Child Abuse & Neglect 82 (2018) 1–11

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

From mother to child: Maternal betrayal trauma and risk for maltreatment and psychopathology in the next generation

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ARTICLE INFO

Keywords:
Child maltreatment
Betrayal trauma
Intergenerational transmission of maltreatment

ABSTRACT

The objective of this study was to investigate whether experiences of high betrayal trauma (BT; maltreatment by a parent/caregiver) during mothers' own childhoods may influence the intergenerational transmission of maltreatment and its associated psychopathology from mothers to their children. A prospective, longitudinal design was utilized to assess maternal physical and sexual betrayal trauma in relation to children's own maltreatment experiences, and child mood and behavioral symptoms during pre-adolescence. Data from 706 mothers and children who participated in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) was analyzed, including: mothers' physical and sexual maltreatment histories, child protective services' documented physical and sexual maltreatment during children's first twelve years of life, and mother- and child-reports of child internalizing and externalizing symptoms at age 12. Children of mothers who survived high BT (maltreatment by a caregiver) were 4.52 times more likely to experience maltreatment than children of no BT mothers (mothers whom were not maltreated), and 1.58 times more likely than children whose mothers survived low BT (maltreatment by a non-caregiver). Higher levels of maternal physical BT significantly predicted more internalizing and externalizing symptoms in children at age 12, according to both mother (CBCL) and child (YSR) reports. More incidents of child physical maltreatment partially mediated associations between maternal physical BT and child symptoms. Incidents of sexual maltreatment also partially mediated associations between maternal sexual BT and child internalizing and externalizing symptoms (CBCL only). These findings have implications for understanding the role of betrayal trauma in perpetuating the cycle of maltreatment across generations.

1. Introduction

Children of parents that have survived maltreatment during their own childhoods are at an increased risk for not only developing mood and behavioral disorders, but also experiencing maltreatment themselves (Berlin, Appleyard, & Dodge, 2011; Morrel, Dubowitz, Kerr, & Black, 2003; Radford, Corral, Bradley, & Fisher, 2013; Schwerdtfeger, Lazelere, Werner, Peters, & Oliver, 2013; Zajac & Kobak, 2009). Research has demonstrated that parents who have experienced child maltreatment (referred to as "parent survivors" going forward for the sake of brevity) are at an increased risk for maltreating their own children; however, only a subset of parent survivors actually go on to perpetrate maltreatment, with estimates ranging from 25% to 35% (Kaufman & Zigler, 1987). Survivors' increased risk for revictimization later in life (Cloitre, Cohen, & Scarvalone, 2002; DePrince, 2005; Ullman, Najdowski, & Filipas, 2009) may also leave their children vulnerable to witnessing violence and/or experiencing maltreatment at the hands of

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https://doi.org/10.1016/j.chiabu.2018.05.014
Received 10 January 2018; Received in revised form 6 May 2018; Accepted 14 May 2018

survivors' abusive intimate partners (Dixon, Browne, & Hamilton-Giachritsis, 2005; Wekerle, Wall, Leung, & Trocmé, 2007). Elucidating the factors that may increase parent survivors' susceptibility to maltreating their own children is critical to informing prevention strategies that work towards ending this detrimental cycle of abuse and neglect.

Research thus far has found that several parental socioemotional and environmental factors explain associations between a parent's history of maltreatment and his/her own children's maltreatment experiences, including: mental health symptoms/disorders (e.g., depression, dissociation: Dixon, Browne et al., 2005; Egeland & Susman-Stillman, 1996), substance abuse (Wekerle et al., 2007), hostile attributions, negative response biases, social isolation (Berlin et al., 2011), marital status, adult victimization (Thompson, 2006), and poor parenting practices (Dixon, Hamilton-Giachritsis, & Browne, 2005). These findings contribute to the field's understanding of how the cycle of maltreatment is perpetuated across generations by highlighting parental factors that may increase the likelihood that parent survivors will maltreat their own children. Characteristics of parents' maltreatment experiences themselves (e.g., type, timing of abuse, perpetrator type) often influence the development of parental socioemotional and environmental factors (for example, parental history of physical abuse predicts parental hostile attributions: Berlin et al., 2011). Therefore, identifying specific characteristics of the original abusive environment that increase risk of intergenerational transmission is critical to developing a comprehensive, empirical understanding of how the cycle of maltreatment and its associated psychopathology can persist in certain families. Such maltreatment characteristics have only begun to be investigated as they relate to risk for maltreatment and psychopathology in the next generation. Thus far, physical abuse, sexual abuse and neglect have been linked to parent perpetration and/or offspring maltreatment (Ben-David, Jonson-Reid, Drake, & Kohl, 2015; Berlin et al., 2011; Dixon, Browne et al., 2005), although findings have been mixed.

