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Chelsie Sampayan
Exploring the Relationship between
Maternal Childhood Maltreatment
History, Parent-Child Relations, and
Child Emotion Regulation

ABSTRACT

Child maltreatment is an issue that has serious psychological and behavioral consequences in children now and in the future. This exploratory study used the developmental psychopathology framework to examine the relationships between maternal childhood maltreatment, parent-child relations, and child emotion regulation. I performed a secondary data analysis on 228 preschool-aged children (118 boys and 110 girls) and their biological mothers. Data was originally collected as part of a longitudinal study called the Child Regulation and Representation Project (CHiRRP). Mothers responded to a semi-structured interview, which was then coded for severity ratings of childhood physical abuse (CPA) and childhood sexual abuse (CSA). The qualities of the parent-child relationship were based on parent-child interaction observational data. Lastly, components of emotion regulation were measured during a disappointment task. I ran Pearson tests, Spearman tests, and one-way ANOVAs with the variables. Results indicated that there were no significant relationships between maternal childhood maltreatment, parent-child interaction, and children emotion regulation. The conclusion discussed limitations regarding coding and limited statistical analysis.

**EXPLORING THE RELATIONSHIP BETWEEN MATERNAL CHILDHOOD
MALTREATMENT HISTORY, PARENT-CHILD RELATIONS, AND CHILD
EMOTION REGULATION**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2014

ACKNOWLEDGEMENTS

First, I would like to thank Dr. Tuppett Yates for her kindness, guidance, and support since my undergraduate career, and for allowing me to draw from her dataset for my thesis. I also wish to thank Ana Kamilie Marcelo for her constant help and support throughout. Much gratitude also goes towards the rest of the Adlab members who have helped in this process.

Second, I would like to thank Marjorie Postal for all her help in figuring out which variables to analyze and how to analyze them. She has been a great support during this time.

Third, I wish to thank my family and friends who let me know they were praying for me and checked in with me. I especially thank Amy Nguyen and Emma Yang for their emotional support, encouragement, and assistance in finalizing my thesis.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS	iii
LIST OF TABLES	iv
CHAPTER	
I INTRODUCTION.....	1
II LITERATURE REVIEW.....	3
III METHODOLOGY.....	18
IV FINDINGS	24
V DISCUSSION	31
REFERENCES	37
APPENDICES	
Appendix A: Letter of permission	45

LIST OF TABLES

Table

1.	Relationship between Child Recovery, Child Duration of Negative Affect, Mother's Supportive Presence and Quality of Relationship	25
2.	Difference in Mothers Supportive Presence or Quality of Relationship by Child Recovery	26
3.	Relationship between Mother's Maltreatment History (CPA and CSA) and her Supportive Presence and Quality of Relationship	27
4.	Difference in Supportive Presence or Quality of Relationship by Whether or not Mothers had Maltreatment History (Yes/No)	27
5.	Relationship Between Child Recovery and Mother's Trauma History.....	28
6.	Difference Between Longest Duration and Total Duration by CPA and CSA (3 categories)	29
7.	Difference Between Longest Duration and Total Duration by CPA and CSA (Yes/No)	29

CHAPTER I

Introduction

There is a wealth of literature on the behavioral and psychological consequences of childhood maltreatment such as risky behaviors, antisocial social behavior, anxiety, and depression. These different psychopathologies impact relationships with others, parenting practices, and parent-child relations. Attachment literature indicates that the parent-child attachment status influences the child's emotion regulation.

This study uses the developmental psychopathology (DP) perspective (Rutter & Sroufe, 2000) as the guiding framework. The DP perspective focuses on normal and abnormal developmental processes as well as adaptation and maladaptation. Since psychopathology is a disturbance or distortion from normative functioning, an understanding of normative functioning is necessary in order to compare them. This perspective recognizes that competency or maladaptation in earlier stage-salient tasks such as attachment can impact later functioning. *Stage-salient tasks* are developmental milestones that children need to master at different ages (Cicchetti & Toth, 2013). While they still remain important throughout the lifespan, it is important to master the stage-salient tasks during certain ages because later development builds upon the mastering of these stages. The DP perspective is an important framework used to make sense of the complexities of pathways that lead to maltreatment and the consequences of maltreatment. Understanding pathways and consequences give researchers and clinicians practical information to implement interventions that promote healing and prevent maltreatment from occurring in subsequent generations.

Much of the recent literature in this area has focused on subtypes of childhood maltreatment such as child sexual abuse, child physical abuse, and witness to family violence.

However, other dimensions that characterize maltreatment such as frequency, chronicity, and severity have not been studied as much. Due to the lack of research in this area, this study will examine the severity of trauma. This study will utilize secondary data and examine the relationship between the severity of a biological mother's maltreatment history and emotion regulation capabilities of her preschool aged child. Specifically, does the severity of mother's maltreatment history affect her child's ability to regulate emotions? Additionally, is there a relationship between mother's childhood maltreatment history and parent-child relations? Is there a correlation between parent-child relations and child emotion regulation? This study will examine the relationships between severity of mother's childhood maltreatment history, parent-child relations, and child emotion regulation to expand the knowledge base for elucidating mechanisms that impact child maltreatment.

