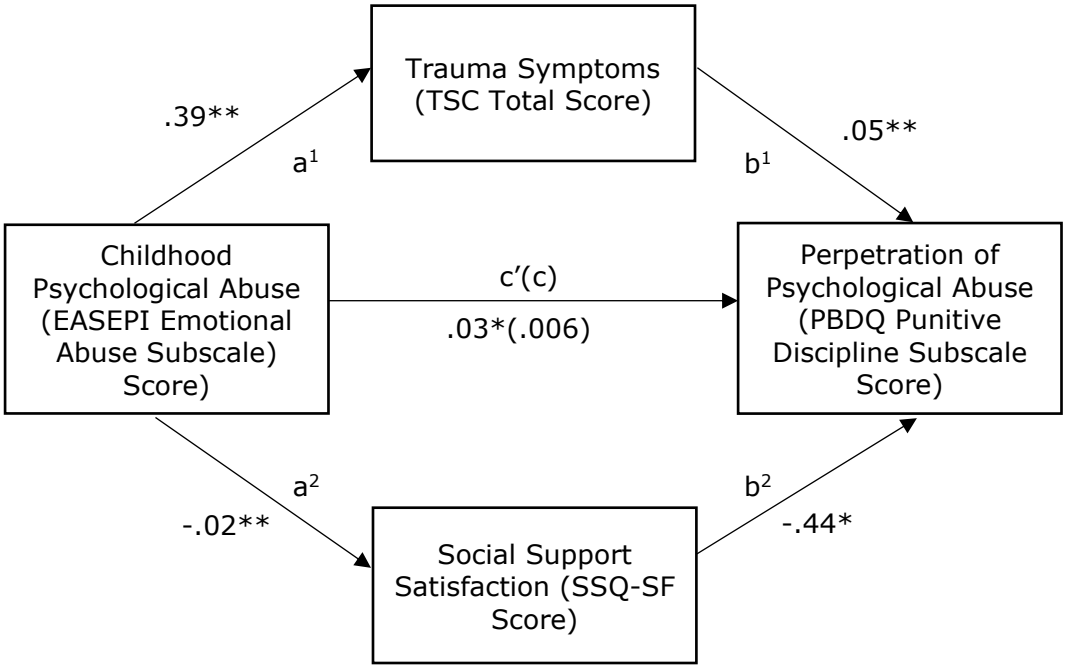
defensiveness scores, were controlled for, β = .03, t(9, 318) = 2.20, *p* = .028. However, experiences of childhood sexual abuse (β = -1.87, t(9, 318) = 2.93, *p* = .004) remained a significant predictor of levels of perpetrated psychological abuse, where lower levels of reported childhood sexual abuse predicted higher levels of perpetrated psychological abuse (see Appendix Eighteen).

Step 2: The dependent variable (CPA) must be significantly associated with the proposed mediators (PTSS, Social Satisfaction) (see in Figure 2 as path a^1 and a^2).

One-way ANOVAs revealed significant group differences in trauma symptoms for childhood experiences of physical abuse, *F*(1, 327) = 43.23, *p* ≤ .001, sexual abuse, *F*(1, 327) = 11.34, *p* ≤ .001, current relationship status, *F*(1, 326) = 5.13, *p* = .024, and annual income, *F*(6, 321) = 4.33, *p* ≤ .001. Similarly, one-way ANOVAs revealed significant group differences in social satisfaction scores for current relationship status, *F*(1, 326) = 4.89, *p* = .028, and income, *F*(6, 321) = 2.30, *p* = .035. Thus, these were included as covariates within the analyses.

With the above variables controlled for, along with defensiveness scores, experiences of CPA significantly predicted PTSS (β = .39, t(9, 318) = 6.97), *p* ≤ .001) and social satisfaction scores (β = -.02, t(9, 318) = -4.74, *p* ≤ .001). Only childhood experiences of physical abuse (β = -5.74, t(9, 318) = -2.55, *p* = .011) and annual income (β = -1.31, t(9, 318) = -2.16, *p* = .032) remained significant predictors of PTSS scores after controlling for CPA. Exploration of the data revealed participants who reported experiencing physical abuse in childhood were significantly more likely to report current trauma symptoms.

Step 3: The proposed mediators (PTSS, Social Satisfaction) must affect the outcome variable (perpetration of psychological abuse), whilst controlling the independent variable (CPA) (seen in Figure 2 as path b^1 and b^2).



*$p \leq .05$, **$p \leq .001$.

Figure 2. Indirect effect of Childhood Psychological Abuse on perpetration of psychological abuse on child(ren) through current trauma symptoms and satisfaction with social support (unstandardized beta coefficients).

Both PTSS scores (β = .05, t(11, 316) = 2.77, p = .006) and social satisfaction scores (β = -.44, t(11, 316) = -2.23, p = .026) significantly predicted scores of perpetrated psychological abuse when CPA was controlled for.

Step 4: The direct effect of the independent variable (CPA) on the outcome variable (perpetration of psychological abuse) should be

significantly reduced when the mediators (PTSS, Social Support) are included in the model (seen in Figure 2 as path c').

As recommended by Preacher and Hayes (2008), 95% confidence intervals were obtained with 5000 bootstrap samples to examine significance of the indirect effect of each mediator. Results indicated a significant mediation effect on the direct relationship between CPA and perpetration of psychological abuse via PTSS scores (β = .02, SE = .01, 95% CI = .006, .034) and social support satisfaction (β = .01, SE = .01, 95% CI = .001, .022). CPA no longer significantly predicted perpetration of psychological abuse (seen in Figure 2 as path c), suggesting full mediation.

Based on these results, hypothesis 1 is accepted as findings indicate higher CPA scores predict significantly higher perpetration of psychological abuse scores. Hypothesis 2 is partially supported as results indicated only PTSS scores mediated the relationship between CPA and perpetration of psychological abuse, with adult interpersonal trauma failing to significantly correlate with maternal perpetration of psychological abuse. Hypothesis 3 is supported as the presence of social support satisfaction also significantly mediated the relationship between CPA and perpetration, seemingly acting as a protective factor.

Discussion

Whilst discussion will be restricted to addressing the current study's hypotheses, the finding that individuals who reported experiencing childhood sexual abuse also reported perpetrating significantly less psychologically abusive behaviours is of importance. The majority of existing literature which has examined the cycle of abuse has reported

childhood experiences of maltreatment predict problematic parenting practices (Romano & De Luca, 1997). However, this literature has rarely included perpetration of psychological abuse and, where literature has included this (e.g. Schuetze & Eiden, 2005; Barrett, 2009) opposite findings have been documented with participants reportedly displaying an increased risk of perpetrating psychological aggression. The current finding contradicts this suggesting childhood experiences of sexual abuse may not predict perpetration of psychologically abusive behaviours in the way one might expect. It may be that, in the current sample, mothers who experienced childhood sexual abuse managed to obtain support earlier in life, perhaps through increased professional awareness and support services for people who have experienced this type of child maltreatment. As research has found individuals who are able to externally attribute blame are more likely to resolve their experience of child sexual abuse (Domhardt et al., 2015), it may be that such services enhanced this thus reducing the likelihood of psychologically abusive parenting. However, as access to services at the time of their experience or throughout their life was not measured, this remains a hypothesis. As experiences of sexual abuse was only measured dichotomously, as it was not the focus of the current study, future research exploring whether this relationship exists across all forms and chronicity of childhood sexual abuse.

The hypothesis that adult interpersonal trauma would mediate the relationship between CPA and perpetration of psychological abuse is rejected, as there was a lack of significant relationships between experiences of adult trauma and perpetration of psychologically abusive parenting styles. Interestingly, adult interpersonal trauma was significantly

related to PTSS, which subsequently related to perpetration of psychological abuse. It is plausible this reflects a cumulative effect of child and adulthood victimisation, where these combined experiences increase the risk of PTSS subsequently impacting parenting. This may explain why the direct relationship between CPA and perpetration of psychologically abusive parenting had a small, yet significant, effect size, with a larger effect identified for the relationship between PTSS and parenting. Thus, one explanation could be that experiences of CPA lead to a small risk of PTSS in adulthood but subsequent experiences either increase (exposure to adult interpersonal trauma) or decrease (high levels of perceived social support) this risk which has a larger impact on parenting behaviour.

A different explanation for this is that the majority of PTSS was explained by unresolved experiences of CPA rather than trauma experienced as an adult. It could be that adults are more resilient to cope with trauma experienced in adulthood, arguably increasing their ability to better integrate this experience into daily functioning (Bonanno, 2004). If, however, they experienced CPA when developmentally they were less able to cope with this maltreatment, this may be retained as unresolved trauma and reflected in PTSS symptoms. A further possibility could be that the severity of the adult interpersonal trauma captured within the current sample was not severe enough to independently predict an increased likelihood of perpetrating abusive parenting. As the suggested subscales of low and high interpersonal trauma indicated poor internal validity in the current sample and therefore could not be used in the analysis, it is not possible to ascertain the severity of the traumas experienced. However, based on previous research which has highlighted the importance of trauma

frequency (Cohen et al., 2008) and severity (Clemmons et al., 2007) in predicting outcomes on parenting, this is a plausible explanation.

Another possibility draws on principles from developmental theorists who argue it is the processing of dangerous events which is of importance to functioning and subsequent behaviour, rather than trauma exposure per se (see Crittenden, 1997). The currently finding, that exposure predicted PTSS which subsequently predicted parenting practices, mirrors previous research which notes trauma responses, such as PTSS, are more predictive of outcomes than trauma exposure (e.g. Cromer & Smyth, 2010). This is further supported by the overall mediation model found in the current study (see discussion below) further highlighting it is not exposure to dangerous events in child or adulthood which is of importance but the individual's response to this. Future research exploring the specific impact various traumatic experiences across the lifespan still has on an individual could help better understand the complex interaction between child and adulthood experiences of trauma and parenting.

The finding that higher CPA scores predict higher levels of trauma symptoms and perpetration psychological abuse towards their child(ren) supports the current study's hypotheses. Whilst this mirrors other cycles of abuse, to the author's knowledge, this is the first UK-based study to demonstrate these factors are also present in the cycle of psychological abuse. The finding that current PTSS and perceived social satisfaction each mediate the relationship between CPA and perpetration of psychologically abusive parenting styles, in opposite directions, extends existing literature by providing empirical research findings revealing some of the risk and protective factors in the cycle of psychological abuse.

Importantly, this finding supports the notion that the cycle of psychological abuse is not inevitable but is largely dependent on how well an individual has been able to integrate their childhood experience into their current functioning and the presence of supportive relationships. The current findings imply the presence of trauma symptoms may act as a mediating risk factor increasing the likelihood of psychologically abusive parenting, with social support appearing to act as a mediating protective factor, decreasing the risk of perpetration. Of note, social support and PTSS were highly negatively correlated. Although the direction of this causal relationship was not investigated, one hypothesis is that social support may mitigate the development of PTSS which subsequently impacted parenting. Nonetheless, the presence of both these mediating factors were so powerful that it resulted in the relationship between CPA and perpetration of psychologically abusive parenting no longer being significant. As previously outlined, this may be understood through attachment theory principles and mirrors previous research exploring other forms of childhood abuse, trauma symptoms and/or social support and abusive behaviour. However, to the author's knowledge, this is the first study to empirically test this hypothesis in relation to psychological abuse, specifically in parent-child interactions. It appears higher levels of experienced CPA increase the likelihood of experiencing unresolved trauma symptoms in adulthood which, in turns, increases the likelihood of perpetrating psychological abuse against a child. If an individual experiences CPA but is satisfied with their perceived social support in adulthood, arguably reflective of the presence of supportive relationships, this significantly decreases the likelihood of the cycle of psychological abuse continuing thus functioning to break the cycle of

psychological abuse. Consistent with the attachment-informed perspective outlined in the beginning of this thesis, it seems that for some individuals who experience CPA, forming and maintaining healthy and prosocial relationships is more challenging. For such individuals, this reduced social support then appears to impact their parenting, as evidenced in the current study. Thus, increasing an individual's ability to form relationships and utilise social support available may be an important consideration for parenting interventions, discussed further below.

Although all relevant factors were controlled for within the analysis, annual household income remained a significant predictor of trauma symptoms and social support after controlling for CPA. Likewise, childhood experiences of physical abuse remained significantly predictive of trauma symptoms. This suggests that other factors, as well as CPA, may be contributing the mediating variables in the cycle of psychological abuse. As outlined previously, research has identified income as a significant factor in the cycle of abuse (Dixon et al., 2008). However, in the current study, income did not remain a significant predictor of perpetration of psychological abuse but rather appeared to act as a contributing variable to the presence of both mediating factors: with lower income increasing the likelihood of PTSS and higher income increasing the likelihood of greater social support satisfaction. This suggests a more complex role of financial security in apparent cycles of abuse, the mechanisms of which would benefit from further exploration.

Limitations

The current study relied on retrospective accounts of childhood experiences and self-reported accounts of perpetrated psychological abuse. It is possible recollections of childhood experiences contain measurement errors due to recall difficulties (Robson, 2002), with accounts of parenting biased by distorted self-perceptions of behaviour (Shaffer et al., 2008). Further, although measures were taken to control for socially desirable responses, defensiveness scores were significantly related to levels of perpetrated psychological abuse. Thus, it is possible some participants had perpetrated higher levels of psychological abuse on their child(ren) than the study accounted for. Other methods of measuring psychologically abusive parenting may be beneficial to more accurately capture rates of such behaviour, such as parent-child observations. Additionally, as noted in the methods section, the tool utilised to measure CPA (EASE-PI; Nicholas & Bieber, 1997), did not include items to address certain elements of CPA, notably failure to protect from exposure to traumatic experiences. As such, it is possible the actual level of CPA experienced is higher than the levels captured in the current study.

Additionally, as noted above, the BBTS' high and low betrayal subscales were combined to produce a total score representing overall adult exposure to trauma. Given the theoretical rationale outlined in the introduction of this chapter, regarding how experiences of CPA may increase exposure to further interpersonal trauma, which the high betrayal subscale would have captured, the decision to combine the subscales arguably questions whether this was accurately measured. Although the scales did demonstrate poor internal consistency, it may have been more appropriate to have noted this as a limitation to more accurately capture

exposure to high betrayal interpersonal trauma. Whilst a critique of the BBTS is presented in Chapter Four, this is noted as a limitation of the current study.

Another limitation of the current study is that all participants were recruited on online social media sites. Previous research has identified particular difficulties with online samples regarding self-selection bias (Thompson et al., 2003; Wright, 2005) and reliability of responses (Dillman, 2000), suggesting the prevalence estimates are likely unreliable. Further, as all participants were mothers, this limits the author's ability to generalise findings to father-figure roles. Additionally, although attempts were made to control for various potential confounding variables, there remain other factors, such as culture and ethnicity, which were not explored. Exploration of a wider variety of potentially confounding variables may be avenues for future research.

Finally, although the current study accounted for number of children and child gender, with all participants indicating they had at least one child aged between 3-16 years old, it did not ascertain which of the children the participant was responding to. It is possible mothers responded to questions about perpetrated psychological abuse to one of their children who they parent favourably, missing key information about their other child who they may in fact psychologically abuse. This is a consideration for both future research and future psychometric tools which aim to measure parenting behaviours which should aim to better specify which child is of interest.

Future Research

The current study presents initial findings highlighting some of the contributing factors in the apparent cycle of psychological abuse, unresearched before. However, only one mediating risk and one mediating protective factor were identified. Future research may wish to include many more possible contributing factors, likely drawn from existing literature surrounding other forms of child maltreatment and parenting. Not only would this expand the identification of contributing factors in the cycle, it would also allow for comparison and control between such factors to identify the strongest contributors. This may better guide both further research and intervention services.

As noted in the latest figures from the ONS (2020), children aged under one year were more likely than other age groups to be subject to the child protection register and/or child protection plan for CPA. This age group was not captured in the current study as the psychometric properties of the tools used had not been validated for this age group. Future research may wish to validate the measure, or develop an alternative measure, to use with mothers of children of all ages to better assess this.

Finally, a more thorough examination of how adult exposure to interpersonal trauma interacts with experiences from childhood to increase the likelihood of developing PTSS would be of benefit to enhance understandings of this complex relationship.

Implications and Conclusions

To the author's knowledge, the findings of the current study present the first results examining the contributing risk and protective factors in the relationship between maternal CPA and perpetration of psychologically

abusive parenting. Such findings suggest psychological abuse shares a similar pattern regarding an apparent cycle of abuse as found for both physical and sexual abuse. Further, findings indicate this relationship is explained by the presence of posttraumatic stress symptoms and can be broken by the presence of higher satisfaction with social support. This has important implications as it suggests preventative interventions for mothers at risk of perpetrating psychological abuse may benefit from a developmentally-informed approach to help establish social support whilst simultaneously reducing psychological distress related to PTSS. As understood by attachment theory principles, this may work to break the cycle of psychological abuse and promote more adaptive parenting practices.

Although the current findings highlight the overwhelming impact CPA can have on functioning in adulthood and subsequent perpetration of psychological abuse in a sample of mothers, future research should examine other factors potentially underpinning this relationship. This is especially true given the neglect of research examining CPA and its relation to parenting with the present findings serving as an early starting point for future research. This will ensure preventative and responsive interventions address as many risk factors as possible contributing to the perpetration of psychological abuse.

CHAPTER THREE

The Developmental Trajectory of Childhood Psychological Abuse on Adult Functioning and Parenting Experiences: A Single Case Study.

Abstract

This chapter provides an overview of a single case-study examining the likely trajectory of maternal childhood psychological abuse (CPA), subsequent psychological functioning in adulthood and parenting practices. This is hypothesised within the context of an Attachment Theory framework to best consider the impact of CPA on development and subsequent vulnerabilities to problematic functioning in adulthood. The subject of the case-study, Ms A, was a 47-year-old single mother living and working in the community whose son was removed from her care approximately 16 months ago following years of his increasingly aggressive and disruptive behaviour and concerns regarding Ms A's ability to safely manage and parent her child. Ms A undertook a thorough assessment process as part of complex court proceedings to return her son to her care. The assessment process involved the Minnesota Multiphasic Personality Inventory-2 (MMPI; Butcher et al., 1989), the Hospital Anxiety and Depression Scale (HADS; Zigmund & Snaith, 1983) and the Parental Stress Index (PSI; Abidin, 1995). Analysis revealed Ms A presented with symptoms related to clinical depression, anxiety and posttraumatic stress symptoms as well as describing extreme social isolation and significant parental stress within the mother-child dyad. Ms A's formulation hypothesised a mediational model between her experiences of CPA and problematic parenting, explained by the development of her attachment strategies predisposing her to subsequent psychological and social difficulties, consequently negatively impacting her ability to safely parent. Treatment recommendations are summarised before limitations of the case-study, practice implications and future research avenues are discussed.

Links of this case-study with empirical research paper and other chapters

This case-study provides an example of how maternal experiences of CPA may impact an individual's development, subsequently affecting their psychological functioning in adulthood and parenting practices. A tentative relationship between maternal CPA and subsequent problematic parenting was established in Chapter One, with Chapter Two revealing this relationship, specifically perpetration of psychological abuse, may be explained by posttraumatic stress symptoms and poor social support in adulthood. Based on this understanding from Chapter Two, this case-study examines other factors that may also mediate the relationship between CPA and parenting, as well as appearing to support findings from Chapter Two, following a comprehensive assessment process. Utilising a developmental theoretical approach, specifically attachment theory principles, and drawing upon child maltreatment literature, a psychological formulation is presented describing how CPA likely impacted the mother's development and mental functioning in adulthood which, subsequently, may be negatively impacting her parenting. This case-study demonstrates the utility of a developmental approach to understand how a mother's childhood experiences may continue to affect her functioning in adulthood which, subsequently, can have detrimental effects on parenting. This case-study research further expands the findings in Chapter Two, giving insight into other factors likely underpinning the relationship between CPA and problematic parenting and considers the needs of mothers at-risk of continuing the transmission of abuse.

Ethical Considerations

The following case study is based upon a factual account of the psychological assessment of an adult mother undertaking a thorough assessment process as instructed by the UK Court for Care and Family Proceedings. Of note, due to the worldwide COVID-19 pandemic, the author was unable to meet with the client herself. Thus, the true identity of the client is unknown to the author and is referred to hereafter as Ms A. Instead, communication with the organisation who had direct contact with Ms A and who completed the data collection documented in this report was utilised. The owner of this organisation provided signed documentation confirming Ms A provided informed consent for her data to be utilised for research purposes, including this case study, as well as providing consent on behalf of the organisation that this information could be utilised for the purposes of this research chapter and potential publication (Appendix Nineteen). The Psychologist who completed the data collection process provided confirmation this adhered to the Code of Practice for Experts and complied with the Standards for Expert Witness in Children Proceedings in the Family Court (see Appendix Twenty). All identifying information was removed from documentation shared with the author of this report, including details regarding names, locations and exact birth dates. This is consistent with the British Psychological Society's (2018) guidance on Data Protection Regulation which draw on key principles from the General Data Protection Regulation (GDPR) guidelines. Consistent with this further, Ms A's anonymised data was stored on a locked and password protected device.

It should be noted, although Ms A technically completed the assessment process voluntarily, when asked why she is completing the

process she reportedly responded "I was told to by the courts". This suggests that whilst completion was voluntary from the organisation's perspective, externally perceived pressure to complete the process from the court is likely to have been present. This arguably raises a wider issue regarding the notion of voluntary participation for court matters, with some researchers noting clients who are ordered by the court to participate in an assessment or treatment process cannot provide true informed consent as it inherently lacks voluntariness (Dwyer, 2012; Melton et al., 2007). Nonetheless, the organisation in question confirmed Ms A understood her decision regarding consent for her information to be utilised for the purposes of research and that this case-study would not impact the court-ordered assessment process or proceedings in any way. Further ethical considerations are incorporated where relevant throughout this chapter.

1. Research Question

At the time of assessment, Ms A was in the process of attempting to return her 12-year-old son to her care after his removal by local authorities following concerns regarding her ability to safely parent. As noted in Sections 2 and 3, Ms A experienced CPA primarily from her mother and currently presents with problematic psychological functioning. The primary research question of the case-study aimed to explore how Ms A's experiences of CPA likely impacted her development and contributed to both her psychological functioning in adulthood and parenting practices. This aimed to add to understandings of how maternal maltreatment histories, primarily in the form of CPA, may continue to impact functioning which can have harmful consequences for parenting practices. As detailed

in this chapter, relevant research and literature was drawn upon to hypothesise this relationship, utilising attachment-informed understandings to guide this trajectory. Thus, the current case-study may also add to understandings of how attachment-informed understandings of concerning parenting may be utilised to work with mothers in both preventative and reactive services addressing child maltreatment.

2. Client Introduction

2.1 Client Introduction & Referral Details

Ms A was a 47-year-old single mother of two sons, aged 26 and 12. She obtained a Bachelor of Science degree in General Nursing and is employed as a Senior Nurse in the UK. Since March 2019, approximately 16 months at the time of this report, her youngest son has resided in foster placements and residential homes due to concerns regarding Ms A's ability to manage his behaviour. She has been victim to serious physical assaults from her youngest son and requested accommodation by the Local Authority following reports of increasingly more volatile behaviour towards herself from her son, hereafter referred to as Child B. Table 6 summarises the key timeline of events leading to Child B's removal from the family home.