To our knowledge, the field has yet to investigate the role of perpetrator type (e.g., caregiver vs. extended family member vs. acquaintance/stranger) as a factor in the intergenerational transmission of maltreatment and its associated psychopathology from survivor parents to their children using a prospective, longitudinal design. Betrayal Trauma Theory (BTT; Freyd, 1994; Freyd, 1996) provides a theoretical foundation for understanding how experiences of abuse by a parent or caregiver (compared to perpetrators who the child is less close to/dependent on) are frequently associated with more deleterious interpersonal and socioemotional outcomes (Kaehler, Babcock, DePrince, & Freyd, 2013). The current study utilized a BTT theoretical perspective in examining the role of perpetrator relationship in mothers' physical and sexual maltreatment experiences as it may relate to experiences of physical and sexual maltreatment and subsequent internalizing and externalizing symptoms among mothers' pre-adolescent aged children.

1.1. Betrayal trauma and the maltreatment context

According to BTT, when a child is abused by a parent or caregiver, he/she experiences a high degree of betrayal in that the adult he/she is supposed to depend on for physical and emotional care and protection is instead a source of harm and distress (Freyd, 1996). In this maltreatment context, the child is more likely to use certain strategies like dissociation (Freyd & DePrince, 2001) or amnesia (Freyd, 1996; Freyd, DePrince, & Zurbriggen, 2001) to remain unaware or "blind" to the abuse in order to maintain a more effective attachment to the abusive caregiver, since this relationship is essential for the child to meet his/her basic survival needs (e.g., food, shelter, protection). Higher rates of dissociation as well as partial or full amnesia for maltreatment have been found in survivors of "high BT" (defined as abuse by a parent/caregiver) compared to survivors of "low BT" (abuse by a non-caregiver), or, in the case of dissociation, adults whom have not experienced maltreatment (termed "no BT"; Freyd et al., 2001; Hulette, Kaehler, & Freyd, 2011). More recently, cognitive strategies such as blaming oneself for maltreatment experiences (Babcock & DePrince, 2012) and idealization of the abusive caregiver (Bernstein, Laurent, Musser, Measelle, & Ablow, 2013) have been underscored as other potential mechanisms that a child may use to remain blind to abuse by a caregiver, although research in this area is still burgeoning. By taking responsibility for causing the caregiver's abusive behavior or appraising the caregiver's behavior as acceptable, the child is able to alleviate his/her cognitive dissonance (i.e., needing to depend on one's perpetrator for care and survival) and facilitate an attachment to their abuser that is adaptive within the maltreatment context. Regardless of the particular strategy utilized by the child, the goal of these strategies is to allow the child to remain explicitly unaware of the betrayal that is occurring in the maltreatment context with one's caregiver, a phenomenon termed "betrayal blindness" (Freyd, 1996; Goldsmith, Barlow, & Freyd, 2004).

Experimental laboratory studies provide initial support for the betrayal blindness phenomenon by elucidating cognitive and physiological correlates associated with high BT. For example, Reichmann-Decker, DePrince, and McIntosh (2009) demonstrated that survivors of high BT showed dampened startle responses to pictures depicting interpersonal violence and more mimicry of happy versus angry faces, whereas low BT and no BT participants did not show these responses. High BT survivors' blunted physiological responsiveness to depictions of interpersonal threat and preferential attention to others' positive affective states suggest that high BT survivors may have learned to adapt their cognitive and attentional processes to mitigate abusive relationships. Specifically, high BT survivors may have suppressed their natural "fight or flight" responses to interpersonal threats and instead attempted to elicit positive emotions from their perpetrator/s (Reichmann-Decker et al., 2009).

Survivors' betrayal blindness in the childhood maltreatment context may also lead to the development of interpersonal schemas that impede their ability to detect betrayal and harm in other interpersonal relationships. Using a modified lexical decision-making task, DePrince, Combs, and Shanahan (2009) found that high BT survivors showed implicit relationship-harm associations, with stronger implicit association scores being significantly related to more reported instances of revictimization. Survivors of BT whom were revictimized as adults made more errors on social contract problems that involved identifying safety risks and violations during social exchange (DePrince, 2005). Moreover, Cloitre, Scarvalone, and Difede (1997) found that childhood sexual abuse survivors failed to identify threat triggers, nor did they tend to classify interpersonal violence as a violation when it occurred in their own interpersonal relationships.