CHAPTER II

Literature Review

This literature review will be divided into four sections that describes the research that has been done in the areas of childhood maltreatment, parent-child relations, and emotion regulation. The first section is an overview of the DP perspective. The second section reviews maltreatment, including an overview of trauma, PTSD, the behavioral and emotional effects of maltreatment, vulnerability of risk factors, mother's maltreatment history, and how the effects of maltreatment and maltreatment itself can be passed from one generation to another. The third section reviews the attachment literature and the importance of attachment, attachment styles, and the effects of attachment on emotion regulation. The fourth section examines the emotion regulation literature, which will discuss the consequences of emotion dysregulation in preschool aged children. The DP perspective and attachment theory are the frameworks that guide the review and investigation of childhood maltreatment, parent-child relations, and child emotion regulation.

Developmental Psychopathology (DP) perspective

According to Rutter and Sroufe (2000), developmental psychopathology adopts an organizational view of development, which emphasizes the coherence of adaption over time. At certain stages in development, there are stage-salient tasks, or developmental milestones, that children need to master. The successful resolution of an early stage-salient issue increases the probability of subsequent successful adjustment (Cicchetti & Toth, 2013). The stage-salient task children face from birth to 1 is to form a secure attachment. The developmental milestone

children between ages 3 and 5 need to master is emotion regulation. Since attachment and emotion regulation are stage-salient tasks that have important implications for subsequent development, this study examines parent-child relations and preschool aged children's ability to regulate their emotions. The DP perspective seeks to understand the processes that contribute to adaptation and maladaptation, which would contribute to treatment and preventative interventions (Cicchetti & Toth, 2013).

Two important concepts of the DP perspective are *multifinality*, which is the belief that similar adverse experiences can result in diverse outcomes, and *equifinality*, which is the belief that different types of adversity may eventually lead to similar outcomes (Cicchetti & Toth, 2013). Thus, the DP perspective is interested in resilience in the midst of adversity as well as maladaptation. This perspective examines the risk factors that could put a child on a maladaptive trajectory and the protective factors or interventions that could change that maladaptive trajectory. The DP perspective is a hopeful and realistic perspective because it acknowledges that early adversity does not relegate one to poor developmental outcomes. The DP framework also acknowledges that individuals with particular disorders can still adapt to their condition and achieve competent functioning. Interventions would benefit from research that identifies protective factors that could lessen the likelihood of maltreatment being passed on to those at risk for multigenerational maltreatment.

Ecological-transactional model. The DP perspective does not view psychopathology as simply originating from a person. Instead, it looks at the dynamic interaction between the individual, family, community beliefs and environment such as access to adequate food, shelter, and healthcare to understand how an individual can move towards a trajectory of psychopathology. The DP perspective utilizes the ecological-transactional model proposed by

Cicchetti and Lynch, which combines Cicchetti and Lynch's 1981 transactional approach with Belsky's 1980 ecological model (Cicchetti & Lynch, 1993). While the transactional approach and ecological model separately examined the etiology of child maltreatment, Cicchetti and Lynch use components of both theories to look at outcomes. The ecological-transactional model examines how multiple levels of children's ecologies influence each other, which subsequently influences children's development.

The four ecologies are ontogenic development, microsystem, exosystem, and macrosystem. *Ontogenic* development refers to factors within the individual. The *microsystem* includes factors within the family. The *exosystem* includes aspects of community, and the *macrosystem* encompasses the beliefs and values of the culture. Belsky posited that there are forces in the individual, family, community, and culture that influence child maltreatment (Cicchetti & Lynch, 1993).

The transactional part of the model suggests that characteristics of the environment, caregiver, and child all influence each other and contribute to events in child development. This model examines transactions among risk factors to predict the occurrence of maltreatment and proposes that maltreatment is likely to happen when potentiating factors outweigh compensatory factors (Cicchetti & Lynch, 1993). *Potentiating* factors are factors that increase the probability for maltreatment to occur, whereas *compensatory* factors are factors that decrease the risk for maltreatment to occur. Risk factors can be short or long. Enduring vulnerability factors are relatively long lasting risk factors, conditions, or attributes that can be parental, child, or environmental, and increase the probability of maltreatment. Vulnerability factors may be biological in nature, psychological, sociological, or historical. Having a parent with a history of being maltreated would be considered an enduring vulnerability factor (Cicchetti & Toth, 2013).

This study is interested in examining the effects of maternal severity of childhood maltreatment, an enduring vulnerability factor, on parent-child relations and children's emotion regulation.