After initiating the process to return Child B's to her care, Ms A was advised by the Court to complete the assessment process detailed in this report to assist with their decision regarding her ability to safely parent. The primary issues relate to Ms A's apparent unboundaried and largely inconsistent approach with Child B raising questions regarding her ability to care for him, with behavioural challenges described as "beyond parental control". Ms A completed a battery of psychometrics assessing her

personality, mental health and perceived stress experienced within the parent-child dyad. In addition, Ms A completed a comprehensive 4-hour semi-structured interview obtaining information about her childhood and life. Further, the Psychologist who completed the assessment interviewed staff who worked with Client B and observed Ms A with her son. The author obtained the following documentation: (1) interview details; (2) raw psychometric data and access to relevant manuals to score and interpret; and (3) a detailed 24-page Court Report. Of note, the Court Report drew on historical file information and medical records, referenced appropriately throughout. For the purposes of this case-study, attention is given to Ms A's descriptions of her childhood and relationship with her caregivers to hypothesise the trajectory of CPA on her functioning and parenting. To do this, information was drawn and interpreted from all documentation provided, forming the content of this case study.

Table 6. Timeline of Events regarding Ms A and Child B, leading to referral.

Date	Nature
2015	Son excluded from several schools for verbal and physical aggression.
2015	Ms A presented at her GP multiple times reporting her inability to manage her son's behaviour, reporting negative impact on her mental health.
2016	Son diagnosed with ADHD, generalised anxiety disorder, severe separation anxiety and aggressive behaviour.

2016	Ms A sought support from IAPT (unclear if she successfully accessed this).
2016	Crisis team alerted after decline in Ms A's reported mental health and increase in physical assaults against her by her son: son sectioned for short period of time.
2018	Ms A requested son's accommodation by the Local Authority, reporting she was unable to manage his aggressive behaviour in the home.
March 2019	Son placed in emergency foster placement (reportedly broke down two weeks later).
April 2019	Son moved to Residential Home after breakdown of foster placement. Assaulted various staff members whilst here.
August 2019	Son moved to another Residential Home that had in-house clinical support following breakdown of foster placement and violence within residential homes.
September 2019	Ms A prescribed antidepressant medication (reportedly suffered with depression since 2005 with occasional periods of short-term medication).
July 2020	Ms A requested son to return to her care and has initiated the initial court proceedings resulting in the current assessment.

2.2 Childhood and Family Background

Ms A is of white European ethnicity and reports growing up with her mother, father and younger sister in England. Her parents separated when she was 5-years-old, after which her father reportedly left the country and Ms A

subsequently saw him infrequently. In relation to her father, Ms A reported he suffered with Bipolar Disorder and required inpatient services on several occasions. Ms A reported her father committed suicide when she was aged 20. In the interview, Ms A was observed to cry as she recalled the circumstances around her father's death. Given this occurred nearly 30 years ago, her high emotional arousal in discussing this with an interviewer may indicate her ongoing difficulty resolving this event (Crittenden & Landini, 2011), discussed further in Section 3.

In relation to her mother, Ms A stated she was "cold", "unloving", "stubborn" and "not the huggy type". However, she also recalled she was her mother's "best friend", particularly when Ms A made drinks for her and her boyfriends. It is apparent from her descriptions of her mother and their relationship that Ms A likely felt rejected, physically and/or emotionally, and appeared to only be valued when she was meeting her mother's needs. In addition, Ms A recalled feeling frightened from her father being "quite violent" towards her mother. As noted in Section 2, from Ms A's descriptions, it is highly likely she experienced CPA, primarily from her mother. In addition, Ms A stated her mother was diagnosed with depression when she was a child. The probable impact of her mother's depression on her parenting and interactions with Ms A is discussed further in Section 3. Of note, Ms A reports having little contact with her mother now after a disagreement regarding her mother's choice of partner, an individual reportedly convicted for child sexual abuse.

In addition, Ms A experienced one occasion of sexual abuse by her maternal grandfather when she was aged 8. Ms A told her mother of this experience who alerted the police and he was arrested. Ms A had one

further incident of attempted sexual assault when she was again aged 8 by her mother's partner at the time: Ms A once again informed her mother who reportedly ended the relationship following this.

2.3 Relationships

Ms A has had several romantic heterosexual relationships. Aged 18, she engaged in a sexual relationship with a male also aged 18, with whom she had her first child. Ms A recalls incidences of psychological and physical abuse, primarily directed towards herself by her partner although she noted both parties had "short fuses". Aged 24, Ms A married a man who was 18-years-old. From her descriptions, it is evident Ms A experienced further psychological abuse noting he was "very controlling", "said horrible things" and "was threatening". After separating, Ms A became involved in a relationship with a man aged 40, thirteen years her senior. Ms A was victim to further psychological abuse within this relationship, recalling he would reportedly dedicate how she dressed, was a "control freak" and made her feel she belonged to him. Throughout her intimate relationships, Ms A has experienced repeated psychologically abusive situations, a theme notably present throughout her life. Ms A now describes being unable to cope with intimate relationships and has not been in a relationship since the breakdown of her relationship with the gentleman aged 40.

2.4 Education & Employment

Ms A has a good record of educational achievements and sustained employment. She described school as "a saving grace from home", seemingly in reference to the perceived lack of love and persistent fear Ms

A reports experiencing. Ms A recalled enjoying school, with no documented reports of behavioural concerns. After leaving school aged 16, Ms A had several jobs working in various supermarkets and factories for three years. Ms A then reported working in community care for approximately 9 years before beginning her degree in General Nursing. She has been a qualified nurse for 6 years, reporting to work 12-hour shifts and 48-hours per week.

2.5 Substance Use

There is no history of substance misuse, with Ms A reporting that aside from trying cannabis on one occasion, has never taken illegal substances and rarely drinks alcohol. To the author's knowledge, there is no information to discredit this and this was supported by Ms A's psychometric profile indicating no issues with addiction or substance use (see Section 3).

2.6 Mental/Emotional Difficulties

Ms A has reportedly experienced depression and anxiety since 2005, two years prior to Child B being born. Ms A also reports occasional suicide ideation. Although prescribed anti-depressants at various times in her life, Ms A reported being inconsistent with her medication. She has been referred to counselling on a number of occasions, including at the onset of her diagnosed depression in 2005 where she engaged with her community mental health team. Ms A was referred again for counselling in 2012 but did not attend any offered sessions. Ms A sought support on two further occasions, the most recent being in March 2019 when Child B was removed from her care although had reportedly not received any session dates. As evidenced in Section 3, Ms A still appears to present with severe symptoms

of both depression and anxiety, largely characterised by low self-esteem and feeling easily overwhelmed and inadequate both generally and as a mother.

2.7 Parenting Concerns

No formal parenting issues related to Ms A's eldest child have been raised, with the focus of this case-study centred on Child B. Ms A reports Child B was conceived through a "one-night-stand" who has had no subsequent contact. As noted in Table 6, her son has presented with challenging behaviour which has become increasingly more volatile over recent years. Aged 7, he was diagnosed with Attention-Deficit hyperactivity disorder (ADHD) and Generalised Anxiety Disorder (GAD), primarily in the form of severe separation anxiety. Child B was removed from Ms A's care, aged 11, through Social Services concerns about her ability to safely manage and impose boundaries and Ms A's own reported feelings of fear related to an inability to manage her son's behaviour. Through supervised observations of Ms A and Child B since their separation, Ms A's difficulties imposing boundaries, appearing to become easily overwhelmed and appearing to lack confidence in interacting with her son have continued to be noted, with Child B reportedly becoming angry with and dismissing his mother.

Research has found mothers of children diagnosed with disorders, such as ADHD and GAD, tend to display high levels of inconsistent discipline (Ellis & Nigg, 2009) and negative interactions (Rork & Morris, 2008) and low levels of involvement with (Cop et al., 2017) and acceptance of their child (Molina & Musich, 2016), with mothers' own depressive and anxious traits appearing to trigger and maintain elements of anxiety in their children

(Murry et al., 2009). Such parenting styles mirror descriptions of Ms A's independently observed interactions with her child and her own self-reports of finding it largely difficult to maintain consistency when she feels overwhelmed. Further, as noted in Section 3, Ms A does indeed present with severe symptoms of both depression and anxiety, and posttraumatic stress symptoms (PTSS), with the likely impact on her parenting discussed in Section 4. In sum, Ms A's parenting is problematic in a more discrete form compared to explicit signs of child maltreatment. The impact of her psychological functioning on her parenting appears to have resulted in a highly inconsistent, emotionally and physically distant approach and a general difficulty managing and responding to her child's behaviours and needs. The problematic impact of this parenting on Child B's development is evident through his multiple diagnoses, behaviour and, ultimately, his removal from the family home. This is discussed further in Section 4.

3. Assessment & Analysis

3.1 Childhood Psychological Abuse

Ms A's experience of CPA was assessed via descriptions of her relationship with her parents, captured in both historical documentation and the assessment interview. From her descriptions of her mother, "cold", "unloving", "unaffectionate" and only being her "best friend" when providing drinks, and descriptions of the relationship with her father, including feeling frequently frightened, it is highly likely Ms A experienced CPA within the family home. These factors combined mirror the HM Government's (2018) definition of CPA with particular attention drawn to Ms A feeling unloved, receiving cold and unloving care, feeling valued only insofar as she met the

needs of her mother, frequently feeling frightened and witnessing the ill-treatment of her mother within the home.

It should be noted, alongside her experience of CPA, it is evident Ms A also experienced two incidences of childhood sexual abuse. Additionally, some of Ms A's descriptions of her mother as "cold" and providing "unloving care" may arguably better reflect incidences of psychological neglect. The perceived lack of psychological presence from her mother when Ms A needed this, perhaps due to her mother's depression, suggests she likely experienced both psychological abuse and neglect, alongside two incidences of sexual abuse. Whilst the limitations of choosing to distinguish between psychological abuse and neglect is further discussed in Chapter 5, controlling for the impact of these experiences on Ms A's development, current functioning and parenting practices is not feasible within the context of this case-study. The complexity of Ms A's childhood experiences, and the subsequent difficulty in drawing firm conclusions that any aspect of her psychological functioning and parenting practices stem only from her experiences of CPA and not a combined effect of psychological neglect and childhood sexual abuse too, arguably reflects a difficultly of case-study research, where real-life complexity rarely fits neatly into the niche scope of the research topic. However, by its very nature, case-study research aims to explore a specific topic in a real-world context (Potter et al., 2010) and thus caters for imperfect translations of theory into real-world practice and context. Further, for research questions focusing on "how" and "why", as with the current research thesis, case-studies are considered an appropriate research method despite such drawbacks (Yin, 2003). Additionally, as abuse-types regularly co-occur, with a greater risk of

adverse outcomes in such cases (Debowska et al., 2017), the current case-study arguably provides an element of face validity for individuals who come to the attention of professional services. The most likely trajectory of how Ms A's experiences of CPA impacted her development and functioning by drawing on relevant psychological theories is utilised, whilst appreciating the complexity of other adverse experiences.

3.2 Psychometric Profile

Ms A also completed a battery of psychometrics to provide a thorough overview of her current psychological functioning and parenting. This is consistent with best practice guidelines for rigorous single case-study research, which note the importance of gathering multiple types of evidence through both qualitative and quantitative sources of data (Rowley, 2002).

3.2.1 The Minnesota Multiphasic Personality Inventory (2nd Edition; MMPI-2, Butcher et al., 1989).

The MMPI-2 is a 567-item self-report measure which assesses personality traits and psychopathology, completed by Ms A to primarily assess her psychological functioning. Item responses are divided into four primary scales, comprising of the: (1) Clinical Scale, comprising of 10 subscales; (2) Content Scale, comprising of 15 subscales; (3) additional Supplementary subscales; and (4) Validity Scale, comprising of 3 subscales. The clinical subscales form the basis of the MMPI and may be interpreted to indicate different psychological conditions, with the content subscales designed to increase the convergent validity of the clinical scales by providing further information into the specific symptoms likely to be

experienced (Butcher, 2005). The additional supplementary scale was included to examine specific problems, namely substance misuse and posttraumatic stress symptoms (PTSS), that are not addressed in the clinical or content scales. The validity scale aims to identify inconsistent and under or over exaggeration of the presence or severity of symptoms (Butcher et al., 1989).

The tool has demonstrated good internal consistency (Matz et al., 1992) and convergent validity (Tellegen et al., 2003) and has been translated in numerous languages to accommodate worldwide use (Butcher, 1996). Further, the depression (Childs et al., 2000), PTSS (Sutker et al., 1996; Kirz et al., 2001) and anxiety subscales (Strassberg, 2010) have all demonstrated good discriminative validity. The low self-esteem subscale has also been found to have good concurrent validity and internal consistency (Brems & Lloyd, 2010).

Clinicians typically utilise the computerised scoring resource available, which utilises the MMPI interpretive strategy to provide a comprehensive report of empirically-based descriptors of the respondent's psychopathology. The author was provided with the interpretative report, alongside the raw scores for each subscale and relevant interpretative resources. The author converted the raw scores to T-scores and interpreted these in relation to high or elevated scores, considered in accordance with the interpretative report. A summary and interpretation of Ms A's MMPI-2 profile can be seen in Table 7.

Table 7. MMPI-2 Summary Profile.

MMPI-2 Profile	Converted T-Score	Interpretation

Scale	*Subscale*		
Clinical	***Hypochondriasis***	***65***	***High***
	Depression	***79***	***Clinically High***
	Hysteria	58	Moderate
	Psychopathic Deviate	***73***	***High***
	Masculinity/Femininity	50	Average
	Paranoia	***74***	***High***
	Psychasthenia	***79***	***Clinically High***
	Schizophrenia	***66***	***High***
	Hypomania	53	Average
	Social Introversion	63	Moderate
Content	***Anxiety***	***76***	***High***
	Fears	***68***	***High***
	Obsessiveness	53	Average
	Depression	***70***	***High***
	Health Concerns	***66***	***High***
	Bizarre Mentation	56	Average
	Anger	47	Average
	Cynicism	58	Average
	Antisocial Practices	52	Average
	Type A Behaviour	48	Average
	Low Self Esteem	***70***	***High***
	Social Discomfort	***65***	***High***
	Family Problems	52	Average
	Work Interference	61	Moderate

	Negative Trait Indicators	57	Average
Supplementary	***Anxiety***	***64***	***High***
	Repression	***67***	***High***
	Posttraumatic Stress	***72***	***High***
Validity	***Faking Bad***	***67***	***High***
	Faking Good	***66***	***High***
	Defensiveness	46	Average

N.B. High and Clinically High Scores are highlighted in bold.

As seen in Table 7, Ms A responded to items in a manner which presented herself in both an unrealistically positive light, "faking good", whilst also exaggerating pathology and/or symptoms, "faking bad". Although Ms A did not respond defensively to items, suggesting openness, this does raise questions regarding the validity of her profile. When considered in conjunction with the rest of her psychometric profile, and formulation (see Section 4), this is arguably best interpreted as Ms A attempting to hide problems from others whilst simultaneously catastrophising, and possibly exaggerating, these in her own mind. Nonetheless, this understanding was incorporated in the interpretation of her profile. Of note, research has found mothers at-risk of perpetrating child maltreatment often display such validity elevations on their MMPI profile (e.g. Carr et al., 2005).

Whilst her scores reflect a degree of mental confusion, this is interpreted to reflect a substantial degree of emotional upset likely interfering with her concentration, cognitive efficacy and problem-solving abilities. Ms A's profile suggests she is likely to meet the threshold for Major Depressive Disorder, comprising of severe rumination, difficulties coping with everyday stress and feeling easily distraught: suggested to result in

an over-evaluation of threat, arguably reflective in her high paranoia subscale. Her significantly elevated levels of low self-esteem reflect high self-criticism, low opinions of herself and perceiving herself as being incompetent, useless and inadequate which, arguably, may reflect her depression. This is consistent with Ms A's self-reported depression since 2005.

Ms A's high levels of repression is suggested to reflect her tendency to suppress negative affect from both herself and others (Butcher et al., 1989), arguably reflected in her high "faking good" scores, in an attempt to avoid dealing with unpleasant topics or uncomfortable emotions. This understanding arguably draws upon the notion of unconscious self-deception, as captured within other measures (e.g. Paulhus, 1998), rather than conscious impression management. Additionally, such severe suppression may be reflected in her numerous reports of somatic problems (Carter & Walker, 2014), largely reflected within the Health Concerns subscales. Her profile also suggests significant anxieties in the form of both broad-based generalised worry and social interactions. In addition, elevated PTSS were present. Such features may also explain elevations on the psychasthenia subscale, reflecting extreme psychological turmoil. In sum, Ms A's MMPI-2 profile suggests she currently experiences severe symptoms of Major Depression, Anxiety and PTSS likely reflected in tendencies of emotional suppression, rumination of and fearful anxieties related to actual and exaggerated issues and worries, severe self-doubt and low self-esteem.

Of note, research has found clinical elevations on one or more MMPI clinical (Ezzo et al., 2007) and content (Egeland et al., 1991) subscales to more significantly occur within parenting groups at-risk of perpetrating child

maltreatment than non-maltreating parents. Such research suggests Ms A's current functioning, as indicated by her MMPI profile, may negatively interfere with her ability to safely parent: discussed further in Section 4.

3.2.2 The Hospital Anxiety and Depression Scale (HADS; Zigmund & Snaith, 1983)

The HADS is a 14-item self-report measure assessing an individual's response to everyday stress within the past week. Individuals respond to statements on a 4-point Likert scale, producing one subscale reflecting tense or anxious feelings (Anxiety) and another reflecting low mood and symptoms of lethargy (Depression) (Zigmund & Snaith, 1983). Both scales can receive a maximum score of 21. Generally, scores between 0-7 are considered reflective of normative-mild traits, 8-10 reflective of the probable presence of either Anxiety and/or Depression, 10-13 considered clinically elevated suggesting traits similar to clinical diagnoses and scores of 15 or more considered severe (Zigmund & Snaith, 1983; Snaith, 2003). The measure as a whole (Smith et al., 2002; Woolrich et al., 2007) and the individual Anxiety and Depression subscales (Marinus et al., 2002) have been found to have good internal consistency. Additionally, the scale has demonstrated good discriminative validity (Cameron et al., 2007; Healey et al., 2008) and good cross-cultural stability (Montazeri et al., 2003; Thomas et al., 2005).

Ms A's responses produced elevated scores for depression, falling within the extreme range of clinical significance (10/21). Her responses indicated little enjoyment in things and a markedly reduced sense of general happiness. Further, her responses were considered exceptionally elevated

in relation to the Anxiety scale (17/21) suggesting severe symptomology. Ms A's responses suggest these are in the form of high tension, feelings of panic and associated physiological symptoms. As detailed in Section 4, when this understanding is combined and interpreted with other aspects of Ms A's psychometric profile, these elevations are likely to reflect traits related to feeling extremely overwhelmed, inadequate both generally and as a mother and often feeling fearful. The impact of these traits on her parenting practices are also discussed in Section 4.

3.2.3 Parental Stress Index – 4th Edition (PSI; Abidin, 1995)

The PSI is a 120-item self-report assessment designed to measure the magnitude of stress within the parent-child system. The tool measures the three major elements of stress: (1) Child Characteristics; (2) Parent Characteristics; and (3) Situational/Demographic Stress. Stressors range from life events, to the parent's perception and judgment of their child's behaviour, to the parent's perception of their ability to achieve parental responsibilities (Abidin, 1983; 1997). These stressors are captured within three relevant domains in the PSI: (1) Child Domain, comprising of 6 subscales; (2) Parent Domain, comprising of 7 subscales; and (3) Life Stress. Domains 1 and 2 can be combined to form a Total Stress scale, with the Life Stress Domain providing an index of the amount of stress experienced outside the parent-child system. The child, parent and life stress domains (Hutcheson & Black, 2010) and total PSI scores (Bigras et al., 2010) have demonstrated good internal consistency and discriminant validity. High scores on the Child Domain are suggested to reflect characteristics of the child that make it difficult for the parent to fulfil the

parenting role. High scores on the Parent Domain infer stress within the parent-child dyad are likely to reflect difficulties in the parent's functioning (Abidin, 1983; 1997). The PSI has been applied to the use with forensic populations, particularly child custody cases (see Abidin et al., 2013), suggesting its appropriateness for Ms A. A summary of Ms A's PSI profile can be seen in Table 8, with converted T-scores, associated percentiles and interpretations provided.

Table 8. PSI-4 Summary Profile.

PSI Profile		Converted T-Score	Percentile	Interpretation
Domain	*Subscale*			
Child	Distractibility	38	≤99th	Clinically Significant
	Adaptability	46	≤99th	Clinically Significant
	Reinforces Parent	21	95th	Clinically Significant
	Demandingness	35	98th	Clinically Significant
	Mood	19	98th	Clinically Significant
	Acceptability	24	98th	Clinically Significant
Total Child		183	≤99th	Clinically Significant
Parent	Competence	44	96th	Clinically Significant
	Isolation	20	95th	Clinically Significant
	Attachment	16	73rd	Normative
	Health	19	96th	Clinically Significant
	Role Restriction	25	89th	High
	Depression	29	95th	Clinically Significant
	Spouse Relationship	10	6th	Low

Total Parent	163	86th	High
Total Stress	346	≤99th	Clinically Significant
Life Stress	7	35th	Normative

In sum, Ms A's PSI profile suggests she experiences a significant degree of stress within the parent-child relationship. Of note, Ms A reported normative levels of Life Stress, suggesting stressors outside the parent-child system is not of particular concern. On all but two subscales, Ms A's responses were significantly elevated falling within the 'high' or 'clinically significant' range. All subscales within the Child Domain fell within the 'clinically significant' range suggesting Ms A perceives characteristics of Child B as a significant factor contributing to the overall stress within the relationship (Abidin, 1997). In particular, Ms A rated her son as being highly demanding and hyperactive, with an inability to calm down once upset, with further affective dysregulation in the form of rarely displaying happiness. As noted in the PSI interpretative manual (Abidin, 1997), such elevations suggest Ms A likely feels rejected by her son.

In relation to the Parent Domain, Ms A's scores suggest she frequently feels overwhelmed as a mother, does not find the role of being a parent positively reinforcing and generally feels unsatisfied with herself as a mother (Abidin, 1997). Additionally, Ms A's PSI profile suggests she is highly isolated from any peers or relatives, receives little emotional support and struggles to maintain self-identity within the parent-child relationship. The Depression subscale also falls within the clinically significant range which, as the PSI manual suggests, may result in a general inability to act

in an assertive or authoritarian manner within the relationship: key concerns identified by Social Services regarding Ms A's parenting.

It should be noted, although Ms A's self-reported responses inferred she fell within the "normative" range for attachment processes, this subscale reflects the mother's perceived ability to understand her child's needs and the mother's perceived emotional closeness with her child (Abidin, 1997). It does not provide details on which attachment pattern Ms A is adopting (i.e. secure vs insecure patterns) and thus hypotheses are made regarding her attachment strategies in Section 4 to provide a better understanding of how her early childhood experiences likely impacted her development and subsequent parenting practices. In sum, however, Ms A's PSI profile suggests a significant degree of parenting stress experienced across almost all domains is highly likely to result in poor, and possibly maltreating, parenting styles and interactions (Abidin et al., 2013).

3.3 Summary of Assessment

Ms A's assessment profile suggests she experienced CPA, prominently from her mother, amongst two occasions of child sexual assault. Although most probably an essential coping strategy to manage emotional neglect and abuse within the family, Ms A now presents with problematic symptoms of depression, anxiety, PTSS and social isolation which appear to manifest in low self-esteem and an overwhelming sense of fear and failure, likely causing significant distress and disruption to daily functioning. These factors are likely to significantly impact her parenting; in the form of being easily overwhelmed, experiencing high levels of stress, perceiving herself as being incompetent and being unable to adequately attend to her child's needs, as

identified in both her PSI profile and observations of her interactions with Child B. Ms A's experiences as a mother, and her son's attempt to increase her emotional presence with him, likely both trigger and perpetuate her symptoms, thus maintaining the cycle of distressing psychological functioning and poor parenting, as discussed below.

4. Formulation

To maximise understandings of how Ms A's experience of CPA likely impacted her development, psychological functioning and parenting, a developmental attachment-informed theoretical approach is utilised. This was identified due to the strong emphasis on early childhood experiences and the enduring impact adverse experiences can have on an individual's functioning and parenting (Bowlby, 1969; Crittenden, 2008). This theoretical underpinning is captured throughout the formulation which generally follows a "5 Ps" approach to case conceptualisation (Weerasekera, 1996), primarily focusing on factors which likely predisposed Ms A to utilise poor parenting practices and her general experience of problematic and distressing psychological functioning, as well as factors which appear to precipitate and perpetuate these forms of problematic functioning.

The attachment model used throughout this thesis, the Dynamic Maturational Model of Attachment and Adaptation (DMM; Crittenden, 2008), is inherently a strengths-focused approach to understanding how individuals survive threatening environments, where attachment is not considered the problem but the answer to perceived danger within the family (Crittenden, 2008; 2015). Thus, the development of Ms A's hypothesised attachment strategies will be considered from a functional

perspective with a focus on how these may now be operating problematically as an adult. An overview of attachment theory will firstly be provided before specifically applying theoretical underpinnings to Ms A. These understandings will then be incorporated within a formulation model before considering the impact of this for Child B and possible intergenerational cycle of problematic functioning. Of note, the 5 Ps approach was identified as an appropriate formulation model given the lack of an attachment assessment conducted and its flexibility with drawing upon relevant theory to best hypothesise Ms A's presenting difficulties.

4.1 Attachment Theory

Attachment is generally understood to reflect an enduring emotional relationship (Bowlby, 1969) and a strategy for self-protection underpinned by neurological patterns of information processing (Crittenden, 2008). In particular, attachment theorists suggest human beings have four basic survival needs:

(1) Safety, when faced with perceived danger

(2) Comfort, when faced with perceived distress

(3) Proximity, when faced with perceived isolation, and

(4) Predictability, when faced with perceived chaos (see Allam & Baim, 2017).

Thus, attachment theorists are concerned with how an individual organises themselves when faced with these various forms of threats/danger in an attempt to successfully obtain these needs, with 'attachment' generally reflecting these processes (Bowlby, 1973; Crittenden, 2008). Dependent on how the attachment figure interacts with and responds to the child, the

infant will learn to adapt to maximise the likelihood of such needs being achieved in the future. These attachment processes, and the associated attachment behaviours, are seen as strategic in childhood as an adaptive response to maximise safety within the family (Crittenden, 2008).

Whilst it is acknowledged attachment may be assessed and discussed in multiple ways, for the purposes of this case-study, a dynamic approach primarily focusing on the aforementioned attachment needs will be utilised. This was felt most appropriate given no attachment assessment was conducted: thus, hypothesising specific attachment styles would likely be invalid and therefore unhelpful. Therefore, a brief discussion of Ms A's likely experience of obtaining her attachment needs and the impact on her development will be formulated below.

4.2 Applying Attachment Theory to Ms A

As evidenced in Sections 2 and 3, Ms A experienced multiple forms of childhood adversity that likely impacted her development. Sexual abuse (Fresno et al., 2014), witnessing domestic violence (Gustafsson et al., 2017) and parental separation in childhood (Hayashi & Strickland, 1998) have all been found to relate to disrupted and insecure attachment strategies. For the purposes of this case-study, Ms A's experience of CPA will be the focus of this formulation as this is both the research question and appears to be the most prominent and frequently experienced danger she faced.

Ms A's experience of CPA occurred within the family home, from whom she had no access to alternative adults who could have provided the safety or comfort needed: including her father. Additionally, Ms A reports

her mother suffered from depression, the impact of which is likely to have significantly affected her ability to attend to Ms A's needs as a child. Research has found mothers who suffer with depression display increased hostility (Lovejoy et al., 2000) and insensitive responses (Cohn et al., 1990) towards their children: two features present within the definition of CPA (HM Government, 2018) and characteristics predictive of child attachment insecurity (Crittenden & Ainsworth, 1989; Teti et al., 1995). It is possible Ms A's experience of CPA may have been a by-product of her mother's depression, although the impact this experience had for Ms A, whether an intentional or residual effect of her mother's mental state, was unchanged.

A key notion of attachment theory is how individuals adapt to increase the likelihood of their needs being met (Crittenden, 2008). Ms A appears to have maximised the likelihood of obtaining safety, comfort and proximity from her parents, particularly her mother, in several forms. Firstly, she recalls increased praise and attention when preparing drinks and meals for her mother, arguably reflective of minor role reversal with Ms A catering to the needs of her mother: a strategy typically seen in children who experience largely rejecting, insensitive or unattuned caregiving (Crittenden & Landini, 2011). Additionally, suppressing her own negative affect to attend to her mother's needs and maximise the likelihood of obtaining proximity and safety was likely present. Indeed, Ms A's MMPI profile indicated a high level of emotional suppression, particularly in relation to uncomfortable affective states. Ms A likely learnt in childhood that expression of negative affect was dangerous, in that this did not achieve increased comfort or closeness and possibly increased the likelihood of her feeling worse from an insensitive response (Crittenden,

2008). Instead, it appears Ms A focused on more cognitive information regarding cause-and-effect and behavioural and emotional consequences within the parent-child dyad to predict and counter her mother's emotionally insensitive and unloving interactions, arguably through minor role reversal and suppressing her own need for comfort or care: likely paramount to maximising safety within the relationship and wider home environment (Crittenden, 2008; Crittenden & Landini, 2011).

Ms A does appear to have obtained predictability within the family environment: thus meeting one of her attachment needs. However, this appears to be in the form of predictable danger rather than safety. Ms A's MMPI profile indicated a preoccupation with doing things the right way, a fear of making mistakes and an overwhelming desire to follow rigid and compulsive patterns and behaviour (see Section 3). This arguably reflects a manifestation of Ms A's childhood strategy of excessive compliance within the family, functioning as a way to minimise the perceived threat of rejection. These strategic adaptations of minor role reversal, emotional suppression and compliance, underpinned by frequent attempts to predict and counter a potentially threatening parental response, arguably manifested in a maladaptive process of extreme rigidity in both thought and behaviour and an overwhelming fear of doing something wrong: two primarily features of Ms A's psychometric profile. This trajectory demonstrates both the essential self-protective function of this strategy for Ms A in childhood and the problematic manifestation this same strategy is now having. In sum, Ms A's experience of CPA, arguably a result of her mother's depression, is hypothesised to have resulted in a difficulty

obtaining her attachment needs without the significant adaptation outlined above.

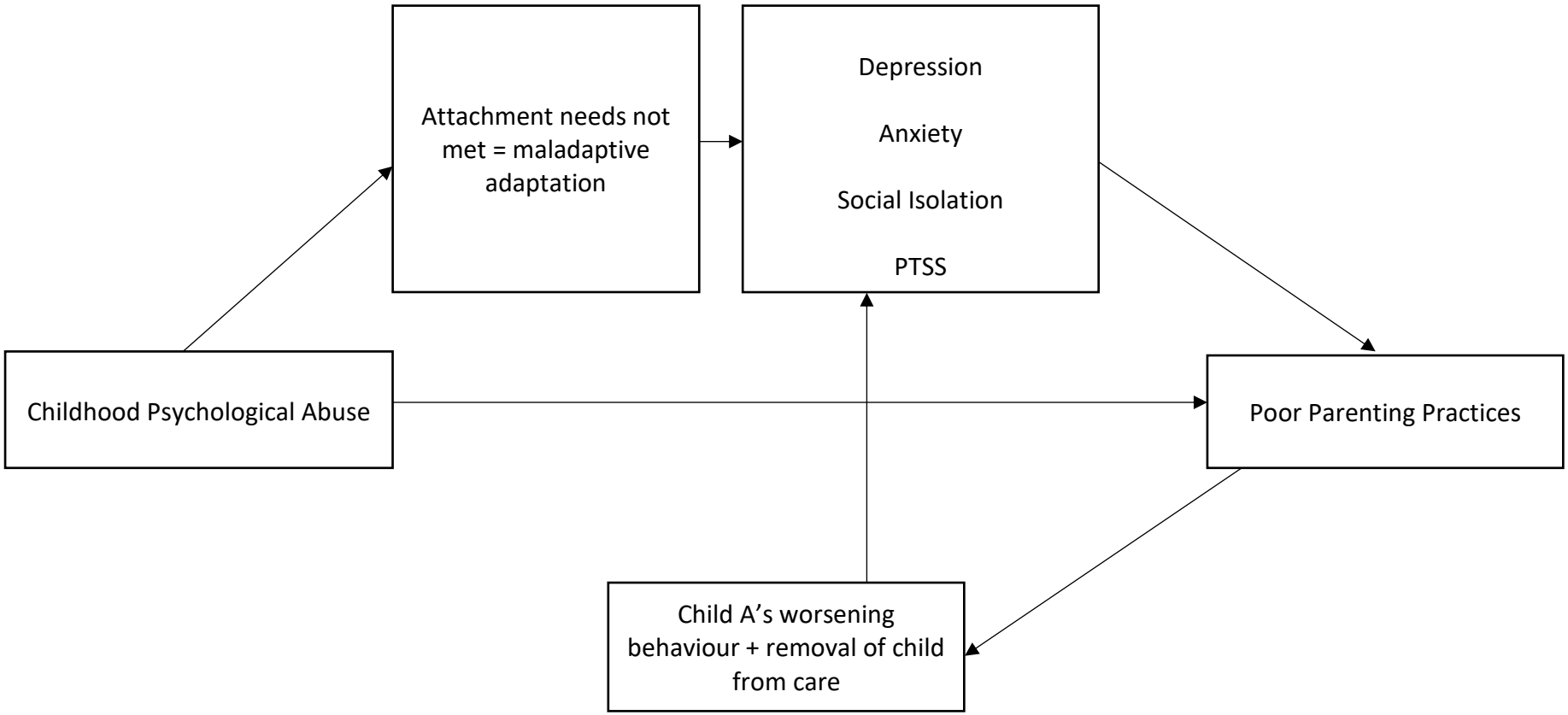
4.3 Linking Childhood Psychological Abuse to Current Functioning

Research has found CPA to predict depression in adulthood (Bernet & Stein, 1999), with some arguing CPA is the most predictive form of childhood abuse relating to later vulnerability to depressive symptoms (Gibb et al., 2001; Crawford & O'Dougherty-Wright, 2007). Given CPA often involves hostile, isolative and rejecting parent-child interactions (HM Government, 2018), it follows that an individual may be more likely to make negative attributions about themselves and/or the world around them, reflective of some depressive features and Ms A's low self-esteem (National Health Service (NHS), 2019). One plausible trajectory is that, due to her own attachment experiences, Ms A likely developed negative views of both herself (having likely learnt her needs are not important) and other people (having likely learnt others are threatening). This is arguably reflective in her low self-esteem and depression and from her descriptions of avoiding relationships, with interpersonal interactions considered largely unsafe: arguably resulting in her extreme level of social isolation and sporadic engagement with supportive professional services.

Additionally, CPA has been found to predict attachment insecurity in adulthood (Riggs, 2010; Riggs & Kaminski, 2010). Attachment insecurity has been found to predict depression and anxiety (Figueiredo et al., 2006; Jinyao et al., 2012), low self-esteem (Ooi et al., 2006) and PTSS (Ein-Dor et al., 2010) suggesting a mediation-like model of Ms A's experience of CPA, development of attachment strategies and subsequent functioning: a

pathway found for other forms of childhood abuse (e.g. Bifulco et al., 2006). Expanding on this further, maternal attachment insecurity (Green et al., 2007; Mils-Koonce et al., 2011), depression (Webster-Stratton & Hammond, 1988; Turney, 2011), anxiety (Nicol-Harper et al., 2007), PTSS (Cohen et al., 2008) and social isolation (Li et al., 2011; Moncher, 1995) have all been found to predict poor and/or harmful parenting (see Figure 3), with research noting less maternal warmth (Budinger et al., 2013) and more disengagement (Pelaez et al., 2008).

Figure 3. Mediational-informed Model of CPA, Attachment Strategies, Current Psychiatric Functioning and Poor Parenting.



4.4 The 5 Ps Formulation Model

This theoretical understanding may be applied specifically to the 5 Ps formulation model (Weerasekera, 1996), which is summarised below.

4.4.1 Presenting Problem

The primary presenting problem in question is Ms A's parenting practices. As detailed in Section 2.7 and Section 3, and seen in Figure 4, Ms A's poor parenting practices largely involve inconsistent parenting of Child B, primarily in relation to disciplining appropriately, psychologically distancing herself from Child B's own emotional and physical needs when overwhelmed and perceiving herself as incompetent, and demonstrating a substantial degree of incompetence at caring for and managing her child's behaviour. As noted in Section 2.7, Ms A's harmful parenting practices specifically included her difficulty setting and imposing boundaries, becoming easily overwhelmed and struggling to respond appropriately to soothe Child B's displayed distress. As further noted in Sections 2.7 and 4.5, Ms A's poor parenting practices have already had an adverse effect on Child B's development and subsequent behaviour, arguably providing further evidence of Ms A's poor parenting.

4.4.2 Predisposing Factors

As understood by attachment theory principles, Ms A's experience of CPA and other forms of childhood adversity, including early separation from her father, witnessing domestic violence and two incidents of childhood sexual abuse, likely impacted the development of her attachment strategies (see Section 4.2). Further, given her father's experience of mental health

problems, it is possible Ms A may have been physiologically more vulnerable to affective disorders (Rasic et al., 2014), arguably predisposing her to an increased risk of experiencing problematic functioning. Drawing on the literature previously documented, such experiences likely predisposed Ms A to an increased likelihood of experiencing depressive, anxious and socially isolative symptoms in adulthood which subsequently appear to have negatively impacted her parenting practices. Further, the numerous adverse experiences Ms A faced in childhood, including CPA, and adulthood, including psychological abuse by romantic partners and the death of her father, likely increased her risk of experiencing PTSS: as identified in her psychometric profile. Research has found the presence of PTSS to significantly negatively impact parenting (Cohen et al., 2008), suggesting Ms A's experiences may have predisposed her to an increased likelihood of experiencing PTSS which, subsequently, increases her risk of utilising poor parenting practices.

4.4.3 Perpetuating Factors

Ms A's underlying attachment strategies and subsequent psychiatric symptoms likely perpetuate her difficulties parenting which, in turn, maintain symptoms related to such psychiatric functioning. Her continuous difficulties with depression, anxiety and PTSS are hypothesised to significantly impact her ability to provide consistent care towards her own child, supported by her psychometric profile which suggests she is easily overwhelmed and struggles to implement consistent boundaries and care. Importantly, the impact of such inconsistent care appears to have resulted in her child displaying his own attachment strategies of aggression, high

emotional expression and disregard for Ms A's attempts at implementing boundaries (discussed further in Section 4.5). As identified within her PSI profile, Ms A struggles identifying her role within the parent-child dyad, arguably reflective of her perpetuating underlying attachment strategies and low self-esteem, impacting her sense of self. Child B's subsequent behaviour in response to Ms A's problematic parenting likely reinforces the difficulties within the dyad and perpetuates Ms A's sense of failure, further maintaining symptoms of depression and anxiety: thus maintaining her difficulties parenting.

Additionally, Ms A's high social isolation also likely perpetuates such symptoms which, in turn, continues her tendency of utilising poor parenting practices. As previously noted, it is likely her own developmental experiences likely impacted her view of others and relationships as inherently unsafe, resulting in her own desire to distance herself from intimate and non-intimate relationships, arguably reflected within her social isolation and lack of social support. This may further maintain symptoms of low self-esteem and depression further perpetuating her difficulties parenting (see Section 4.4.4).

It should also be noted, the death of Ms A's father when she was aged 20 likely exacerbated some of these traits as a significant distressing event for which she does not appear to have received adequate support. Ms A's highly aroused response when asked about her father suggests some aspects of this event may be unresolved (Crittenden & Landini, 2011). This may be reflected in her elevated PTSS scores identified in her psychometric profile which may further perpetuate her current psychological functioning and poor parenting practices. It is also possible Ms A's experience of CPA,

other adverse childhood experiences and further victimisation of psychological abuse as an adult are reflected within her PTSS score. The cumulative effect of such repeated victimisation is highly likely to result in symptoms of PTSS (Cloitre et al., 2009): a notion explored in Chapter 2.

4.4.4 Precipitating Factors

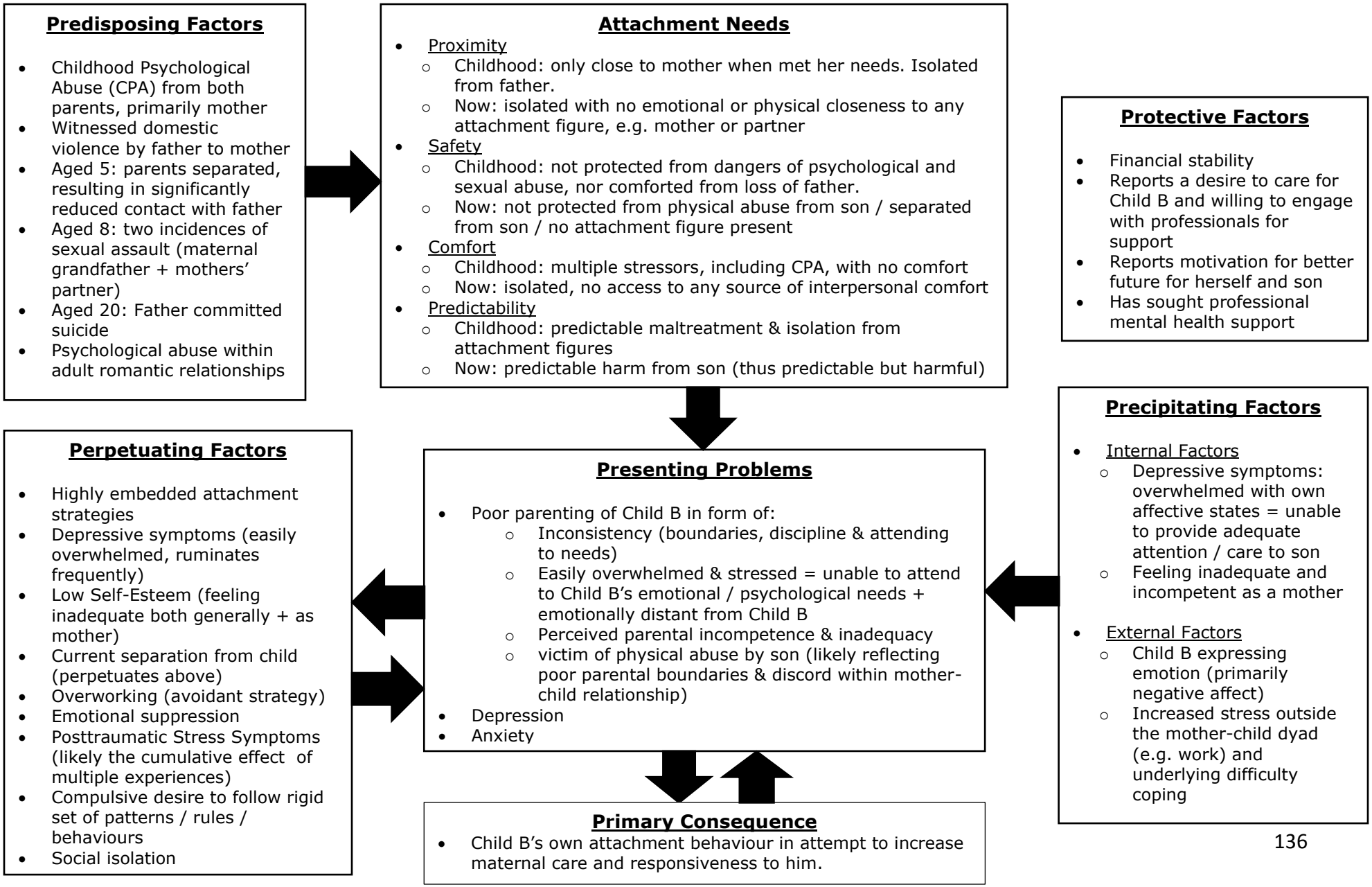
Precipitating factors may include both external and internal factors (Johnstone & Dallos, 2014). For Ms A, whose presenting problems primarily involve poor parenting and psychiatric difficulties, external factors appear to largely be Child B's expression of negative affect. Ms A describes finding it increasingly difficult to manage Child B's emotional states and associated behaviour, arguably reflective of her experiences of depression and anxiety as noted above. When considered alongside her psychometric profile, it is likely Child B's expression of negative affect and Ms A's inability to adequately soothe and lessen his distress precipitates Ms A's internal feelings of inadequacy, fear and being overwhelmed which likely both precipitate and maintain her poor parenting. Additionally, although Ms A did not report significant stress outside the mother-child dyad, it is possible increases in her perceived stress may also precipitate the likelihood of experiencing more intense symptoms of depression (Lee et al., 2011) and poor parenting practices (Rodriguez & Richardson, 2007). Further, Ms A's own internal emotional and psychological functioning related to her depression and anxiety, largely that of feeling easily overwhelmed and unable to regulate and manage this, are hypothesised to precipitate feelings of incompetence and inadequacy in relation to her parenting which, in turn, both triggers and maintains Ms A's difficulty parenting her son, increasing

his own attachment behaviours and subsequently maintaining this cycle. It is also likely Ms A's experiences of depression and anxiety may result in an easily changeable mood, as supported by her psychometric profile, which, arguably, may further precipitate inconsistent parenting practices.

4.4.5 Protective Factors

Although this case-study has focused on Ms A's problematic functioning, this is considered the result of extremely distressing and dangerous experiences. Her ability to adapt and survive great adversity within her own family should not be overlooked: an understanding which supports a more compassionate approach to working with mothers, like Ms A, who demonstrate potentially harmful parenting practices. Ms A has a successful career providing financial security for her family, a factor found to protect mothers from continuing the cycle of abuse (Dixon et al., 2008). However, as it is also hypothesised her reported 48-hour working week partly functions as an avoidant strategy of family issues, this must be considered carefully. Nonetheless, Ms A currently demonstrates a willingness and desire to engage with the relevant services to ensure her son's return to the family home, arguably reflecting both her motivation to access support and goals for their future: two generally accepted protective factors against the risk of violence in individuals with psychiatric disorders (Vogel et al., 2011). A diagrammatical formulation can be seen in Figure 4.

Figure 4. Diagrammatical 5 Ps Formulation: A Developmental Perspective.



4.5 Intergenerational Consideration

Although not the focus of this case-study, a consideration of Child B's behaviour as a probable result of Ms A's functioning must be given. This is consistent with attachment-informed formulations and treatments (Crittenden, 1992) which aim to consider the strategies of all family members to best understand problems within familial relations. Indeed, whilst Ms A's parenting is understood to reflect her psychological functioning, underpinned by attachment strategies (see Sections 4.1, 4.2 and 4.3), understanding Child B's likely attachment behaviours, in response, is essential to accurately identify treatment needs within the dyad. This is consistent with researchers in the field of child maltreatment who note responsibility lies with the parent to ensure the parent-child dyad is non-abusive (Glaser, 2002), irrelevant of the direction of abuse.

Thus, as guided by attachment theory (Crittenden, 1988), Child B's behaviour, described as "disruptive", "beyond parental control" and "aggressive", provides meaningful information about the parent-child relationship. His behaviour suggests a significant degree of distress within the dyad and his behaviour is arguably best understood in the same manner Ms A's attachment processes and behaviour have been: strategically. Just as Ms A adapted to survive the dangerous environment she grew up in, Child B's behaviour arguably reflects his own attempts to do this, likely a result of Ms A's difficulty providing consistent care when she finds herself too overwhelmed, perceives herself as highly incompetent and eventually emotionally distances herself from both the relationship and her role as a mother: creating a further threat to Child B in the form of inconsistent proximity. Arguably, his aggressive and highly affectively aroused

presentation and behaviour reflects Child B's attempts to increase the likelihood of Ms A meeting his needs. Some research has found children who present with ADHD symptoms (Fletcher & Wolfe, 2009; Johnstone et al., 2012), early aggression (Schaeffer et al., 2003) and who are separated from their families through foster care (Courtney et al., 2007) display an increased likelihood of being arrested and/or utilising poor parenting practices themselves. This reflects the well-researched cycle of maltreating families, as understood by attachment theory principles (see Crittenden, 2002), with Child B's behaviour guiding hypotheses about Ms A's likely parenting practices and the potential impact on his own development. Further, it demonstrates the ease at which intergenerational transmissions of poor parenting can be transferred without adequate support for families.

4.6 Summary of Formulation

In sum, it is formulated that Ms A's experience of childhood maltreatment, primarily CPA, significantly impacted how she obtained her attachment needs. The essential adaptations Ms A made to maximise the likelihood of obtaining these in childhood likely affected how she viewed herself, other people and relationships. Such underlying strategies arguably predisposed her to maladaptive forms of functioning in adulthood, including depression and anxiety, characterised by overwhelming feelings of fear (of failure and relationships) and inadequacy, which subsequently impacted her social and intimate relationships ultimately resulting in social isolation. Further, the cumulative effect of multiple adverse experiences Ms A faced in childhood, including CPA and two incidences of sexual abuse, and adulthood, including being victim to psychological abuse within relationships and the loss of her

father, is likely reflected in her scores of PTSS. These factors combined appear to have significantly impaired her ability to safely and effectively parent. These are now functioning to both precipitate and perpetuate her difficulty parenting with the removal of her son from her care also likely to perpetuate such feelings and, arguably, increase symptoms related to depression and/or anxiety (Nixon et al., 2012). Ms A's feelings of inadequacy as a mother and subsequent overwhelming negative affect related to this, resulting in problematic parenting, appears to be primarily triggered by her child's expression of emotion: arguably displayed and exaggerated in the first place as Child B's attempt to increase Ms A's attentiveness and care which she may struggle to consistently provide amid her own psychological functioning. Child B's own attachment behaviours towards Ms A are also now functioning to maintain feelings of inadequacy, feeling overwhelmed and heightened fear in relation to her son: thus perpetuating Ms A's poor parenting practices and Child B's behaviour.

5. Treatment Needs and Recommendations

The return of children to their parent(s) from care placements should be the primary aim of all forensic, care and social organisations (Department for Education, 2014; Neil et al., 2019). Ms A's assessment profile and formulation highlight several areas of potential need, change in which could positively impact her psychological functioning and parenting practices, arguably increasing the likelihood of successful reunification.

As noted in Section 4, Ms A's problematic parenting is hypothesised to be the result of her underlying psychological functioning, namely symptoms related to depression, anxiety, social isolation and PTSS. These

primary features are suggested to be largely maintained by, and developed from, her attachment strategies, likely established from her experiences of CPA among other forms of child maltreatment. Thus, it is hypothesised that treatment addressing her attachment processes should, in turn, address her psychiatric symptoms which, alongside enhancing self-esteem, may positively impact her parenting practices ultimately resulting in a less distressing mother-child relationship for both parties. Whilst Child B's behaviour is not the focus of this case-study, it is hypothesised to be the result of Ms A's psychological functioning, severely impacting her parenting and thus his own strategies with her. Given Child B's risk of violence towards his mother, which as he continues to physically develop will likely increase the severity of any future violence, an approach considering both Ms A and Child B may maximise the chances of safe reunification for both.

This understanding arguably requires a family-informed systemic approach to adequately address complex issues within the dyad. Systemic approaches may involve structured family therapy or more general family-based interventions which can involve wider support systems, such as schools. It is typically applied to address and resolve problems experienced and expressed by the child to decrease family stress and enhance social support within the family system (Carr, 2009a). In addressing ADHD, which Child A is diagnosed with, systemic therapy aims to support families develop new patterns and skills for effective child management (Anastopoulos et al., 2005), through the development of safer alliances between family members (Sexton & Alexander, 2003), enabling families to learn more pro-social skills related to challenging situations. It has been found to be significantly more effective in reducing symptoms related to conduct disorder compared to

routine treatment (Woolfenden et al., 2002). Further, Baktermans-Kranenburg et al. (2003) found family-based interventions aimed at increasing maternal sensitivity were significantly effective in reducing infant attachment insecurity, suggesting approaches addressing either mother or child may be effective in reducing overall risk in the dyad.

Although research has applied family-based systemic approaches to address parental issues (see Carr, 2009b for a review), such as depression (Miller et al., 2005) and anxiety disorders (Renshaw et al., 2005), this has largely been in the form of couples-therapy with little focus on subsequent parenting outcomes and/or child functioning. Given Ms A is a single mother, with the primary concern focused on how her psychological functioning impacts her parenting, other approaches may be more appropriate. An alternative may be Attachment Narrative Therapy (Dallos & Vetere, 2014), an approach applied to work with families experiencing distress, with the overarching aim for both the parent and child to both explore their own and interactional attachment strategies whilst considering alternative approaches (Dallos, 2004). However, given the current separation between Ms A and her child, individual psychological treatment may serve a more appropriate starting point for addressing some of her underlying difficulties perpetuating her maladaptive parenting. One meta-analysis identified individual psychotherapy as an effective approach to reduce levels of maternal depression and improve both mother-child interactions and parental stress (Cuijpers et al., 2014), with other research finding psychotherapy for maternal depression was significantly associated with improved parental efficacy (Handley et al., 2017): all outcomes of particular interest for Ms A given descriptions of her parenting, her psychometric

profile and problematic parenting. Further, research has found the impact of parental self-efficacy on child conduct problems to be mediated by maternal depression (Weaver et al., 2008) suggesting addressing Ms A's depression may not only improve her own perceived efficacy as a mother but also positively impact her son.

Further, the provision of adequate social support has been advocated to be incorporated within child maltreatment prevention programmes (Li et al., 2011). Supporting this, Ms A's psychometric profile indicated she may benefit from increased involvement with communities or organisations and interventions which aim to enhance self-esteem (Abidin, 1997). For single mothers, such as Ms A, research has found increasing levels of good social support result in more nurturing parenting practices, less perceived isolation and a reduction in feeling overwhelmed (Polkki et al., 2004; Benzies & Mychasiuk, 2008): all areas Ms A currently experiences.

However, whilst long-term psychological intervention for both Child B and Ms A may be beneficial, more immediate active parenting interventions and other treatments may be necessary in order to sufficiently reduce risk within the dyad. Specifically, as every child protection outcome should be focused on the welfare of the child (HM Government, 2018), medical treatment for Child B's ADHD may be beneficial to lessen his immediate distress. As well as being recommended by the NHS (2018) for the treatment of ADHD, it may also increase the likelihood of Child B being able benefit from any future psychological support if his associated ADHD symptoms are adequately addressed. Additionally, both Ms A and Child B may benefit from Ms A engaging in more active parenting strategies to improve her ability to interact safely with her son. Whilst some research

has concluded few existing parenting interventions are effective in reducing all types of child maltreatment (Whitcombe-Dobbs & Tarren-Sweeney, 2019), other research has suggested parenting psychoeducation (Barth, 2009) and active behavioural programmes (Vlahovicova et al., 2017) can be beneficial. Indeed, one systematic review evaluating the effectiveness of positive parenting programmes in reducing the risk of child maltreatment found such active interventions were effective in improving both parenting strategies and subsequent chid behaviour (Altafim & Linhares, 2016). This balance between understanding Ms A's harmful parenting practices and the need for more immediate action to maximise safety for Child B, and the wellbeing of Ms A, is challenging and arguably reflective of difficult decisions child protection and parenting services face.

With all this taken in consideration, alongside the understanding Child B's ADHD diagnosis may need medical intervention, treatment for Ms A may be most beneficial in the following order:

(1) Active parenting intervention(s) for Ms A to reduce immediate risk, possibly psychoeducation and/or behavioural programmes focused on promoting positive parenting interactions.

(2) Individual Psychological Intervention for Ms A, primarily to address symptoms of depression, anxiety and PTSS. This could be in the form of individual psychotherapy.

(3) Providing increased social support within the family context. This could be in the form of increased access to parenting support groups, support via school systems and/or supporting Ms A to develop pro-social friendships and relationships.

(4) Family therapy for Ms A and Child B. This could be in the form of attachment narrative therapy or family-informed interventions aimed at understanding both their strategies and collaboratively identifying alternatives.

6. Limitations and Future Research

The process of utilising a case-study strategy in researching a particular area of interest has been criticised for high probabilities of researcher subjectivity, particularly in the data collection, analysis and interpretation stages (Bromley, 1986; Robson, 2002). In the current case-study, the researcher did not bias the data collection, as an external organisation collated this, although the data analysis and interpretation were arguably open to observer bias. Whilst recognised as a limitation, the author has attempted to minimise this by adhering to the BPS guidelines regarding Human Research Ethics (2014) and by recognising when Ms A's data does not fit neatly into the phenomenon being researched (see Section 3.1). This also tentatively addresses further criticisms of single case-studies which note the approach attempts to simplify human complexity and associated multifaceted outcomes within a single theory (Robson, 2002), although this is still recognised as a general limitation of this research approach.

Further, the majority of the assessment process detailed in this report was based on self-report responses. Such measures have been criticised for being highly susceptible to socially desirable responses (Robson, 2002), including impression management (van de Mortel, 2008). Indeed, Ms A's MMPI profile suggested some degree of this questioning the validity of her profile. However, as noted in Section 3, such responses were

formulated themselves to consider the likely function of this for Ms A, with other sources of information drawn upon to minimise the impact of impression management on her profile. However, this remains a limitation of the case-study and future research may wish to utilise both clinician-rated assessments and self-report measures to incorporate a more balanced approach to data collection.

Additionally, the current case-study has focused on Ms A to provide a probable understanding of why she displays poor parenting practices. However, developments within services attempting to protect children at risk of maltreatment have emphasised the importance of a whole family assessment (Crittenden, 2015), noting the value of assessing both the mother and child to best formulate the interpersonal issues within the dyad and identify most appropriate treatment needs (Dallos et al., 2020). Whilst the author has considered the interaction between Ms A and Child B within the formulation, this is limited through the lack of assessment process regarding Child B. A more familial approach to data collection and analysis would likely provide more accurate treatment recommendations. Further, this case-study is a single account of one mothers experience and thus generalising conclusions from this is challenging (Robson, 2002).

Future research may wish to adopt a multiple case-study approach or larger scale research approaches to enable more confident generalisations and address some of the limitations identified within this case-study. A larger research project could test the mediational-like model outlined in this chapter which, whilst seemingly supported by existing research, no existing study appears to have examined to the author's knowledge. However, Chapter Two has provided some initial quantitative

findings which appears to support aspects of this model. Future research may also allow controlling for the effects of other forms of childhood maltreatment on the impact of maternal psychological functioning to draw more confident conclusions regarding the relationship between CPA and psychiatric functioning and/or any other contributing factors to this. Future research may also wish to include an attachment assessment within the data collection process to more accurately formulate the likely trajectory between CPA and problematic parenting practices, ideally through the Adult Attachment Interview (George et al., 1985). Additionally, as noted on several occasions throughout this chapter, a case-study design focused on the assessment and analysis of the mother-child dyad, rather than just the mother, may provide more accurate and meaningful information regarding problematic parenting practices and guide the most appropriate treatment.

7. Conclusions

This chapter has summarised the assessment, formulation and treatment recommendations of a mother who has survived great adversity although is now struggling to meet the needs of her child. This single case-study has utilised attachment theory principles to detail the likely trajectory of one mother's experience of CPA, amongst other forms of maltreatment, to symptoms of depression, anxiety, PTSS and social isolation in adulthood and how such functioning is likely impacting her parenting and subsequent development of her son. In the case of Ms A, this theoretical approach aided understandings of how her own maltreatment history was negatively impacting her mental functioning and subsequent parenting of Child B, largely being inconsistent, fearful and emotionally distant. Using this

understanding to provide a more compassionate approach to intervention for both Ms A and within the mother-child relationship will likely enable positive psychological change, and reduced risk of maltreatment, within the dyad.

This has important implications for the field of Forensic Psychology as it highlights the essential need for more preventative work. To date, the majority of forensic services are reactive, where the worst-case scenario has usually already happened, meaning psychological treatment is typically delivered to adults in prison, parents grieving the permanent loss of their child to the care system or children in care homes, also grieving the permanent loss of their attachment figure(s). A more developmental and attachment-informed approach may support professionals working in relevant services to better understand the processes and risk within maltreating families, providing starting points for individual and family-based intervention.

CHAPTER FOUR

A Critique and Review of a Psychometric Assessment: The Brief Betrayal Trauma Survey.

Abstract

This chapter aims to provide a critique and review of the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006). An overview of the measure is firstly provided, including a summary of its theoretical basis and development. The psychometric properties of the BBTS are then investigated and summarised. The reliability coefficients were noted to be fair, with moderate-high internal consistency reported across several studies for both domains (high and low betrayal trauma). Some inter-item correlations were found to be high, suggesting a different dimension structure may be more appropriate, mirroring scoring issues found across multiple studies. Good predictive validity was found for a variety of outcomes, including posttraumatic stress disorder symptoms, although the lack of consistency in outcome measures utilised across existing research limits confidence in this. The potential uses and clinical utility of the BBTS is then discussed, as well as its limitations. In conclusion, the BBTS is a psychometric measure which, whilst demonstrating some promising potentials, has a number of flaws. It has rarely been utilised with at-risk samples questioning its applicability to forensic populations. Additionally, concerns regarding its ability to successfully distinguish between the two dimensions it claims to measure (high/low betrayal trauma) questions its overall validity. However, alternative measures examining betrayal trauma are limited. More research utilising the BBTS across various populations and cultures is needed to produce more robust psychometric properties and aid its use in practice.

Links of this psychometric critique with empirical research paper and other chapters

Chapter Two utilised a number of psychometrics to measure key concepts included in the empirical research study. One concept was exposure to adult interpersonal, high betrayal trauma. This was identified as research examining other cycles of abuse found exposure to adult trauma mediated the relationship between CPA and posttraumatic stress symptoms. Within the empirical research study, such exposure was assessed via the Brief Betrayal Trauma Survey (BBTS), the scoring of which provides two subscales for high and low interpersonal betrayal trauma. Chapter Two revealed this scoring method demonstrated poor internal consistency, resulting in an overall score being utilised for the analysis. This prompted a more thorough review of the tool which is captured within this chapter. The discussions in this chapter revisit the relationship between CPA, future victimisation and unresolved trauma symptoms, as explained by developmental theories of betrayal trauma. Conclusions lend plausible explanations for why the measure demonstrated aspects of poor validity in Chapter Two.

1. Introduction

Whilst highly complex, the concept of trauma is generally understood to reflect a variety of psychological, emotional and physical responses to a dangerous event and/or events which adversely impacts an individual's functioning and wellbeing and may cause significant distress (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014; McCartan, 2020). Such events may occur throughout the lifespan, may be singular, multiple or prolonged and can a result in a variety of responses and consequences. These are largely considered on a spectrum, ranging from mild and short-term distress, to more moderate and/or long-term disruption to functioning, with the most severe psychological responses often characterised in diagnoses such as Posttraumatic Stress Disorder (PTSD) (SAMSHA, 2014). It is estimated 1 in 11 people will be diagnosed with PTSD in their lifetime, with women twice as likely as men to pertain such a diagnosis (American Psychiatric Association (APA), 2013).

It is generally understood it is not an event itself which may cause trauma, but rather the response to an event (Stith-Butler et al., 2003). However, researchers have explored whether particular kinds of events increase the likelihood of a more severe psychological response, resulting in posttraumatic stress symptoms (PTSS) or disorder (PTSD), and whether trauma-type predicts posttraumatic stress symptom clusters. Aside from the perceived or actual threat of death to the self (APA, 1994), which is considered the most threatening and dangerous event an individual can experience thus increasing the likelihood of a traumatic response, particular focus has been on interpersonal and non-interpersonal events: two classifications in which trauma can generally be considered (Kessler &

Ustun, 2004). As noted in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), PTSD symptoms may be particularly severe or enduring if the event was interpersonal in nature. Indeed, research has found interpersonal trauma to have greater psychosocial consequences (Ford et al., 2006; Luthra et al., 2009), with individuals displaying more severe PTSD symptoms than those who experienced non-interpersonal events (Forbes et al., 2013). Focusing on the nature of the relationship between the perpetrator and victim, Betrayal Trauma Theory (BTT; Freyd, 1996) offers one explanation for this apparent difference in traumatic responses between interpersonal and non-interpersonal events.

Initially developed as a theory offering psychologically meaningful explanations for traumatic amnesia (Freyd, 1996), BTT refers to events which are perpetrated by someone whom the victim depends upon and/or trusts. The theory suggests events involving high levels of trust betrayal, such as abuse perpetrated by a parent and/or partner, may result in different and more problematic outcomes than non-interpersonal and low betrayal events, such as natural disasters or abuse perpetrated by a stranger (Freyd, 2001). Its creator, Freyd (1996; 2001), argues specific clusters of PTSS will differ dependent on the levels of two distinct dimensions of an event: harm-life threat, i.e. events which cause and/or threaten bodily harm, and social betrayal, i.e. threats to interpersonal relationships. It is suggested harm-life threats increase the likelihood of PTSS pertaining to anxiety and hyperarousal, with social betrayal reflective in symptoms of dissociation and emotional numbness (Goldberg & Freyd, 2006). In the case of high interpersonal betrayal events, Freyd (1996; 1999; 2001) argues dissociative PTSS are most likely to be present,

functioning as an adaptive psychological response enabling the individual to maintain the dependent-upon relationship, such as parent-child or husband-wife dyads. Indeed, research has found trauma reflecting high betrayal relates to more PTSS than low betrayal traumas (Atlas & Ingram, 1998), with higher levels of memory disruptions regarding high betrayal events (Freyd, 1996).

In specific relation to CPA, its creators would argue this is a form of high betrayal trauma as it is almost exclusively perpetrated by someone close to the individual, mostly a parental figure (World Health Organisation (WHO), 2020). Plausibly, it may be the high level of betrayal involved in CPA which significantly contributes to the impact on well-being and later functioning. Indeed, researchers have argued this form of maltreatment is likely to result in more problematic functioning symptoms of dissociation to enable the individual to maintain the essential, yet abusive, relationship with the caregiver (Barlow & Freyd, 2009). Whilst adaptive to survive the psychologically abusive environment, this may become problematic as such responses allow important information regarding potential danger to be dismissed from consciousness (Kluft, 1990). For some individuals, this may result in a difficulty detecting future danger (Cloitre, 1998; Noll et al., 2003) and is a response to childhood maltreatment which has often been found to predict future victimisation of abuse (Becker-Blease & Freyd, 2007). Indeed, research has found CPA, reflective of high betrayal trauma, is more predictive of later problematic behaviours and future victimisation of abuse than physical by an individual unknown to the individual (Zurbriggen et al., 2010). Thus, it is plausible that one of the enduring impacts of CPA on subsequent functioning increases the likelihood of the individual being

subject to future exposure to interpersonal trauma, largely as a result of the high level of betrayal experienced.

Based on the BTT and this initial research, it became apparent there may be a difference or variation in psychological outcomes between individuals exposed to interpersonal and high betrayal events compared to non-interpersonal low betrayal events. This review will examine the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006), a psychometric tool designed to distinguish between low and high betrayal trauma and underpinned by BTT principles, in relation to its psychometric properties, its research uses and applicability to forensic populations.

2. Overview of the BBTS

The BBTS was designed to identify and distinguish between interpersonal, high betrayal events and non-interpersonal, low betrayal events. The tool aimed to assist researchers in better identifying various types of traumas experienced in both child and adulthood and patterns of their impact on current functioning (Goldberg & Freyd, 2006).

The 12-item self-report measure, designed to be repeated twice to capture child (before the age of 18) and adulthood (aged 18 or above) events, includes statements reflecting varying levels of betrayal events. Respondents rate the series of statements on a 3-point Likert scale in relation to occurrence of such events ("never", "1 or 2 times" or "more than that"). The authors offer two possible methods for scoring the tool. The first provides three scales, reflective of high, medium or low betrayal trauma with the second providing two scales, reflective of high and low betrayal. Statements related to low betrayal trauma reflect events such as accidents

resulting in physical injury or witnessing a stranger undergo a similar incident. Statements related to high betrayal trauma reflect events such as witnessing and/or being victim to domestic violence, sexual/physical/psychological abuse perpetrated by a caregiver and/or significant other or witnessing the death of a significant other, including a close friend or child. For medium betrayal trauma, statements relate to being physically and/or sexually assaulted by someone unclose to you.

3. Development

The initial BBTS was developed in 2000 via the theoretical and conceptual framework outlined above regarding high and low betrayal trauma (Freyd, 1999; 2001). The authors used a variety of methods to develop the initial statements included in the BBTS. They initially drew on items included in the Betrayal Trauma Inventory (BTI; Freyd, DePrince & Zurbriggen, 2001), a self-report measure which provides comprehensive information regarding traumatic events and the relationship between the victim and perpetrator, consistent with BTT principles. Attempting to create a more accessible and less timely measurement, the authors began devising a shorter self-report measure which could allow for similar distinctions made on the BTI. The second author of the BBTS independently devised an initial set of items which was reviewed and revised by the first author, prior to further deliberations. Agreement was reached regarding an initial set of 12 events. A community sample of 726 individuals (304 men and 422 women) completed the survey, from 850 individuals sent the questionnaire.

Several adaptations were made to the initial survey. Upon review of responses, the authors noticed a trend between gender and interpersonal

or non-interpersonal traumas whereby men and women were responding substantially differently to the same type of trauma dependent upon whether the perpetrator was close to them or not. In noticing this trend, the authors adapted the original BBTS to include two further questions addressing traumas which had originally only been attributed to "someone close to you". Additionally, in response to the final item "experienced a traumatic event not already covered" 20% of participants marked this in childhood, with 40% marking this for adulthood. An additional question asking participants to describe this event was therefore included in an attempt to ascertain more information: the authors found many of these descriptions reflected the non-witnessed serious injury and/or death of someone close to the respondents (see Goldberg & Freyd, 2006). In further adaptation to the initial BBTS, participants were now also required to provide information regarding the gender and nature of their relationship with the perpetrator in response to each item.

The second version of the BBTS was administered to an adult community sample (N = 733) in 2003, with similar splits between gender as the first version (male = 321; female = 412). Of note, 96% (N = 397) of women and 91% (N = 292) of men who completed the second version also completed the first version, allowing the authors to conduct test-retest analyses using these combined datasets (N = 689), captured within Section 4 of this chapter. Expanding from the initial gender differences noted in version 1, the authors reported women were six times more likely to report experiencing an attack in adulthood by someone close to them, with men three times more likely to report experiencing an attack in adulthood by

someone not close to them. The exact gender interactions with levels of betrayal is discussed in Section 5 of this chapter.

Normative data information is considered very important when considering the suitability of a measure for any given population, with sample size and sample representativeness considered essential (Kline, 2013). On both the first and second version of the BBTS and with the combined total for individuals who completed both versions, the recommended minimum sample size of 500 to reduce standard error was met (Kline, 2013). Both the first and second version of the BBTS was administered to a community population which collected normative data. However, the normative data collected was from participants recruited in one area of the United States of America, all of whom were homeowners. Further, as noted by the developers of the tool (see Goldberg & Freyd, 2006), the sample were almost all Caucasian and relatively well-educated with an average of two years in education post-secondary schooling. Thus, whilst likely an accurate representation of that one community in the USA, this arguably questions its generalisability to other individuals and/or communities, of different cultures, financial status and education levels thus questioning the tool's external validity (Robson, 2002). This is further enhanced by a large amount of studies utilising the BBTS recruiting samples from the USA (see Table 9), and research which has found poorer socioeconomic status is predictive of greater trauma exposure (e.g. Klest et al., 2013), further questioning the BBTS' generalisability to other countries and non-western cultures. However, it is recognised a more systematic review of all the literature and studies utilising the BBTS would

need to be performed to accurately determine the percentage of studies conducted with US and other, non-western, samples.

4. Psychometric Properties

As noted by the British Psychological Society (BPS; 2017), a psychometric assessment should be supported by 'evidence of reliability and validity for their intended purposes'. Reliability refers to the accuracy and precision of a psychometric, to reflect true values in relation to the variable being measured, whilst recognising degrees of standard error. Reliability can be assessed in several ways, including: (1) test-retest, i.e. the consistency of scores over time; (2) inter-rater, i.e. the consistency of scoring between independent judges; and (3) internal consistency; i.e. consistency of included items intended to measure the concept in question (Committee on Psychological Testing, 2015). In relation to validity, psychometrics should demonstrate it is a meaningful measurement of what it purports to measure (BPS, 2017). There are numerous forms of validity which may be assessed, with particular types of validity considered more important than others dependent on the intended purpose of the psychometric and outcome measures (Committee on Psychological Testing, 2015). Primarily, however, psychometrics should demonstrate: (1) construct validity, i.e. the degree to which scores on the measure correlate with theoretically relevant/similar measures; (2) content validity, i.e. the degree to which the instrument is relevant to, and representative of, constructs in question; and (3) criterion validity, i.e. the extent to which the tool discriminates between relevant outcomes. Of note, as the BBTS is frequency measure, criterion validity is largely reflected in its ability to measure levels of trauma exposure and

distinguish between people who have experienced high levels of trauma and those with low levels of trauma, as discussed within this section.

In relation to reliability, as the BBTS is a self-report measure, inter-rater reliability is not appropriate to assess. However, both the test-retest and internal consistency aspects of reliability can be explored. As previously outlined, the combined dataset from participants who completed both the first and second version of the BBTS was utilised (N = 689). General responses were relatively consistent over time, with the authors reporting 72-78% agreement between version 1 and version 2 responses (Goldberg & Freyd, 2006), suggesting good test-retest reliability. However, on further examination of the reported statistics, Cohen's Kappa (Cohen, 1960) for male childhood (Mean κ = .36), male adulthood (Mean κ = .27), female childhood (Mean κ = .35) and female adulthood (Mean κ = .27) fell within the 'fair' range of agreement (Landis & Koch, 1977). This suggests that, when corrected for the amount of agreement from chance alone, the BBTS has only fair test-retest reliability.

The internal consistency of the BBTS has also been documented through Cronbach's alpha coefficient. Researchers reporting the BBTS' internal consistency has revealed acceptable-good reliability (Tavakol & Dennick, 2011) for both the BBTS as a whole (Goldsmith et al., 2012) and for the high and low betrayal subscales (e.g. Goldsmith et al., 2013; Hockling et al., 2016). However, other studies utilising the BBTS have not provided information regarding internal consistency (e.g. Mackelprang et al., 2014; Stain et al., 2014). Gomez (2018) argues testing for internal consistency of the BBTS is inappropriate, given it assesses frequency of different events. However, the primary aim of the BBTS is to distinguish

between high and low betrayal traumas thus requiring categorisation as recommended by the authors (Goldberg & Freyd, 2006). A measure of internal consistency would assess how well the tool is able to capture these two categories. Of the reliability statistics available, however, it does appear the BBTS is accurately measuring the concept it claims to measure: betrayal trauma. A summary of demographic information and reported Cronbach's alpha of some of the studies utilising the BBTS is provided in Table 9.

Various studies have also assessed and reported different aspects of the BBTS' validity. In relation to construct validity, the authors clearly detailed the underpinning theory (BTT; Freyd, 1996) and drew on existing measures assessing betrayal trauma to develop the tool (e.g. Freyd et al., 2001; see Section 1). Some critics have questioned the evidence-base of the BTT underpinning the BBTS (e.g. McNally, 2007), possibly raising questions about whether the BBTS can measure a concept not sufficiently evidenced. However, the majority of research generally accepts BTT as an evidence-based theory which the BBTS posits itself on (Freyd, 2003; Gagnon et al., 2017). Additionally, the BBTS' construct validity has been examined via the extent to which it relates to theoretically relevant variables. This has been in relation to a number of psychological and general health outcomes. For example, Goldsmith et al. (2012) found high betrayal trauma predicted young adults' physical health difficulties, to a greater degree than other forms of trauma, including low betrayal traumas. Additionally, the BBTS has found to be predictive of social functioning difficulties (Stain et al., 2014), poor relationship functioning (Owen et al., 2012) and anxiety (Goldsmith et al., 2012).

Table 9. Demographic Information and Reported Alpha Reliabilities from Studies Utilising the BBTS.

Authors	N	Age	Population (location)	Gender	BBTS α
Goldberg & Freyd (2006)					-
• Study 1	749	18-85	General Population (USA)	57.68% female	-
• Study 2	733	18-85	General Population (USA)	52.21% female	-
• Participants from 1 & 2	689	Unclear	General Population (USA)	55.01% female	
DePrince & Freyd (2004)	468	$\bar{x}$ 20.4	Undergraduate Students (USA)	73.5% female	-
Freyd, Klest & Allard (2005)	99	$\bar{x}$ 42.1 18-70	General Population (USA)	57.58% female	-
Gray, Cromer & Freyd (2005)	60	$\bar{x}$ 21 18-67	University Native American Union (10) + Native American Community (12) + University Students (28)	65.2% female	-
Kaehler & Freyd (2009)	199	$\bar{x}$ 20.1	Undergraduate Students (USA)	73% female	-
Martin, Cromer, DePrince & Freyd (2010)	274	$\bar{x}$ 20.36 18-52	Undergraduate Students (USA)	70% female	-
Belford, Kaeher & Birrell (2012)	165	$\bar{x}$ 19.95 18-30	Undergraduate Students (USA)	64% female	-
Goldsmith, Freyd & DePrince (2012)	185	$\bar{x}$ 19.21	Undergraduate Students (USA)	68% female	.79

Owen, Quirk & Manthos (2012)	86	$\bar{x}$ 21.15	University Students (USA)	75.58% female	
Tang & Freyd (2012)	1240	18-68	University Students (1041) + General Population (199) (both USA)	67.26% female	-
Goldsmith, Chesney, Heath & Barlow (2013)	593	$\bar{x}$ 21.9 17-52	Undergraduate Students (USA)	58.3% female	HBT: .73 LBT: .77
Stain et al. (2014)	233	$\bar{x}$ 26.5 15-65	Individuals Experiencing First Episode Psychosis (Norway)	56.2% male	-
Gobin & Freyd (2014)	216	$\bar{x}$ 20.06 17-50	Undergraduate Students (USA)	66.67% female	-
Gomez, Kaehler & Freyd (2014)					
• Study 1	397	$\bar{x}$ 19.68	Undergraduate Students (USA)	70% female	-
• Study 2	199	$\bar{x}$ 20.1	(as above)	73% female	-
• Study 3	566	$\bar{x}$ 19.96 18-35	(as above)	62% female	-
Mackelprang et al. (2014)	94	18-65	Homeless or previously homeless adults (USA)	75.5% male	-
Bernstein, Delker, Knight & Freyd (2015)	489	$\bar{x}$ 19.92	Undergraduate Students (USA)	62.6%	
Platt & Freyd (2015)	124	$\bar{x}$ 20.4	Undergraduate Students (USA)	100% female	HBT: .85

					LBT: .61
Gomez (2017)	108	$\bar{x}$ 19.79 18-27	University Students (USA)	58% female	-
Hockling, Simons & Surette (2016)	601	18-25	Undergraduate Students (USA)	71.38% female	HBT: .83 LBT: .79
Smith & Freyd (2017)	302	$\bar{x}$ 19.15	Undergraduate Students (USA)	70% female	-

Note. $\bar{x}$ = Mean; UG = undergraduate.

Given the theoretical underpinnings of the BBTS outlined in Section 1, which suggest varying levels of betrayal in traumatic events will result in different clusters of PTSD symptoms, the BBTS' construct validity in relation to specific PTSD traits is of interest. Indeed, the BBTS has been found to predict PTSD symptoms in general (Antonopoulou & Skoufalos, 2006; Martin et al., 2013), including dissociation (Goldsmith et al., 2012; Bernstein et al., 2015) and sleep disturbance (Klest et al., 2013) where high betrayal trauma predicted increased symptoms compared to low betrayal trauma. Nonetheless, the outcomes measured across the majority of research utilising the BBTS is highly variable, making it difficult to draw confident conclusions. A summary of the BBTS' predictive validity in relation to PTSD symptoms is presented in Table 10, with distinction made between high and low betrayal traumas.

Whilst the above lends support to the construct validity of the measure, as the BBTS appears to be related to the PTSD cluster symptoms hypothesised in its theoretical underpinnings, some of the studies also offer support for the tool's criterion validity. Specifically, some of the findings in

Tables 9 and 10 suggest the measure is able to accurately distinguish between experiences of high and low betrayal trauma, a notion supported by the development process of the measure noted by Goldberg and Freyd (2006). However, as few of these studies ascertained the participants level of trauma exposure prior to implementing the BBTS, drawing accurate conclusions regarding the tool's criterion validity is challenging. Some research has demonstrated the BBTS' accuracy in identifying individuals previously screened as either experiencing or not experiencing trauma (e.g. Martin et al., 2013), although this appears limited and may be an area for future research.

In relation to content validity, cluster or factor analyses are recommended as the gold standard statistical tests to demonstrate items on the instrument represent the constructs it claims to measure (Rusticus, 2014). This does not appear to be provided in the existing literature utilising the BBTS, although the authors do report the inter-item correlations in both the female and male sample and in relation to non-interpersonal events, interpersonal events perpetrated by someone not close to the respondent (both reflective of low betrayal) and interpersonal events perpetrated by someone close (reflective of high betrayal). In relation to low betrayal trauma in the female sample, the inter-item correlations ranged from r = .26 to r = .56. The correlations in high betrayal trauma ranged from r = .37 to r = .68 (Goldberg & Freyd, 2006). As some of these correlations are quite high, this could suggest there is a different structure of dimensions or factors and/or that some of the items could be combined or excluded from the psychometric. Some researchers have also reported difficulties scoring the BBTS in the recommended format. For example, Kaehler & Freyd (2009)

found significant positive skewness for high, medium and low betrayal trauma subsequently documenting their decision to utilise a different four-score category. Other researchers have scored BBTS responses in relation to interpersonal vs non-interpersonal traumas and interpersonal traumas perpetrated by someone close to the respondent vs not close (Stain et al., 2014). In other studies, small sample sizes in each category of betrayal and/or with initial statistics revealing no significant differences between these categories on outcomes of interest, researchers have combined categories to produce an overall betrayal trauma score (e.g. Hulette et al., 2011). Indeed, in Chapter 3 of this thesis the suggested subscales provided by the authors were found to have poor internal consistency resulting in the overall score being utilised. This arguably provides further support for the notion there may be an alternative factor structure not currently outlined in the BBTS, which could aid more consistent scoring methods and increase the content validity of specific subscales. However, high betrayal trauma and combined low and high betrayal trauma was found to predict significantly more negative appraisals of the traumatic experience compared to individuals who reported only low betrayal traumas (Martin et al., 2010), suggesting the measure can successfully distinguish between different trauma-types.

Additionally, the BBTS has been utilised in multiple studies across cultures, including Japanese (Allard, 2009), Chinese (Chiu et al., 2010; Fung et al., 2020) and Native Americans (Gray et al., 2005). Indeed, Gomez (2017) found ethno-cultural betrayal trauma, as assessed by the BBTS, significantly predicted dissociation, hallucinations, PTSS and hypervigilance in her sample of Asian American/Pacific Islanders' students. Whilst this

suggests the BBTS may pertain good cross-cultural validity, the majority of published studies have utilised USA samples (see Table 9). Further, in some studies which have specifically explored betrayal trauma within ethnic minorities, the notion of cultural betrayal has been highlighted as a key consideration for individuals disadvantaged and/or oppressed due to ethnic or cultural reasons (e.g. Gomez, 2018). Of note, the author could not identify a study which specifically explored differences in experiences of betrayal trauma between ethnicities. Such a study may be beneficial in highlighting any key differences and may help draw more conclusions regarding the BBTS' cross-cultural validity.

Table 10. Relationship between BBTS and PTSD Symptoms.

Authors	**Outcome**	**Reported Correlation (*r*)**
Goldsmith, Freyd & DePrince (2012)	TSC[1] Anxiety	HBT: 0.33***
		LBT: .008
	TSC Depression	HBT: 0.32***
		LBT: 0.14
	TSC Dissociation	HBT: 0.34***
		LBT: 0.20*
Tang & Freyd (2012)	TSC Anxiety	HBT: .30**
		MBT: .18**
		LBT: .21**
	TSC Depression	HBT: .33**
		MBT: .19**
		LBT: .19**
	R-CMS PTSD[2]: Reexperiencing	HBT: .27**
		MBT: .22**
		LBT: .18**
	R-CMS PTSD: Avoidance	HBT: .29**
		MBT: .22**

		LBT: .18**
	R-CMS PTSD: Arousal	HBT: .24**
		MDT: .17**
		LBT: .21**
Goldsmith, Chesney, Heath & Barlow (2013)	TSC Anxiety	HBT: .41***
		LBT: .29***
	TSC Depression	HBT: .39***
		LBT: .18***
	IES[3] Intrusion	HBT: .26***
		LBT: .13**
	IES Avoidance	HBT: .23***
		LBT: .08
Klest, Freyd & Foynes, 2013	TSC Anxiety	HBT: .12***
		LBT: .07
	TSC Depression	HBT: .16***
		LBT: .01
	TSC Dissociation	HBT: .13***
		LBT: .10***
	TSC Sleep Problems	HBT: .12***
		LBT: .02
	PCL-C[4]	HBT: .11**
		LBT: .11**
Martin, Cromer, DePrince & Freyd (2013)	TSC Depression	HBT: .31***
		MBT: .27***
		LBT: .11*
	TSC Dissociation	HBT: .29***
		MBT: .27***
		LBT: .17**
	R-CMS PTSD Total	HBT: .49***
		MBT: .37***
		LBT: .20**
Bernstein, Delker, Knight & Freyd (2015)	TSC Dissociation	HBT: .35***
		MBT: .38**
		LBT: .22**

***p < .001, **p <.01, *p <.05.

[1]Trauma Symptom Checklist-40 (Elliott & Briere, 1992)
[2]Revised Civilian Mississippi Scale of PTSD (Norris & Perilla, 1996)
[3]The Impact of Event Scale (Horowitz et al., 1979)
[4] PTSD Checklist – Civilian Version (Weathers et al., 1991)

5. Potential Uses/Clinical Utility

Existing research utilising the BBTS highlights several potential uses for the psychometric and its clinical utility, which will be summarised in this section.

It has been found women report higher levels of PTSD symptoms than men (Breslau et al., 1999), despite research also finding men generally report higher trauma exposure than women (Norris et al., 2002). BTT offers one explanation for this by suggesting high betrayal traumas are more likely to negatively and severely impact functioning than non-interpersonal and low betrayal traumas. As briefly outlined in Section 3 of this chapter, some research utilising the BBTS has revealed significant gender differences in levels of betrayal trauma experienced (Goldberg & Freyd, 2006). Where this has been present, results have indicated women have reported significantly more experiences of high betrayal trauma (Barlow & Cromer, 2006) and/or men have reported significantly more experiences of low betrayal trauma (Kaehler & Freyd, 2012). Consistent with BTT principles, this would mean men and women would present with substantially different unresolved trauma symptoms. Indeed, research utilising other tools have demonstrated a significant variation in PTSD symptoms between men and women (e.g. Komarovskaya et al., 2011). Some research employing the BBTS has found significant correlations between gender and PTSD symptoms of anxiety and dissociation (Goldsmith et al., 2012). However, only one paper was found which utilised the BBTS and specifically examined gender differences between low and high betrayal traumas and PTSD symptoms, where no significant difference was found (Tang & Freyd, 2012).

Nonetheless, given the lack of research examining both gender differences in betrayal traumas and PTSD symptoms, these initial findings raise important clinical considerations. Such findings suggest assessing exposure to traumatic events is not sufficient to adequately predict specific trauma symptoms. Utilising the BBTS in clinical settings may assist practitioners to better formulate PTSD symptoms within the context of betrayal.

Indeed, some research employing the BBTS has highlighted potential treatment targets dependent on type of betrayal trauma exposure. For example, Goldsmith et al. (2013) found the relationship between high betrayal trauma and PTSD symptoms, namely depression, anxiety, intrusion and avoidance, was significantly mediated by emotional regulation difficulties. This pattern was not observed with other, low betrayal, trauma exposure. As noted by the authors, this suggests targeting emotional regulation difficulties may be an effective therapeutic approach following exposure to high betrayal trauma, as assessed by the BBTS. Thus, using the BBTS in clinical settings to better formulate trauma symptoms could arguably lead to more accurate trauma-informed interventions dependent on exposure to low or high betrayal trauma. Further, Gomez (2018) highlights the importance of considering cultural issues as relevant to the treatment of unresolved trauma, where betrayal is a central point. She argues societal betrayal, such as wide-scale oppression, can be equally as powerful as interpersonal betrayal and suggests relational-cultural therapy (Jordan, 2010) would be most appropriate to address issues related to high betrayal trauma. Whilst the BBTS does not appear to have been utilised in this manner thus far, arguably due to the apparent lack of research utilising the tool with populations oppressed by communities and/or states due to

ethnic or cultural reasons (see Section 4), it highlights potential uses for the tool to, again, better formulate and aid appropriate treatment.

Other research utilising the BBTS has examined its relationship with Personality Disorder traits. For example, Kaehler & Freyd (2009) found, after controlling for gender, high betrayal trauma was the most significant predictor of Emotionally Unstable Personality Disorder (EUPD) characteristics. Although statistics regarding gender splits in EUPD diagnoses varies, it is generally accepted that women constitute the largest proportion with the National Institute for Health and Clinical Excellence (NICE; 2007) estimating 75% of all EUPD diagnoses are women. Such research utilising the BBTS suggest the experience of high betrayal, significantly more likely to be experienced by women, could be an underpinning feature of EUPD. This understanding, as assessed by the BBTS, could help practitioners better formulate some PD characteristics in relation to betrayal traumas to guide appropriate intervention.

From the existing literature, it appears the use of the BBTS has demonstrated betrayal as a dimension of some unresolved trauma symptoms and personality characteristics. Further, the BBTS is simple to use, quick to complete and with easy-to-follow scoring instructions. Whilst issues pertaining to scoring exist, as covered in Section 4, the measure is free to access and relatively easy to implement and interpret likely increasing its popularity and utility within a clinical setting. Despite these promising findings, little research has utilised the BBTS with clinical samples, as can be seen in Table 9, with almost all studies utilising university samples. Additionally, the majority of samples report a mean age between 19-21 years-old. Given respondents of the BBTS are required to

provide information before and after aged 18, this may impact the likelihood of young respondents experiencing betrayal traumas in their short adulthood thus far. The BBTS' application to more clinical and older populations is limited, arguably questioning its representativeness of these samples. Additionally, the BBTS has not been validated for use with individuals with a learning disability. Thus, whilst the BBTS has promising clinical utility, more research is needed regarding its applicability to a variety of different samples, as noted further in Section 7.

6. Alternative assessments

Numerous trauma assessments and psychometrics are available, often focusing on the event experienced and/or the impact of this event on current functioning. However, it appears few other tools exist to identify and distinguish between varying levels of betrayal trauma. The Betrayal Trauma Inventory (BTI; Freyd et al., 2001) is arguably the most appropriate alternative to the BBTS. As briefly noted in Section 2, the BBTS drew on aspects of the BTI as a less time-consuming substitute. Nonetheless, the BTI still appears to be utilised in research and thus will be briefly outlined. The BTI adapted and extended upon items covered in the Abuse and Perpetration Inventory (Lisak et al., 2000) and the Life Stressor Checklist Revised (LSC-R; Wolfe & Kimerling, 1997). Of note, the BTI extended the measures to include 12 behaviourally defined psychological abuse items, not covered in either of other measures except for one item in the LSC-R. As with other forms of maltreatment, the authors felt capturing any experiences of psychological abuse was pertinent to accurately reflecting all forms of betrayal trauma. A total of 44 events are

included in the self-report measure, to which participants are asked to provide details of and their relationship with the perpetrator. Such comprehensive information, not covered in the BBTS, may be particularly beneficial in clinical settings where the tool could be used to better understand and formulate current functioning in relation to betrayal trauma exposure. However, unlike the BBTS, the BTI only asks participants to respond in relation to events prior to the age of 16. Whilst early life traumas have been found to predict PTSD symptoms where adult traumas have not (Ogle et al., 2015), research has found consideration for both child and adulthood traumas to be equally as important in understanding the cumulative effect of such events, particularly in relation to complex PTSD (Cloitre et al., 2009; Ogle et al., 2014). Thus, whilst the BTI might be able to provide more sufficient information regarding betrayal traumas in childhood, it cannot capture incidences in adulthood arguably missing important information related to current functioning.

Other tools have been devised to capture specific forms of betrayal trauma which authors felt were not sufficiently covered in the BBTS. For example, the Institutional Betrayal Questionnaire (Smith & Freyd, 2013) assesses for the presence of institutional betrayal, a measure which has been modified to include a focus on cultural betrayal for ethnic minority populations (Gomez, 2018). Further, the authors of the BBTS (Goldberg & Freyd, 2006) made several recommendations regarding future versions, including an item assessing war trauma and the death or harm to a close other, such as a friend, recognising the limitations of the items currently included. Overall, however, few alternative measures examining betrayal

trauma exist with the majority of research exploring betrayal trauma utilising the BBTS.

7. Limitations

As previously noted, some aspects of the BBTS' validity needs further exploration, particularly regarding its specific subscales. In reviewing existing research utilising the BBTS, an emerging trend in different scoring systems and significant or non-significant findings appears to exist. For example, when Platt & Freyd (2015) scored the BBTS using interpersonal vs non-interpersonal traumas, they found no difference in shame and dissociation symptoms. However, when the BBTS was scored according to high and low betrayal traumas, researchers have reported significant differences between these groups in relation to shame (Platt et al., 2017), symptoms of depression (Klest et al., 2013) and dissociation (Martin et al., 2013). This highlights a particular issue found in the current critique regarding the various scoring methods implemented across the research, often due to the recommended scoring categories failing to provide distinguishable groups. This is similar to the issue highlighted in Chapter 2 of this thesis, which found the BBTS' scoring categories did not demonstrate good enough internal consistency to be considered as separate entities. Such variation in scoring across the existing research questions whether the initial reliability and validity findings (see Goldberg & Freyd, 2006) are accurate across all populations and cultures.

Further, the nature of developing a psychometric which suggests specific types of events, in relation to betrayal, are more traumatic than other events arguably contradicts the key underpinnings of the concept of

"trauma". As noted at the beginning of this chapter, it is now widely understood that traumatic responses may develop from a range of events, with the latest guidance warning against seeing cumulative or type-dependent traumas as definitive of a more severe impact (McCartan, 2020). However, as the BBTS does not aim to determine impact based on exposure, although research may apply it to this, this may arguably reflect a critique of how the BBTS is utilised in research rather than the tool itself.

Additionally, as highlighted throughout this chapter, the generalisability of the BBTS to populations outside the US, or other western cultures, is questionable. Given some researchers have highlighted the importance of cultural-specific trauma (e.g. Gomez, 2018), future research examining specific differences between different cultures and/or ethnicities may shed more light on the BBTS' psychometric properties within such samples and provide evidence regarding its external validity. A further limitation is that the BBTS relies on self-reported accounts of historical childhood events which could contain measurement errors due to recall difficulties (Robson, 2002). Interpretations of "someone close to you" may also vary between respondents, possibly resulting in under and/or over representativeness of high or low betrayal trauma. Given some of the gender differences reported across multiple studies in relation to high/low betrayal trauma exposure, further research exploring gender interpretations of "someone close to you" may be helpful to better understand such differences.

8. Discussion and Conclusions

This critique examined the BBTS psychometric tool, a 12-item self-report measure of an individual's exposure to childhood and adulthood betrayal traumas. There is good evidence for some aspects of the BBTS' validity, particularly regarding its predictive validity to PTSD clusters and other psychological outcomes. There is also evidence for some aspects of its reliability. However, a fundamental flaw appears to lie in its scoring procedures, questioning how well it is able to distinguish between low and high betrayal traumas. Limitations also exist regarding its lack of application in clinical settings and with forensic populations. Nonetheless, the BBTS does show promise of future application to such populations, through initial findings in relation to Personality Disorder and PTSD. More research applying the BBTS to such populations and within various settings is needed to better evaluate the BBTS' psychometric properties and clinical applicability. Further, research investigating the factor structure of the tool may assist with resolving some of the scoring discrepancies identified throughout this critique.

CHAPTER FIVE

DISCUSSION

1. Overview

As noted in the introduction, child maltreatment continues to be of growing concern across the globe (WHO, 2020). Whilst the lasting implications of childhood physical and/or sexual abuse on subsequent parenting practices have been well researched (e.g. Ehrensaft et al., 2015; Kim et al., 2010), less is known about how child psychological abuse (CPA) may impact later parenting. Thus, this thesis aimed to broadly investigate the impact of experiences of maternal CPA on subsequent parenting practices, addressing the primary aims of this research portfolio, which were to:

(1) Systematically review the existing literature examining the relationship between CPA and subsequent parenting practices;

(2) Examine possible mediating factors between CPA and problematic parenting.

Utilising a developmentally-informed theoretical framework, this thesis systematically evaluated the existing research regarding the relationship between CPA and subsequent parenting practices in adulthood, as evidenced in Chapter One, investigated possible mediating factors between experiences of CPA and subsequent harmful parenting (evidenced in Chapters Two and Three) and critically evaluated a measure of exposure to interpersonal trauma (evidenced in Chapter Four). The results of these investigations are consistent with existing literature examining other forms of child maltreatment and subsequent parenting, pointing towards a relationship between CPA and poor parenting practices. The findings add to existing literature by firstly evidencing this relationship and secondly highlighting some of the complex mechanisms through which this relationship appears to exist. This is hoped to contribute to the field of

research exploring CPA and parenting with important implications for future research and practice, as will be discussed below.

2. Summary and Interpretation of Findings

As presented in Chapter One, a tentative relationship between experiences of maternal CPA and subsequent poor parenting practices was identified following a systematic review of existing research studies. Given no previous review of this could be identified, this was considered essential to identify whether such a relationship exists, independently of other forms of child maltreatment, and to evaluate the quality of relevant previous research studies. Five electronic databases were searched, from which a total of 15 studies were ultimately extracted and included in the review. All studies included in the review controlled for the influence of other types of child maltreatment on the statistics utilised in the review, an important criterion to accurately address the effects of CPA independent of other forms of adversity.

To the author's knowledge, this was the first systematic review to consider CPA, independent of other forms of child maltreatment, on parenting. Alongside adding to the existing literature as the first review to do so, the review also contributed to the overall thesis in several ways. Firstly, it established the relationship between CPA and subsequent parenting practices. Findings indicated that experiences of maternal CPA significantly predicted perpetration of physical abuse (e.g. Zurvain & Fontanella, 1999), parental stress (e.g. Pereira et al., 2012) and parental self-efficacy (Caldwell et al., 2011). This highlighted the harmful and enduring effects experiences of CPA can have on parenting practices,

mirroring findings from other forms of maltreatment (see Introduction), and provided a rationale for further examination of this relationship.

Secondly, there was particularly strong evidence for the relationship between CPA and perpetration of psychologically abusive interactions (e.g. Fujiwara et al., 2010). Although researchers did not all utilise this term, studies found maternal CPA significantly predicted verbal abuse (Zurvain & Fontanella, 1999), psychological control (Zalewski et al., 2013) and emotionally unsupportive behaviours (McCullough et al., 2017), reflective of the CPA definition provided in the introduction of this thesis. However, some of the statistics utilised to systematically review the findings were correlational in nature, making it difficult to draw confident conclusions about the predictive or causal relationship between CPA and parenting. Indeed, whilst such statistics still provided useful information regarding the direction of the relationship, i.e. that higher levels of CPA predicted poorer parenting practices, such analyses cannot explain this relationship (Taylor, 1990). As noted throughout this thesis, it is now accepted the relationship between child maltreatment and subsequent perpetration of abuse is not inevitable (Jaffee et al., 2013). Thus, whilst such statistics provided some evidence for the existence of such a relationship, its utility is limited, thus limiting the review.

Further, in systematically reviewing the existing studies, there appeared to be a difference in outcomes dependent on whether the studies utilised an independent observer to assess parenting practices or parents own self-reported practices. A total of 66.67% of independently rated studies reported a solely negative impact of CPA on parenting, compared to 55.56% from self-report studies (see Chapter One). This raised questions

regarding the reliability of self-reported parenting practices, a notion highlighted in existing parenting literature (Morsbach & Prinz, 2006), and informed the inclusion of a socially desirable response scale within Chapter Two to assess and control for any potential impact on self-reported parenting. Indeed, significant differences between respondents who responded defensively and those who responded honestly were found, with defensive participants self-reporting significantly less psychologically abusive parenting styles (see Chapter Two).

Chapter Two aimed to confirm and expand upon the tentative relationship identified between CPA and perpetration of psychological abuse in Chapter One. Specifically, it aimed to identify potential contributing factors underpinning this relationship. This was consistent with developmental theories exploring the continuity of child maltreatment, highlighting the impact adverse experiences can have on various developmental aspects subsequently affecting functioning in adulthood. The study drew on existing literature in other apparent cycles of abuse to identify exposure to adult interpersonal trauma, PTSS and perceived social support as potential mediating factors between maternal CPA and perpetration of psychological abuse. A total of 328 mothers were recruited from a UK community sample and completed a series of psychometrics measuring the aforementioned factors.

As hypothesised, CPA significantly predicted perpetration of psychological abuse, when controlling for socially desirable responses and experiences of child physical and/or sexual abuse, strengthening the findings from Chapter One. Statistical analysis revealed PTSS and perceived social support both significantly mediated this relationship, leaving the

relationship between CPA and perpetration of psychological abuse non-significant when incorporated. Although significantly predicted by CPA, experiences of adult interpersonal trauma were not significantly related to perpetration of psychological abuse and thus was not included in the mediational analysis. This was unexpected, given previous research has noted CPA predicts future victimisation in adulthood (e.g. Zurbriggen et al., 2010) which has been found to significantly contribute to an increased risk of child abuse potential (e.g. Craig & Sprang, 2007).

One interpretation of this finding is that this reflects the importance of processing, rather than exposure to, potentially traumatic events, with the latter arguably more important for understanding the impact on parenting practices. Indeed, the empirical research study found adult exposure to trauma significantly predicted higher levels of PTSS which subsequently predicted perpetration of psychological abuse. Arguably, this finding supports the application of a developmental framework underpinning the current thesis, as it is consistent with developmental theories of trauma which emphasise the importance of psychological processing and functioning (i.e. PTSS) to best understand subsequent problematic functioning (see Crittenden, 1997). Thus, whilst initially unexpected, when this finding from Chapter Two is interpreted from a developmental perspective, this finding both supports the framework and other research which notes trauma response, rather than exposure, is most important in predicting outcomes (e.g. Cromer & Smyth, 2010).

To further explore some of the underlying factors contributing to one mother's poor parenting practices, a single case-study was presented in Chapter Three. The subject of the case-study, Ms A, experienced CPA

among two incidences of child sexual abuse and was in the process of attempting to return her son, aged 12, to her care following his removal by local authority. Ms A's parenting was problematic in a less obvious way than forms of explicit child maltreatment. Whilst there was no evidence she physically, psychologically or sexually abused her child, both Ms A's assessment process and her son's behaviour provided essential information regarding her likely parenting which best reflected highly inconsistent, permissive and emotionally unavailable interactions. The harmful impact of Ms A's problematic parenting on her son's development was evident in his various diagnoses, behavioural problems and observed interactions between them. Indeed, empirical support for the association between child psychopathology and parenting practices is evidenced (see Hoeve et al., 2009 for review) and is discussed within Chapter Three providing a rationale for drawing upon the son's functioning to hypothesise his likely experience of his mother's parenting practices. However, it should be emphasised that the responsibility of the parent-child relationship being unabusive lays solely on the parent, as noted at the beginning of this thesis. Thus, whilst a focus on the child's functioning may offer some meaning, it should not be interpreted as evidence of CPA. Understanding how Ms A's experiences of CPA likely impacted her development and functioning in adulthood was essential to best understand her problematic parenting and identify relevant treatment needs.

A thorough assessment process was conducted and a psychological formulation presented that explored Ms A's early childhood experiences, focusing specifically on CPA, to hypothesise the likely impact of this on her development and subsequent mental functioning and parenting practices.

Again, a developmentally-informed theoretical framework was utilised to hypothesise how Ms A's experiences of CPA impacted the obtainment of her attachment needs, subsequently impacting her development and psychological functioning in adulthood. Indeed, Ms A's psychometric profile indicated significant difficulties with depression and anxiety: both of which have been found to stem from insecure attachments (e.g. Jinyao et al., 2012), found to stem from experiences of CPA (Riggs & Kaminski, 2010). Further, of all the forms of child maltreatment, CPA has been proposed to be most relevant in the development of depression (Gibb et al., 2001) and the greatest predictor of depression in adulthood (Hankin, 2005; Gibb et al., 2001). This lent support to both the utility of a developmental framework in investigating the relationship between CPA and functioning in adulthood and for the use of a mediational-informed model for understanding the mechanisms between Ms A's experience of CPA and parenting.

In sum, it is considered that experiences of CPA contribute to an increased likelihood of problematic functioning in adulthood which, in turn, appears to predict more harmful parenting practices. In the empirical research study, problematic functioning in adulthood included PTSS and social isolation. In the research case-study, depression and anxiety appeared to significantly negatively impact the mother's parenting practices. This mirrors findings from child maltreatment literature which document the relationship between other forms of child abuse and subsequent PTSS (Milner et al., 2010), low self-esteem (Brodski & Hutz, 2012), poor social support (Harmer & Sanderson, 1999) and depression

(Nelson et al., 2017): all of which have been found to predict poor parenting as referenced appropriately throughout this thesis.

This developmental trajectory may be understood via the attachment-informed perspective utilised throughout this thesis. Drawing on elements of existing literature to hypothesise the possible link and trajectory between all these elements, it appears CPA can negatively impact the child's attachment strategies (Riggs, 2010; Riggs & Kaminski, 2010) and coinciding view of themselves (Ross et al., 2019), which subsequently influences their emotional (Crow, 2014; Christ et al., 2019) and cognitive (Messman-Moore & Coates, 2008) functioning and regulation. This, consequently, appears to impacts their mental health status in adulthood (Gibb et al., 2007) which, combined with the underlying attachment strategies related to emotional and cognitive functioning, appears to negatively impact parenting practices: as hypothesised from findings throughout this thesis. Whilst much more research is needed to more confidently identify risk factors (see below), the initial findings from Chapters 2 and 3 suggest complex mechanisms underpinning the relationship between CPA and subsequent parenting, as identified in Chapter One, which may be best understood via developmental theories.

Outlined in Chapter Four is the critique of the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006). Understood via a developmental approach, findings from research exploring other forms of child maltreatment have reported a relationship between child abuse and future victimisation to interpersonal trauma (e.g. Lake et al., 2015; ONS, 2017), which some studies finding this subsequently increase the likelihood of individuals displaying PTSS (e.g. Forbes et al., 2013). CPA, understood as

a high betrayal interpersonal trauma due to the almost unique perpetration of this by parental figures (WHO, 2020), has been suggested to increase the likelihood of a problematic coping response which, although initially essential to enable the individual to maintain the parent-child relationship, subsequently increases their likelihood of future victimisation in adulthood (Becker-Blease & Freyd, 2007) which, arguably, may increase their likelihood of later problematic behaviours (Zurbriggen et al., 2010).

This was subsequently investigated in Chapter Two, with the BBTS utilised as the psychometric tool measuring exposure to adult interpersonal trauma. As noted in Chapter Two, the recommended high and low interpersonal trauma subscales demonstrated poor internal consistency, with exposure failing to relate to levels of perpetrated psychological abuse. Whilst this was discussed within the chapter (and briefly above), this also triggered the review of the tool as outlined in Chapter Four. An overview of the tool's development as provided by the authors of the measure, was detailed before discussing its psychometric properties and clinical utility. This chapter highlighted the current difficulties in the scoring methods of the measure and a need for future use with varied cultures and a variety of ethnicities, despite its well-established theoretical underpinnings.

Generally, the BBTS was noted to have reasonable psychometric properties in relation to reliability and validity, with the measure demonstrating fair test-retest reliability (Goldberg & Freyd, 2006), good construct validity (DePrince et al., 2010) and good predictive validity (Goldsmith et al., 2012). Where the BBTS' internal consistency was reported, acceptable-good reliability was noted (e.g. Tavakol & Dennick, 2011), although few studies reported this for the two recommended

subscales. This was arguably mirrored in the findings from Chapter Two which found good internal consistency when captured as a whole measure, yet poor internal consistency when considering each of the subscales. As noted in Chapter Four, future research examining the factor structure of the tool may help draw firmer conclusions regarding this.

In relation to predictive validity, the BBTS has been found to predict symptoms of PTSD (e.g. Martin et al., 2013), where higher levels of interpersonal trauma predict higher rates of PTSD symptoms. As well as supporting the clinical utility of the BBTS in understanding where some symptoms of PTSD may stem from, this may also lend explanation to the findings presented in Chapter Two (as detailed earlier in this chapter). In sum, as research is increasingly identifying trauma response, rather than exposure, as most important in understanding the relationship between traumatic experiences and subsequent outcomes (e.g. Cromer & Smyth, 2010), the use of the BBTS in Chapter Two arguably supported this in relation to CPA and subsequent functioning. Nonetheless, this does not explain the poor internal consistency of the individual subscales which, arguably, is essential in validating the underlying theory: that interpersonal and high betrayal traumas relate to different outcomes compared to non-interpersonal and low betrayal traumas (see Goldberg & Freyd, 2006). Further, issues related to the tool's applicability to a variety of cultures and ethnicities was noted within the chapter as areas for future research.

3. Intergenerational Continuity

This thesis has explored, both from a quantitative and qualitative perspective, some of the factors which may increase the likelihood of the

intergenerational continuity of psychologically abusive parenting in mothers. Whilst this has seemingly been evidenced through a systematic review of the existing literature, outlined in Chapter One, and quantitative analysis presented in Chapter Two, emphasis is placed on the individuals who did not continue this cycle. Indeed, this was well explored within the Introduction to this thesis which highlighted the need to better understand the circumstances through which this cycle can continue, with recognition this is not inevitable.

As noted in Chapter One, Chung et al.'s (2013) found only 17% of mothers were found to continue the apparent cycle of abuse. Expanding on this further, Dixon et al. (2008) classified their 4351 parents into one of the following groups: those who (1) maintained the cycle of abuse; (2) broke the cycle of abuse; (3) initiated abuse (i.e. no reported childhood abuse but demonstrated harmful parenting); and (4) controls (i.e. individuals who reported no childhood abuse and who demonstrated no harmful parenting). For the purposes of this discussion, participants recruited in the current empirical research study outlined in Chapter Two (N=328) were classified to each of these groups dependent on their reported CPA and subsequent psychologically abusive parenting scores to provide data regarding such continuation. Of note, individuals were classified as having experienced CPA and/or perpetrated psychological abuse if their score was 1 or more standard deviations higher than the mean.

Table 11. Comparison of group distribution with Dixon et al. (2008).

	Dixon et al. (2008) **(Total N=4351) N(%)**	**Current Empirical Study** **(Total N=328) N(%)**
Age Range of Children	0 – 13 months	3-16 years
Cycle Maintainers	9(0.21%)	16(4.9%)
Cycle Breakers	126(2.90%)	51(15.5%)
Initiators	18(0.41%)	38(11.6%)
Controls	4198(96.48%)	223(68%)

As seen in Table 11, a similar distribution of group categorisation was found to those reported in Dixon et al.'s (2008) paper, with a higher percentage of individuals seemingly breaking the cycle of abuse than maintaining it. This mirrors the initial findings from Chapter Two which identified one significant protective mediating factor in the apparent cycle of abuse and supports previous literature, as identified in Chapter One, which emphasises the majority of individuals who experience such abuse do not perpetrate this themselves. As observed in Chapter Three, however, whilst the apparent cycle of abuse may not continue, such experiences can have enduring implications for some individuals: arguably making safe parenting more challenging and increasing the likelihood of intergenerational continuity of harmful parenting. Thus, this thesis has explored some of the factors contributing to the risk of intergenerational psychological abuse to better support the few individuals who do continue this cycle.

It should be noted, whilst the findings from the current study follow a similar distribution pattern to that observed in Dixon et al.'s (2008) paper,

the current study had a lower proportion of mothers reporting neither CPA nor psychologically abusive parenting, observed as "controls" in Table 11. There could be several reasons for this disparity. Firstly, although used as a form of comparison for the intergenerational transmission of abuse, the sample recruited by Dixon et al. (2008) included a focus on experiences of physical and/or sexual abuse in childhood. As noted in the Introduction of this thesis, psychological abuse is widely reported as the most prominent form of child maltreatment (ONS, 2020). Thus, it is possible the lower proportion of controls in the current study reflects the greater frequency of CPA in the general population. Additionally, as noted by the authors of the study (see Dixon et al., 2008), as only abuse within the first year of life was examined the sample does not capture abuse which may be more likely to be perpetrated later in the child's life. This is in comparison to the current study which focused on the perpetration of psychological abuse towards children aged between 3-16 years. Thus, it is possible this disparity and seemingly increased prevalence in the current study may be explained by the substantially wider age range captured in the present study compared to Dixon et al.'s (2008) sample. Finally, this discrepancy may also be explained by the method utilised to categorise participants for the purposes of this discussion. As noted above, the categorisation of mothers who experienced CPA and who perpetrated psychologically abusive parenting was identified by those who scored 1 SD above the mean on the relevant measures. If the mean was actually quite low, this may have resulted in an overestimation of mothers who experienced and/or perpetrated psychological abuse thus resulting in an underestimation of controls. It should be noted, this acknowledged difficulty and limitation of categorising

participants based on continuous measures is largely why this was not completed in Chapter Two but rather has been completed to allow for discussion in this chapter. Future research may wish to explore the comparison of means across samples to better explore this hypothesis regarding the noted discrepancy.

4. Limitations

The primary limitation of the current thesis centres around the decision to exclude psychological neglect from the definition utilised throughout the chapters. Whilst a rationale for this was outlined in the Introduction, and is consistent with the HM Government's (2018) categorisation of different forms of psychological maltreatment and some researcher recommendations in the field (Tonmyr et al., 2011), the majority of literature typically combines both committed (psychological abuse) and omitted (psychological neglect) acts when considering psychological maltreatment (see Glaser, 2002; Hart et al., 1997; Hibbard et al., 2012). Indeed, when systematically reviewing the existing literature in Chapter One, it was often unclear whether certain studies distinguished between psychological abuse and psychological neglect, making it difficult to draw firm conclusions about the specific impact CPA alone may have on development and subsequent functioning. This became a further issue in Chapter Three when it became apparent the subject of the case-study, Ms A, experienced a significant degree of psychological neglect alongside experiences of CPA. Thus, whilst the current thesis aimed to explore the unique impact maternal childhood psychological abuse may have on development and parenting, there may be good reason why previous

literature has not made this distinction. The practical difficulties of researching this experience in the absence of psychological neglect, as apparent throughout this thesis, suggests CPA may very rarely occur without other forms of maltreatment, specifically psychological neglect. It arguably may have been more helpful to have followed the guidance from key researchers in the field (e.g. Glaser, 2002; Hibbard et al., 2012) who utilise the term psychological maltreatment to incorporate both psychological abuse and neglect, reflective of this practical difficulty distinguishing between the concepts.

Methodological limitations also exist in the aforementioned chapters which must be addressed. In Chapter One, only published research studies written in English were considered. Whilst the impact of both non-English and unpublished studies on systematic review outcomes is considered small (Hartling et al., 2017), the review is arguably guilty of supporting publication bias. Referring to the tendency for studies with statistically significant results to be published over studies, of equal quality, with non-statistically significant results (Rothstein et al., 2005), publication bias has long been considered an issue for systematic reviews (Torgerson, 2006). However, within the current review, some studies included in the final analysis did report non-significant results (e.g. Sexton et al., 2017), suggesting this may not have been the case for the current review. Arguably, this could be due to the limited literature regarding CPA and parenting, possibly increasing the likelihood of studies being published and thus reducing the risk of publication bias.

Additionally, an issue remains of what is known, what has been evidenced and what is proposed. This thesis has drawn on extensive

literature in the study of child maltreatment and developmental theory to hypothesise the likely trajectory between experiences of CPA and subsequent parenting practices. However, being able to confidently draw conclusions that this was indeed the case is challenging. For example, although the empirical research project found CPA to significantly predict PTSS, confidently stating this was solely in relation to CPA rather than other dangerous events throughout their life is unwise. This is true for the PTSS identified in Chapter Two and within the case-study whereby hypotheses were drawn regarding CPA and current mental functioning. Indeed, in the empirical research project, experiences of child physical abuse and annual income remained a significant predictor of perpetrated psychological abuse after accounting for CPA, suggesting a complex interaction between various factors.

Further, what has become apparent throughout this thesis is that experiences of CPA can affect individuals differently and thus the impact of this may manifest in different forms. Whilst the focus of the thesis has been on family interactions, specifically that of mother-child, families are inherently influenced by the social environment in which the family finds themselves (Garbarino, 2009) and thus other social, environmental and/or cultural factors are likely to also be of significance in understanding the relationship between CPA and parenting. Thus, whilst it is unfeasible to suggest future studies, nor this thesis, could incorporate all potential variables, it does suggest much more research is needed to build a better understanding of some of the contributing factors underpinning the relationship between CPA and parenting. Nonetheless, the current thesis arguably provides an initial starting point for such research.

In both Chapters Two and Three, research relied on mothers self-reported childhood experiences and parenting practices. The correlation between self-reported parenting styles and observed interactions with their child(ren) has been found to be poor (e.g. Sheh, 2013). Whilst measures were taken to control for the impact of this, this remains a limitation of the current thesis. As also noted at the beginning of this thesis, a limitation lies with only mothers being investigated. Whilst a rationale for this decision was outline in the introduction, this also remains a limitation of the thesis: restricting the generalisability of findings to fathers. Other limitations are noted, where appropriate, throughout the chapters.

5. Implications for Clinical Practice and Future Research

Childhood psychological abuse can evidently have devastating consequences on development and subsequent functioning in adulthood. Its neglect from decades of child maltreatment research is confusing, given the generally accepted notion that CPA tends to underpin almost all other types of child abuse (e.g. Hart & Glaser, 2011). Whilst more recent years have seen an increase in measuring and investigating CPA, little research has addressed its relationship with parenting, particularly that of psychological abuse, despite this relationship being well researched for other types of child maltreatment (e.g. Fagan, 2005). Chapter One of this thesis established there does appear to be a relationship between CPA and subsequent poor parenting practices, with Chapters Two and Three providing initial findings and theoretically-informed hypotheses for the some of the mechanisms likely underpinning this relationship.

The findings have several important implications. Firstly, to the author's knowledge, it provides the first empirical findings demonstrating the indirect effects of two factors (PTSS and social support) in the apparent cycle of psychological abuse. Such findings provide initial data regarding potential risk and protective factors in the cycle of psychological abuse, highlighting potential treatment targets for services working with mothers who are struggling to meet their child's needs effectively and/or are at risk of perpetrating abuse. If harmful parenting practices are understood to reflect the impact of current emotional and cognitive functioning, whether captured within diagnoses such as PTSD or depression, as underpinned by the developmental framework outlined in this thesis, then addressing such areas should have a positive impact on subsequent parenting practices thus reducing the risk of child maltreatment.

Secondly, it gives way to several future research studies which may be of benefit for child maltreatment and parenting literature and services. Only three potential mediating factors were examined in the empirical research project (Chapter Two). As outlined in Chapter Three, it is likely adult psychological functioning in the form of depression, and possibly other psychiatric disorders, may too contribute to the relationship between CPA and harmful parenting practices. It is also probable other factors also contribute to this relationship, as previously noted. Research exploring other potential factors would both expand the knowledge of contributing risk factors in the cycle of abuse and allow for comparisons between variables to confidently identify the strongest contributors. This may have important clinical implications, by guiding intervention services to address evidence-based factors likely contributing to problematic parenting, and

research implications, serving to build a wider and more knowledgeable understanding of this issue.

However, the methodological limitations present throughout these investigations, as noted above and throughout the thesis, inherently limit the number of, and confidence in, inferences made. Nonetheless, the thesis may serve as an initial starting point for future research exploring the mechanisms underpinning the relationship between CPA and subsequent parenting practices.

6. Conclusions and Recommendations

This thesis aimed to utilise a developmental theoretical framework to investigate the relationship between CPA, independent of other forms of child maltreatment, and subsequent parenting practices.

As evidenced in the Systematic Review, a relationship does appear to exist in which higher levels of CPA predict more problematic parenting in adulthood. This relationship was examined further in Chapters Two and Three which found the cycle of psychological abuse, and impact of CPA on other harmful parenting practices, do not appear inevitable but are likely mediated by several factors, including unresolved trauma symptoms and depression. By utilising a developmental approach to understand how maternal experiences of their own psychologically abusive maltreatment may impact their development and subsequent functioning offers a more compassionate understanding of problematic parenting. As with Ms A, her difficulty attending to her son's needs and providing consistent and emotionally attuned care was hypothesised to be significantly impacted by her current symptoms of depression and anxiety, formulated to reflect her

own development as a result of experiencing CPA. More research is needed to examine the complex mechanisms and other contributing factors underpinning the relationship between CPA and parenting, as well as the interaction between adult exposure to interpersonal trauma, PTSS and parenting. This may better inform intervention services aiming to prevent the intergenerational transmission of maltreatment. Further, future research systematically examining the factor structure and psychometric properties of the BBTS, and with a variety of cultures, may clarify scoring issues identified.

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Please note: references marked with an asterisk (*) indicate the empirical studies included within Chapter One's Systematic Review.

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APPENDICES

Appendix One: Inclusion/Exclusion Form: PICOS.

Population	Mothers with children aged between 0-18
Intervention/Exposure	Maternal childhood experience of psychological abuse
Comparison	No exposure to childhood psychological abuse
Outcomes	Parenting behaviours / beliefs / attitudes with own children
Study Design(s)	Cohort, Cross-sectional, Case-Control, Longitudinal, Prospective, Retrospective

Inclusion

Exploration of both maternal childhood psychological abuse and subsequent parenting behaviours, attitudes or beliefs with children (aged 0-18) ☐

Written in English ☐

Exclusion

Does not distinguish between childhood psychological abuse and other forms of childhood abuse (physical, sexual, neglect) ☐

Recruits expectant mothers only ☐

Single case study or narrative reviews ☐

Adopts a qualitative methodology ☐

Is a conference abstract ☐

Unpublished dissertation (abstract or full-text) ☐

Appendix Two: Search Syntax for Systematic Review searches.

Via OVID: EMBASE 1974 to 2019 September 05
Medline(R) ALL 1946 to 2019 2nd September
PsycINFO 1806 to September Week 1 2019
PsycARTICLES Full Text

Search Term	Hits
1. child abuse.mp.	102247
2. emotion* abus*.mp.	11516
3. psychological* abus*.mp.	3531
4. emotional maltreat*.mp.	783
5. psychological maltreat*.mp.	1032
6. verbal abus*.mp.	3329
7. mental abus*.mp.	178
8. 1 or 2 or 3 or 4 or 5 or 6 or 7	113706
9. mother.mp.	399753
10. maternal.mp.	729143
11. female parent.mp.	1071
12. primary caregiver.mp.	5457
13. 9 or 10 or 11 or 12	992377
14. mother child relations*.mp.	50253
15. parent child relations*.mp.	80504
16. mother child interaction*.mp.	4942
17. parent child interaction*.mp.	9024
18. parenting.mp.	102796
19. transgenerational.mp.	10573
20. intergenerational.mp.	26983
21. cycle of abuse.mp.	313

22. emotional warmth.mp.	664
23. 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22	239651
24. 8 AND 13 AND 23	4651

Applied Social Sciences Index and Abstracts (06/09/2019) via ProQuest

TOPIC = ab(child abuse OR emotion* abus* OR psychological* abus* OR emotional maltreat* OR psychological* maltreat* OR verbal abus* OR mental* abus*)

AND

TOPIC = ab(mother child relations* OR parent child relations* OR mother child interaction* OR parent child interaction* OR parenting OR transgenerational OR intergenerational OR cycle of abuse OR emotional warmth)

AND

TOPIC = (mother OR maternal OR female parent OR primary caregiver)

ASSIA total hits: 1048

Total Journal Articles from five databases: 5699

Appendix Three: Quality Assessment Form.
N.B. Y = Yes; P = Partial; N = 0; U = Unclear/Not enough information

Question	**Y (2)**	**P (1)**	**N (0)**	**U**	**Comments**
Study Question / Study Population					
Does the study have an appropriate and clearly focused question?					
Is the study population sufficiently described? i.e. do they record main potential confounding variables, e.g: - Race - Income - Martial Status - Age of participants - Education - Healthcare Status					
Does the study provide participants' number of children and/or age of the child(ren)?					
Is the sample size justified? (e.g. have they reported a Power analysis)					
If above question is yes, have they reached the required sample size?					
Sampling and Selection					
Does the study include both mothers who report experiencing childhood psychologically abusive behaviours and those who do not?					
Are the demographic characteristics of participants presented?					
Does the study describe how participants were recruited? For example: - Paid completion - Voluntary - RCT - File data					
If applicable, were the groups similar at baseline with regards to demographic factors?					
Measurement					
Is there a clear definition of psychologically abusive behaviours (e.g. is CPA measured as prevalence, severity, number of occurrences etc)?					

Is the outcome variable clearly defined (e.g. mothers' own use of abusive behaviours, mothers' views towards their children, mothers' beliefs about acceptance of abuse etc)?					
Is the assessment used to measure exposure to psychologically abusive behaviours valid and reliable?					
Is the measure of assessment of outcome (parenting behaviours/attitudes/beliefs) valid and reliable?					
Does the study use an independent rating of maternal parenting outcomes (i.e. measured by an independent observer)?					
Does the study use prospective data (i.e. follows mothers who report psychologically abusive childhood experiences over a period of time to assess outcome)?					
Attrition					
Is there a satisfactory participation rate?					
Were withdrawals and / or drop-outs reported in terms of numbers and / or reasons (per group if applicable)?					
Statistical Analysis					
Were the statistical analyses used appropriate?					
Have the authors reported missing data and/or stated how these have been used?					
Are the main potential confounding variables adequately controlled for / managed within the analysis?					
Have other forms of childhood abuse been identified and controlled for? (e.g. physical / sexual / neglect)					

Appendix Four: Data Extraction Form.

General Information

Date of data extraction:

Author:

Article title:

Additional article information (e.g. journal/year/volume):

Identification of the reviewer:

Notes:

Re-verification of study eligibility

Population: Y N ?
Notes
- Mothers (any age) + children aged between 0-18

Exposure: Y N ?
Notes
- Childhood psychological abuse (CPA)

Comparison: Y N ?
Notes
- No exposure to CPA
- Different childhood abuse

Outcomes: Y N ?
Notes
- Parenting behaviour / attitudes / beliefs

Specific Information

Study Characteristics

Aim / objectives of study:

Study design:

Study inclusion criteria:

Study exclusion criteria:

Recruitment procedures (including blinding/debriefing etc):

Participant Characteristics

Number of participants enrolled:
Number of participants completed:

Age (mothers):
Age (child(ren)):

Ethnicity:

SES:

Geographical region:

Any additional information:

Exposure

Definition of CPA:

Tool used to measure CPA:

Perpetrator(s) of abuse:

Identified other forms of childhood abuse?	Y	N	?	Notes
Any mediating variables measured?	Y	N	?	Notes

Outcomes

Definition of outcome measured:

If tool used, list here:

Analysis

Statistical analysis used:

Actual statistics / effect size:

Summary of key findings:

Appendix Five: Overview of full-text articles reviewed but not retained for review.

Author(s)	Title	Reason for exclusion
Adams, T.R., Handley, E.D., Manly, J.T., Cicchetti, D. & Toth, S.L. (2019).	Intimate partner violence as a mechanism underlying the intergenerational transmission of maltreatment among economically disadvantaged mothers and their adolescent daughters.	Does not identify psychologically abusive experiences independently of multi-type maternal childhood maltreatment.
Anderson, R.E. & Silver, K.E. (2018).	Intergenerational transmission of child abuse: Predictors of child abuse potential among racially diverse women residing in domestic violence shelters.	Does not include a focus on maternal psychologically abusive childhood experiences.
Babcock Fenerci, R.L., Chu, A.T. & DePrince, A.P. (2016).	Intergenerational Transmission of Trauma-Related Distress: Maternal Betrayal Trauma, Parenting Attitudes, and Behaviours.	Does not include a focus on maternal psychologically abusive childhood experiences.
Bailey, H.N., DeOliveria, C.A., Wolfe, V.V., Evans, E.M. & Hartwick, C. (2012).	The impact of childhood maltreatment history on parenting: A comparison of maltreatment types and assessment methods.	Does not analyse psychologically abusive experiences independently of multi-type maternal childhood maltreatment.
Banet, M., Mackey, S., Tylavsky, F. & Connor, P. (2012).	Maternal risk for child physical abuse: Childhood trauma, stress and mental health.	Conference Abstract.
Bennett, D.S., Sullivan, M.W. & Lewis, M. (2006).	Relations of Parental Report and Observation of Parenting to Maltreatment History.	Does not include a focus on maternal psychologically abusive childhood experiences.

Berlin, L.J., Appleyard, K. & Dodge, K.A.	Intergenerational Continuity in Child Maltreatment: Mediating Mechanisms and Implications for Prevention.	Does not include a focus on maternal psychologically abusive childhood experiences.
Bodeker, K., Fuchs, A., Fuhrer, D., Kluczniok, D., Dittrich, K., Reichl, C. et al. (2019).	Impact of Maternal Early Life Maltreatment and Maternal History of Depression on Child Psychopathology: Mediating Role of Maternal Sensitivity?	Does not analyse psychologically abusive experiences independently of multi-type maternal childhood maltreatment.
Bosquet Enlow, M., Englund, M.M. & Egeland, B. (2018).	Maternal Childhood Maltreatment History and Child Mental Health: Mechanisms in Intergenerational Effects.	Does not include a focus on maternal psychologically abusive childhood experiences.
Choi, K., Houts, R., Arseneault, L., Pariante, C., Sikkema, K.J. & Moffitt, T.E. (2019).	Maternal depression in the intergenerational transmission of childhood maltreatment and its sequelae: Testing postpartum effects in a longitudinal birth cohort.	No focus on intergenerational parenting behaviours.
Clement, M.E. & Bouchard, C. (2005).	Predicting the use of single versus multiple types of violence towards children in a representative sample of Quebec families.	Does not identify psychologically abusive experiences independently of multi-type maternal childhood maltreatment.
Cross, D., Vance, L.A., Kim, Y.J., Ruchard, A.L., Fox, N., Jovanovic, T. & Bradley, B. (2018).	Trauma Exposure, PTSD, and Parenting in a Community Sample of Low-income, Predominantly African-American Mothers and Children.	Does not distinguish between maternal abuse experienced in childhood or adulthood nor does it focus on psychologically abusive experiences.

Crugnola, C.R., Ierardi, E., Bottini, M., Verganti, C. & Albizzati, A. (2019).	Childhood experiences of maltreatment, reflective functioning and attachment in adolescent and young adult mothers: Effects on mother-infant interaction and emotion regulation.	Does not include a focus on maternal psychologically abusive childhood experiences in relation to parenting.
de Paul, J. & Domenech, L. (2000).	Childhood history of abuse and child abuse potential in adolescent mothers: A longitudinal study.	Explores emotional withdrawal which is considered more reflective of emotional neglect than psychological abuse.
Dittrich, K., Boedeker, K., Kluczniok, D., Jaite, C., Hindi-Attar, C., Fuehrer, D. et al. (2018).	Child abuse potential in mothers with early life maltreatment, borderline personality disorder and depression.	Does not identify specific forms of maternal childhood abuse.
Dixon, L., Hamilton-Giachritsis, C. & Browne, K. (2008).	Patterns of Risk and Protective Factors in the Intergenerational Cycle of Maltreatment.	Does not include a focus on maternal psychologically abusive childhood experiences.
Gartland, D., Giallo, R., Woolhouse, H., Mensah, F. & Brown, S.J. (2019).	Intergenerational Impacts of Family Violence – Mothers and Children in a Large Prospective Pregnancy Cohort Study.	Does not include a focus on maternal psychologically abusive childhood experiences.
Harel, G. & Finzi-Dottan, R. (2018).	Childhood Maltreatment and its Effect on Parenting among High-Risk Parents.	Does not distinguish between mother and father figures.
Harmer, A.L.M. & Sanderson, J. (1999).	Influence of negative childhood experiences on psychological functioning, social support and parenting for mothers recovering from addiction.	Does not distinguish between neglect and emotionally abusive childhood experiences.

Jaffee, S.R., Bowes, L., Ouellet-Morin, I., Fisher, H.L., Moffitt, T.E., Merrick, M.T., et al. (2013).	Safe, Stable, Nurturing Relationships Break the Intergenerational Cycle of Abuse: A Prospective Nationally Representative Cohort of Children in the United Kingdom.	Does not identify specific forms of maternal childhood abuse in relation to impact on parenting.
Kluczniok, D., Boedeker, K., Fuchs, A., Hindi-Attar, C., Fydrich, T., Fuehrer, D., et al. (2016).	Emotional Availability in Mother-Child Interaction: The Effects of Maternal Depression in Remission and Additional History of Childhood Abuse.	Does not analyse maternal childhood psychological abuse in relation to parenting.
Lakhdir, M.P.A., Nathwani, A.A., Ali, N. & Farooq, S. (2019).	Intergenerational transmission of child maltreatment: Predictors of child emotional maltreatment among 11 to 17 years old children residing in communities of Karachi, Pakistan.	Does not identify specific forms of maternal childhood abuse.
Libby, A.M., Orton, H.D., Beals, J., Buchwald, D. & Manson, S.M. (2008).	Childhood abuse and later parenting outcomes in two American Indian Tribes.	Does not measure maternal psychologically abusive childhood experiences.
Martin, C.G., Kim, H.K., Freyd, J.J. (2018).	Overwhelmed by Emotion: Pathways from Revictimization to Mothers' Negative Emotional Responsivity.	Does not include a focus on maternal psychologically abusive childhood experiences.
Min, M.O., Singer, L.T., Minnes, S., Kim, H. & Short, E. (2013).	Mediating Links Between Maternal Childhood Trauma and Preadolescent Behavioural Adjustment.	No focus on parenting behaviours.
Myhre, M.C., Dyb, G.A., Wentzel-Larsen, T., Grogaard, J.B. & Thoresen, S. (2014).	Maternal childhood abuse predicts externalising behaviours in toddlers: A Prospective Cohort Study.	No focus on parenting behaviours.

Neppl, T.K., Lohman, B.J., Senia, J.M. & Kavanaugh, S.A. (2017).	Intergenerational Continuity of Psychological Violence: Intimate Partner Relationships and Harsh Parenting.	Does not focus on maternal experiences of psychologically abusive childhood experiences.
Pereira, J., Ludmer, J.A., Gonzalez, A. & Atkinson, L. (2018).	Mothers' Personal and Interpersonal Function as Potential Mediators Between Maternal Maltreatment History and Child Behaviour Problems.	Does not include a focus on maternal psychologically abusive childhood experiences.
Plant, D., Jones, F.W., Pariante, C.M. & Pawlby, S. (2017).	Association between maternal childhood trauma and offspring childhood psychopathology: Mediation analysis from the ALSPAC cohort.	Does not include a focus on maternal psychologically abusive childhood experiences.
Putnam-Hornstein, E., Cederbaum, J.A., King, B., Eastman, A.L. & Trickett, P.K. (2015).	A Population-Level and Longitudinal Study of Adolescent Mothers and Intergenerational Maltreatment.	Does not identify psychologically abusive experiences independently of other forms of maternal childhood maltreatment.
Rijlaarsdam, J., Stevens, G.W.J.M., Jansen, P.W., Ringoot, A.P., Jaddoe, V.W.V., Hofman, A. et al. (2014).	Maternal Childhood Maltreatment and Offspring Emotional and Behavioural Problems: Maternal and Paternal Mechanisms of Risk Transmission.	Does not identify specific forms of maternal childhood abuse in relation to impact on parenting.
St-Laurent, D., Dubois-Comtois, K., Milot, T. & Cantinotti, M. (2019).	Intergenerational Continuity/Discontinuity of Child Maltreatment Among Low-Income Mother-Child Dyads: The roles of childhood maltreatment characteristics, maternal psychological functioning and family ecology.	Does not analyse psychologically abusive experiences independently of other forms of maternal childhood maltreatment.

Sullivan, C.M., Nguyen, H., Allen, N., Bybee, D. & Juras, J. (2001).	Beyond Searching for Deficits: Evidence that Physically and Emotionally Abused Women Are Nurturing Parents.	Does not measure maternal psychologically abusive childhood experiences.
Tambelli, R., Cimino, S., Cerniglia, L. & Ballarotto, G. (2015).	Early maternal relational traumatic experiences and psychopathological symptoms: a longitudinal study on mother-infant and father-infant interactions.	Does not distinguish between maternal childhood psychological abuse and neglect.
Valentino, K., Nuttall, A.K., Comas, M., Borkowski, J.G. & Akai, C.E. (2012).	Intergenerational Continuity of Child Abuse Among Adolescent Mothers: Authoritarian Parenting, Community Violence and Race.	Does not analyse psychologically abusive experiences independently of other forms of maternal childhood maltreatment.
Wolford, S.N., Cooper, A.N. & McWey, L.M. (2018).	Maternal Depression, Maltreatment History, and Child Outcomes: The Role of Harsh Parenting.	Does not measure maternal psychologically abusive childhood experiences.
Yang, M., Font, S.A., Ketchum, M., Kim, Y.K. (2018).	Intergenerational transmission of child abuse and neglect: Effects of maltreatment type and depressive symptoms.	Does not measure maternal psychologically abusive childhood experiences.

Appendix Six: Information on predictor and parenting variables, measures, variables controlled for and analysis in included papers.

Study	Location	Definition of childhood psychological abuse	Form of Parenting Assessed	Measure(s)	Variables controlled for	Mediating Variables	Analysis
Ammerman et al. (2016)	North Carolina, USA	-	Parenting Behaviour(s)	Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). The Home Observation for Measurement of the Environment Inventory (HOME; Caldwell & Bradley, 1984).	-*	-	Mixed model analysis
Bert et al. (2009)	USA	-	Parenting knowledge, behaviour(s) and perpetration of abuse potential.	Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). Knowledge of Infant Inventory – Short Form (KIDI; MacPhee, 1981). Child Abuse Potential Inventory (CAPI; Milner, 1986). Parenting Style Expectations Questionnaire (Bavolek, 1984).	Income, education and age of mothers	-	Correlation analysis Multiple Regression analyses

Caldwell et al. (2011)	California, USA	-	Parental self-efficacy	Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994). Parenting Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978).	-	Maternal Depression mediated the relationship between childhood abuse and parental self-efficacy (CPA not distinguished)	Bivarate Correlational Analyses
Chung et al. (2013)	Philadelphia, USA	Verbal hostility	Parental attitudes to corporal punishment Infant spanking	Single-item survey questions (CPA; Infant Spanking) Adult-Adolescent Parenting Inventory (Bavolek & Keene, 1999).	-	Parental attitudes towards corporal punishment	Bivarate Correlational Analyses
Fujiwara et al. (2010)	Japan	-	Maternally inflicted child maltreatment	Childhood Abuse History obtained via 7-item survey Modified version of the Japanese version of Maltreatment (Centre for Child Abuse Prevention, 1999).	Mother's age, child's age/sex, birth order and educational status. Other forms of childhood abuse (physical, sexual, neglect).	Mother's experience of domestic violence and mental health problems	Regression Analysis

Haapasalo & Aaltonen (1999)	Finland	Verbal abuse, rejection, accusing and provoking guilt, degrading, too high or inadequate expectations, terrorising, isolating, preventing from exploring environment, corrupting, exploiting, living in dangerous and unstable environments.	Maternal psychological abuse and punitiveness	Open-ended Structured Interview (responses measured on 5-point Likert scale).	Contact or no contact with child protective services, socio-economic status and social problems.	-	Hierarchal Regression
Lang et al. (2010)	California, USA	-	Perceptions of infant temperament, perceived parenting competence and parental stress	Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). The Infant Behavior Questionnaire-Revised (IBQ-R; Gartstein & Rothbart, 2003). The Parenting Sense of Competence Scale (PSOC; Wagner & Morse, 1975).	Maternal depression, PTSD, physical and sexual abuse.	-	Hierarchal Multiple Regression

				The Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995).			
McCullough et al. (2014)	USA	Isolating and confining, exploiting or corrupting, verbally assaulting, ignoring or overlooking needs and terrorising or threatening.	Maternal positive (e.g. promoting autonomy) and negative (e.g. hostility) parental styles.	Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). Parenting Behaviour assessed using Five Behavioural Observation Measures, each rated on a 7-point Likert scale.	Caregiver age, child age, mothers age at child birth, maternal childhood physical abuse and neglect, emotional neglect and sexual abuse.	-	Linear Regression and Model-based cluster analysis
McCullough et al. (2017)	USA	-	Emotionally unsupportive parenting behaviours (hostility, psychological control and psychological unavailability)	Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). Parenting Behaviour assessed using Three Behavioural Observation Measures, each rated on a 7-point Likert scale.	Age at child birth, maternal emotional dysregulation	- *N.B. Moderation Analysis (age at birth & emotional dysregulation) was conducted.*	Correlational Bivarate Analyses
Pereira et al. (2012)	Canada	-	Parenting stress and maternal sensitivity	Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). Maternal Behaviour Q-Sort (MBQS; Pederson,	Marital status, income, child gender, siblings.	-	Correlational Analysis

				Moran & Bento, 1999; Pederson et al., 1990).			
Rea & Shaffer (2016)	USA	-	Emotionally supportive and unsupportive parenting behaviours	Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998). Parental behaviour measured in two forms: (1) Coping with Children's Negative Emotions Scale (CCNES; Fabes, Eisenberg & Bernzweig, 1990) (2) coded by an observer on a 7-point Likert scale for positive and negative parenting behaviours	Maternal mental health, anxiety, education, ethnicity, socio-economic status, marital status, number of stressful life events and age of first child.	-	Correlational Analysis
Seay et al. (2016)	USA	Personal attack, love withdrawal, invalidating feelings and verbally constraining behaviours.	Maternal child abuse potential and punitive discipline.	Psychological Control Scale Youth Self-Report (PCS-YSR; Barber, 1996). Brief Child Abuse Potential Inventory (BCAP; Ondersma et al., 2006)	Economic hardship, child gender, mothers age, mother's nativity, living status and child negativity.	-	Correlational Analysis
Sexton et al. (2017)	Michigan, USA	-	Maternal positive, over-controlling and hostile parenting behaviours.	Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003). Observed interacting with child before completing structured tasks: coded using the	-	-	Univariate General Linear Models

				MACY Infant-Parent Coding System (Earls, Muzik & Beeghly, 2009).			
Zalewski et al. (2013)	Pennsylv-ania, USA	-	Maternal levels of acceptance and psychological control	Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein et al., 2003). Child Report of Parent Behavior Inventory (CRPBI; Margolies & Weintraub, 1977).	Maternal experiences of childhood neglect, depression, education, income, race and marital status.	-	Correlational and Univariate Regression Analyses
Zurvain & Fontanella (1999)	USA	Verbal abuse Lack of Emotional Support	Maternal parenting competence and verbally abusive parenting behaviours	CPA assessed via: (1) dichotomous measure; (2) Adapted Emotional Needs Met and Relationship with Parents subscales (Helfer, Schneider & Hoffmeister, 1978). Parenting Competence Scale (Johnson & Mash, 1989).	-	-	Bivariate Correlational Analyses

Appendix Seven: Copy of Ethical Approval Letter.

University of Nottingham
UK | CHINA | MALAYSIA

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Faculty of Medicine & Health Sciences
Research Ethics Committee
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22 March 2019

Caitlin Brown
Doctorate in Forensic Psychology Student
c/o Professor Kevin Browne
Professor of Forensic Psychology and Child Health
Division of Psychiatry & Applied Psychology
School of Medicine
Yang Fujia Building, Jubilee Campus
University of Nottingham
Wollaton Road, Nottingham
NG8 1BB

Dear Ms Brown

Ethics Reference No: 259-1902 **– please always quote**	
Study Title: The influence of childhood experiences on parenting behaviours.	
Chief Investigator/Supervisor: Professor Kevin Browne, Forensic Psychology and Child Health, Division of Psychiatry and Applied Psychology, School of Medicine	
Lead Investigators/student: Caitlin Brown, Doctorate in Forensic Psychology	
Other Key Investigators: Dr Kathleen Green, Assistant Professor Forensic and Family Psychology, Psychiatry and Applied Psychology	
Proposed Start Date: 01/04/2019	**Proposed End Date:** 30/11/2019

Thank you for submitting the above application and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 25/01/2019

These have been reviewed and are satisfactory and the study has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
2. The Chair is informed of any serious or unexpected event.
3. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix Eight: Participant Information Sheet.

PARTICIPANT INFORMATION

School of Medicine, Faculty of Medicine & Health Sciences
University of Nottingham, Wollaton Road, NG8 1BB

Project Title: The Influence of Childhood Experiences on Parenting Behaviours.

Researcher: Caitlin Brown (email: msxcb11@exmail.nottingham.ac.uk)
Supervisor: Professor Kevin Browne (email: lwzkdb@exmail.nottingham.ac.uk)
Ethics Reference Number: (*to be inserted following ethical review)*

We would like to invite you to take part in a study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read this carefully and contact the researcher if you require further information.

The study, titled The influence of Childhood Experiences on Parenting Behaviours, is being conducted by Professor Kevin Browne, Director of Forensic and Family Psychology, and Caitlin Brown, Doctorate student, both at the University of Nottingham. The purpose of this research study is to gain an understanding of childhood experiences with caregivers, adulthood experiences and parenting experiences. The information we get from this study may aid understanding of any relationship between childhood experiences, adult experiences and parenting behaviours. This may help identify areas of risk and strengths that can be addressed to help new parents and/or support families.

The inclusion criteria for the present study are mothers aged 18 or over with at least one child. Mothers have been identified as typically, although not always, they are the primary caregiver. It is entirely up to you if you want to take part in this research. If you agree to participate after considering the information in this sheet, you will be directed to a page where you will be asked to indicate your consent by clicking a box. The study itself involves an online questionnaire involving 5 sections and will take approximately 15 minutes to complete. After starting the questionnaire, you may still withdraw at any time by clicking the browser exit button. You do not need to give any reason for this and there will be no consequences if you choose to do. The data will only be uploaded on completion of the questionnaire by clicking the SUBMIT button. However, because this study uses anonymous questionnaires, once you have finished and submitted your answers, it will not be possible to withdraw the data. You are free to omit any question.

All of the information you provide during the research will be kept confidential and anonymous. Your data from the questionnaire will be used only when reporting the research findings. The data will be reported anonymously with any identifying information removed. We will do everything possible to ensure your answers in the study remain anonymous and will keep all data collected on password-locked computer files so that no data can be accessed by anyone other than the researcher and supervisor. Your IP address will not be stored. All data will be stored for a period of 10 years before being destroyed.

We believe there are minimal risks associated with this research study. However, due to the nature of the topic being discussed, some participants may find some questions distressing or disturbing. The contact numbers of two charity organisations will be clearly stated at the beginning of each page for free help

and advice if necessary. A debrief form will also be provided at the end of the study.

The data will contribute to the researchers' doctorate project. The results of the study may be published in scientific journals and presented at scientific conferences. The data will be reported anonymously, with any identifying information removed. If you would like a summary of the results, you can contact the researchers using the contact details above.

All research involving people is looked at by an independent group of people, called a Research Ethics Committee, to protect your interest. This study has been reviewed and given favourable opinion by the Faculty of Medicine and Health Sciences Research Ethics Committee (Reference number: FMHS *insert*).

If you have any questions or concerns, please don't hesitate to contact the researcher (Caitlin Brown), who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how she intends to deal with it. If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH (email: fmhs-researchethics@nottingham.ac.uk).

Appendix Nine: Indication of Informed Consent.

School of Medicine, Faculty of Medicine & Health Sciences
University of Nottingham, Wollaton Road, NG8 1BB

Project Title: The Influence of Childhood Experiences on Parenting Behaviours.

Researcher: Caitlin Brown (email: msxcb11@exmail.nottingham.ac.uk)
Supervisor: Professor Kevin Browne (email: lwzkdb@exmail.nottingham.ac.uk)
Ethics Reference Number: (*to be inserted following ethical review)*

Please tick each box to continue:

☐ I confirm that I have read and understood the information on the previous page

☐ I am 18 years old and/or older with at least one child aged between 3-16.

☐ I understand that my participation is voluntary and I can end the study at any time and withdraw my data by clicking the EXIT button

☐ I understand that my answers will be anonymous

☐ I understand the overall anonymized data from this study may be used in the future for research (with research ethics approval) and teaching purposes

Appendix Ten: Debrief Form.

School of Medicine, Faculty of Medicine & Health Sciences
University of Nottingham, Wollaton Road, NG7 1BB

Researcher: Caitlin Brown (email: msxcb11@exmail.nottingham.ac.uk)
Supervisor: Professor Kevin Browne (email: lwzkdb@exmail.nottingham.ac.uk)

Thank you for taking the time to complete the questionnaire. Your data has now been submitted and can no longer be withdrawn. If you have any further questions about this, please contact the researchers using the email addresses provided above.

If you have been distressed by any of the content discussed in this questionnaire, or if you think you would like to seek advice, please contact the following organisations for free help and support:

Samaritans: telephone: 116123 or email: jo@samaritans.org

Home-Start: telephone: 01164645490 or email: info@home-start.org.uk

Thank you for your participation.

Appendix Eleven: Social Support Questionnaire (Short-Form).

The following questions ask about people in your life who provide you with help or support.

1. *How many people can you really count on to be dependable when you need help?*

   No-one 1 2 3 4 5 6 7 8 9

2. *How satisfied are you with this?*

   1 – Very Dissatisfied
   2 – Fairly Dissatisfied
   3 – A Little Dissatisfied
   4 – A Little Satisfied
   5 – Fairly Satisfied
   6 – Very Satisfied

3. *How many people can you really count on to help you feel more relaxed when you are under pressure or tense?*

   No-one 1 2 3 4 5 6 7 8 9

4. *How satisfied are you with this?*

   1 – Very Dissatisfied
   2 – Fairly Dissatisfied
   3 – A Little Dissatisfied
   4 – A Little Satisfied
   5 – Fairly Satisfied
   6 – Very Satisfied

5. *How many people accept you totally, including both your worst and best points?*

   No-one 1 2 3 4 5 6 7 8 9

6. *How satisfied are you with this?*

   1 – Very Dissatisfied
   2 – Fairly Dissatisfied
   3 – A Little Dissatisfied
   4 – A Little Satisfied
   5 – Fairly Satisfied
   6 - Very Satisfied

7. *How many people can you really count on to care about you, regardless of what is happening to you?*

   No-one 1 2 3 4 5 6 7 8 9

8. *How satisfied are you with this?*

   1 – Very Dissatisfied
   2 – Fairly Dissatisfied
   3 – A Little Dissatisfied
   4 – A Little Satisfied
   5 – Fairly Satisfied
   6– Very Satisfied

9. *How many people can you really count on to help you feel better when you are feeling down-in-the-dumps?*

   No-one 1 2 3 4 5 6 7 8 9

10. *How satisfied are you with this?*

   1 – Very Dissatisfied
   2 – Fairly Dissatisfied
   3 – A Little Dissatisfied
   4 – A Little Satisfied
   5 – Fairly Satisfied
   6 – Very Satisfied

11. *How many people can you count on to console you when you are very upset?*

   No-one 1 2 3 4 5 6 7 8 9

12. *How satisfied are you with this?*

   1 – Very Dissatisfied
   2 – Fairly Dissatisfied
   3 – A Little Dissatisfied
   4 – A Little Satisfied
   5 – Fairly Satisfied
   6– Very Satisfied

Appendix Twelve: Exposure to Abusive and Supportive Environments Parenting Inventory (EASE-PI; Emotional Abusiveness Subscale Only).

This questionnaire looks at your positive and negative childhood experiences (aged 0 -16) with your caregivers. Please note, the terms 'mother' and 'father' relate to equivalent relations i.e. step, foster and/or adopted.

	0 Never	1 Rarely	2 Occasionally	3 Often	4 Very Often
Your mother and/or father made you feel vulnerable or likely to be hurt					
Your mother and/or father insulted or swore at you					
Your mother and/or father made you feel stupid when you didn't understand something					
Your mother and/or father treated you like the "black sheep" of the family					
Your mother and/or father made you want revenge					
Your mother and/or father said she/he hated you					
Your mother and/or father threatened to hurt you					
Your mother and/or father ridiculed your feelings					
Your mother and/or father belittled or made fun of your physical appearance					
Your mother and/or father ignored you for extended periods of time					
Your mother and/or father made statements such as "I wish you had never been born"					
Your mother and/or father made you feel worthless					
Your mother and/or father made you feel as if you were a bad person					
Your mother and/or father ridiculed or made fun of your beliefs					
Your mother and/or father criticised or humiliated you in front of others					
Your mother and/or father was cold or rejecting					

Your mother and/or father let you know your brothers or sisters were loved more than you were					
Your mother and/or father made you feel terrible when you made a mistake					
Your mother and/or father made you feel that her/his love was conditional (was only there if you did, or was, what she/he wanted)					

Appendix Thirteen: Trauma Symptom Checklist-40 (TSC).
N.B. Participants will be directed to click on, rather than circle, their response.

Trauma Symptom Checklist – 40

(Briere & Runtz, 1989)

How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never - - - - - - - - - - - Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

Appendix Fourteen: Brief Betrayal Trauma Survey (BBTS).

The next set of questions are about difficult experiences you may have had during your life. For the purposes of this study, please respond in relation to events that may have occurred when you were aged 18 or older.



Have each of the following events happened to you, and if so, how often?	NEVER	ONE or TWO TIMES	MORE THAN THAT
Been in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death	○	○	○
Been in a major automobile, boat, motorcycle, plane, train, or industrial accident that resulted in similar consequences	○	○	○
Witnessed someone with whom you were very close (such as a parent, brother or sister, caretaker, or intimate partner) committing suicide, being killed, or being injured by another person so severely as to result in marks, bruises, burns, blood, or broken bones. This might include a close friend in combat	○	○	○
Witnessed someone with whom you were not so close undergoing a similar kind of traumatic event	○	○	○
Witnessed someone with whom you were very close deliberately attack another family member so severely as to result in marks, bruises, blood, broken bones, or broken teeth	○	○	○
You were deliberately attacked that severely by someone with whom you were very close	○	○	○
You were deliberately attacked that severely by someone with whom you were not close	○	○	○
You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close (such as a parent or lover)	○	○	○
You were made to have such sexual contact by someone with whom you were not close	○	○	○
You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were very close (such as a parent or lover)	○	○	○
Experienced the death of one of your own children	○	○	○
Experienced a seriously traumatic event not already covered in any of these questions	○	○	○

Appendix Fifteen: Parenting Behaviours and Dimensions Questionnaire (PBDQ).

The next set of questions are about your own behaviours with your children.

	1 Never	2 Rarely	3 Some-times	4 About half the time	5 Often	6 Always
I tell my child how proud I am of him/her						
I respond to my child's feelings or needs						
I show an interest in my child's life						
I show my child that I love them unconditionally						
I recognize my child's strengths and talents						
I make time for my child when he/she needs me						
The punishments that I decide on are influenced by my mood						
I lose patience when my child does something to upset me						
I punish my child more severely than I mean to						
I am easy on my child one minute, and hard on him/her the next						
I threaten my child with punishments that I would never actually use						
I worry about my child when he/she is not at home						
I am more concerned with my child's feelings than with anyone else						
I share more of my life with my child than with anyone else						
I try to anticipate what my child's desires are and provide them before he/she has to ask						
I try to shield my child from experiencing negative emotion						
I try to meet my child's desires immediately						
I encourage my child to try things for him/herself before asking for help						
I let my child try to figure things out for him/herself before giving my input						

I adjust my level of assistance in tasks based on my child's age and ability						
I encourage my child to choose his/her own interests and activities						
I give my child responsibilities appropriate to his/her age						
I don't punish my child when he/she has misbehaved						
I allow my child to interrupt other adults						
I do things for my child when he/she refuses to do them						
I don't punish my child if he/she acts sorry						
I give in to my child when he/she gets upset						
I do things for my child that he/she is capable of doing for him/herself						
I talk to my child about the consequences of his/her actions						
I explain to my child how I feel about his/her behaviour						
I let my child know what behaviour is expected						
I give my child reasons about why he/she isn't allowed to do something						
I encourage my child to consider the consequences of their choices before making them						

Appendix Sixteen: Culture Free Self Esteem Inventory Deception Scale.
N.B. To maximise the reliability of this scale, the following items will be included throughout the above questionnaire.

1. Do you like everyone you know?
2. Have you ever taken anything that did not belong to you?
3. Do you always tell the truth?
4. Do you gossip at times?
5. Do you ever get angry?
6. Are you ever shy?
7. Do you ever lie?
8. Are you ever sad?

Appendix Seventeen: Correlations between TSC subscales.

N.B. High correlations are highlighted in bold: suggestive of multicollinearity.

	1	2	3	4	5
1. Anxiety	1				
2. Depression	**.74****	1			
3. Dissociation	**.76****	**.69****	1		
4. Sexual Abuse Trauma Index	**.71****	**.70****	**.81****	1	
5. Sexual Problems	.47**	.53**	.43**	**.70****	1
6. Sleep Problems	.59**	**.73****	.49**	.56**	.37**
M					
SD					

Appendix Eighteen: Means, SD and one-Way ANOVA between childhood experiences of physical and/or sexual abuse and variables included in the study.

N.B. Only variables with p ≤ .05 are reported.

	Childhood Physical Abuse	**Mean**	**SD**	***F***	***p***
CPA	Yes	32.45	17.86	87.77[1]	≤.001[1]
	No	13.31	15.39		
Adult Betrayal Trauma	Yes	3.03	32.90	25.15[1]	≤.001[1]
	No	1.62	8.09		
Trauma Symptoms	Yes	49.87	17.35	43.23	≤.001
	No	36.29	17.30		
Social Satisfaction	Yes	3.12	1.49	4.04	.045
	No	3.46	1.35		
	Childhood Sexual Abuse	**Mean**	**SD**	***F***	***p***
CPA	Yes	29.85	17.56	29.60	≤.001
	No	16.59	17.73		
Adult Betrayal Trauma	Yes	3.52	2.74	25.67[1]	≤.001[1]
	No	1.69	2.00		
Trauma Symptoms	Yes	47.23	17.85	11.34	.001
	No	38.82	18.18		
Punitive Discipline	Yes	5.26	3.98	5.62	.018
	No	6.71	4.56		

[1]As Levene's *F* Test was significant, the reported *F* and significance are based on *Welch's F* Test.

Appendix Nineteen: Signed Consent Form (anonymised).

[redacted]

www.wpalimited.co.uk | 55 Raddlebarn Road, Selly Oak, Birmingham, B29 6HQ

I understand that Caitlin Brown, hereafter referred to as the 'the trainee', would like my permission to use the information about the client, hereafter referred to as 'Client A' to complete a course work assignment (verbal case presentation and/or written case report).

I confirm that Client A provided informed consent for her background information and assessment details to be used for research purposes. I understand the write-up of this course work assignment may be published online which I confirm Client A understands and had the chance to ask questions about. I confirm that, as the owner of this information, I consent to this information being used for the purposes of research conducted by the trainee in question.

I understand that the work will not contain any information that would reveal of Client A's personal identity, i.e. name or address; rather they will be referred to via a pseudonym or case number.

I understand the work may be discussed in the trainee's supervision, personal development group or looked at by other trainees to help their learning.

I understand that the work will be checked by the trainee's supervisor and the University of Nottingham to ensure Client A's anonymity and confidentially have been safeguarded.

I understand that course work assignments (and material relating to these) are kept in securely locked premises.

I understand I do not have to allow information about Client A to be used in this way. I can change my mind and have the right to withdraw my consent for Client A's data to be utilised as a case study. I also confirm Client A is aware she did not have to provide consent for her information to be used for research purposes and was aware she could refuse this and that this would have no effect on the assessment or treatment offered to her.

By signing this form, I am saying I understand what and how information will be used, that Client A provided consent for this to be utilised for research purposes and that she had the opportunity to ask questions which were fully answered.

Client Representative's Signature:

[redacted]

Name of Client Representative: Professor D[redacted] Date: 21 July 2020

Appendix Twenty: Confirmation of ethical practice in conduction of data collection (identifying information removed).

I, Prof [redacted], DECLARE THAT:

- I understand that my duty in providing written reports and giving evidence is to help the Court, and that this duty overrides any obligation to the party by whom I am engaged or the person who has paid or is liable to pay me. I confirm that I have complied and will continue to comply with my duty.
- I confirm that I have not entered into any arrangement where the amount or payment of my fees is in any way dependent on the outcome of the case.
- I know of no conflict of interest of any kind, other than any which I have disclosed in my report.
- I do not consider that any interest which I have disclosed affects my suitability as an expert witness on any issues on which I have given evidence.
- I will advise the party by whom I am instructed if, between the date of my report and the trial, there is any change in circumstances which affect my answers to points 3 and 4 above.
- I have shown the sources of all information I have used.
- I have exercised reasonable care and skill in order to be accurate and complete in preparing this report.
- I have endeavoured to include in my report those matters, of which I have knowledge or of which I have been made aware, that might adversely affect the validity of my opinion. I have clearly stated any qualifications to my opinion.
- I have not, without forming an independent view, included or excluded anything which has been suggested to me by others, including my instructing lawyers.
- I will notify those instructing me immediately and confirm in writing if, for any reason, my existing report requires any correction or qualification.
- I understand that;
    - my report will form the evidence to be given under oath or affirmation;
    - questions may be put to me in writing for the purposes of clarifying my report and that my answers shall be treated as part of my report and covered by my statement of truth;
    - the court may at any stage direct a discussion to take place between experts for the purpose of identifying and discussing the expert issues in the proceedings, where possible reaching an agreed opinion on those issues and

identifying what action, if any, may be taken to resolve any of the outstanding issues between the parties;
    - the court may direct that following a discussion between the experts that a statement should be prepared showing those issues which are agreed, and those issues which are not agreed, together with a summary of the reasons for disagreeing;
    - I may be required to attend court to be cross-examined on my report by a cross-examiner assisted by an expert;
    - I am likely to be the subject of public adverse criticism by the judge if the Court concludes that I have not taken reasonable care in trying to meet the standards set out above.
- I have read Part 25 of the Family Procedure Rules and the accompanying practice directions and I have complied with their requirements.
- I have complied with the Standards for Expert Witnesses in Children Proceedings in the Family Court which are set out in the Annex to Practice Direction 25B.
- I have acted in accordance with the Code of Practice for Experts

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer. I also confirm that I have complied with the Standards for Expert Witnesses in Children Proceedings in the Family Court which are set out in the Annex to Practice Direction 25B- The Duties of an Expert, the Expert's Report and Arrangements for an Expert to Attend Court.



Prof [redacted]
BA MA MPA LHSM CPsychol PsychD CSci EuroPsy FBPsS
Consultant Clinical & Forensic Psychologist