Trauma and Maltreatment

Maltreatment. Extant studies have looked at how specific types of maltreatment (child physical abuse (CPA), child sexual abuse (CSA), child emotional abuse (CEA), child neglect (CN), and witnessing family violence affect adjustment and have different types of outcomes. Berzenski and Yates (2011) conducted a study on 2,637 undergraduate students who reported childhood maltreatment and current adjustment. Researchers found emotional abuse, alone or in combination with other maltreatment types to be correlated with psychopathology such as depression or anxiety, whereas a combination of physical and emotional abuse were correlated with substance abuse and risky behavior. Leifer, Kilbane, & Kalick (2004) also found that women with a history of CSA are at risk for abusing substances. Despite numerous studies on certain subtypes, there is a dearth of studies examining the severity of trauma. Higgins (2004) suggests that talking about the degree of maltreatment might be more important than about the type because individuals often experience more than one type of maltreatment at the same time. Often, coexisting maltreatment is not just a one-time experience, but also one that individuals could experience repeatedly. Just as there are different pathways to maladaptation and adaptation, there are different dimensions used to characterize maltreatment such as chronicity, frequency, and severity. It is essential to acknowledge the importance of each dimension in maltreatment because each one helps predict impact and inform better treatment and prevention programs (Litrownik et al., 2005; Riggs, 2010). In order for Higgins (2004) to explore the importance of the degree verses type of maltreatment, the researcher performed a secondary analysis of 3 previously collected data sets. Some limitations of the study are that the author used

3 different data sets, and data was a single report from a single informant. Similar to Higgins, this study will also conduct a secondary analysis of previously collected data. However, data set in this study comes from one study and relies on multiple reports and observations by trained observers.

Risk and vulnerability factors. Potentiating risk factors increase probability for maltreatment. Parent's mental health problems, family relationship problems, and family environment problems are factors that increase children's vulnerabilities to traumatic events (Costello, Erkanli, Fairbank, & Angold, 2002). Costello and colleagues found that having a family history of mental illness doubled the likelihood of experiencing a traumatic event. A 2005 study done by Austin, Hadzi-Pavlovic, Leader, Saint & Parker found that prevalence rates of current anxiety disorders were high amongst mothers with a high psychosocial risk profile, which included a trauma history and vulnerable personality. This is consistent with DP risk factor of enduring vulnerability, which includes parent history of trauma. Their study suggests that interventions need to go beyond teaching parenting skills, and that identifying women at risk for developing post-partum depression or anxiety is important for preventing negative mental health outcomes in mothers and the risk of poor emotional adjustment in the next generation.

History of maltreatment in mothers. Childhood sexual abuse increases the risk of adult mental health problems, which consequently increase the risk of child-care problems (Hooper & Koprowska, 2004). Consistent with a large body of research linking parental substance abuse with a history of CSA, a study examining mothers with a history of child sexual abuse, found correlations between a mother's own history of abuse being associated with difficulty in functioning effectively as a parent (Leifer et al., 2004). They also posit that her consequential psychopathology could reduce her ability to protect her child. Their reasoning is that many adult

abuse survivors utilize drugs and alcohol to numb or avoid the pain of memories, and trauma-related symptomology such as PTSD, cognitive distortions, depression, anxiety, dissociation, and other difficulties associated with their abuse. Some effects of maltreatment result in having trauma symptoms, which include re-experiencing symptoms, intrusive memories, flashbacks, and emotional and physiological reactivity to traumatic event reminders (Badour & Feldner, 2013). Mothers that are addicted to drug or alcohol use might be less able to perceive their child's needs or develop protective attachment behaviors because of their focus on themselves, which increases the likelihood of the intergenerational cycle of CSA (Leifer et al., 2004).

Intergenerational transmission of trauma. *Intergenerational transmission of trauma* can be defined as trauma happening in one generation, and its impact being passed forward into subsequent generations. According to Schwerdtfeger and Nelson Goff (2007), PTSD symptoms may negatively affect a trauma survivor's ability to maintain relationships with family members and may be unavailable emotionally or functionally for the child. Parents may pass their trauma symptoms or reactions to their child either through direct exposure to parent's symptoms or by manifesting potentially traumatizing behavior such as being abusive. Fraiberg, Adelson, and Shapiro's (1975) article titled, "Ghosts in the Nursery," takes a psychoanalytic approach in examining the intergenerational transmission of trauma. Fraiberg and colleagues describe how caregivers enact scenes from their painful and forgotten childhood with their own children. A mother's past trauma influences how she perceives her child's actions. She can misconstrue her baby's cries as the child being inherently bad, instead of crying out of need. Mohler, Resch, Cierpka & Cierpka (2001) suggest that trauma and maltreatment can be intergenerationally transmitted via projection of negative self-representations onto the child, giving rise to rejection or abuse. Essentially, caregivers are unconsciously affected by their past and play out similar

traumas that they pass on to their children. According to Oliver's (1993) review on intergenerational transmission of trauma, one third of children will continue the patterns of abuse to their own children.

Post traumatic stress disorder (PTSD). When an individual experiences a traumatic event such as being in a war, accident, or assault, they can experience three clusters of symptoms: re-experiencing, avoidance/numbing, and hyperarousal (Lang, Rodgers, & Lebeck, 2006). One reason why traumatized individuals shut down is because their body is in a chronic state of hyperarousal. Triggers that are remotely related to the traumatic experience might lead to fight or flight reactions. Traumatized individuals can also freeze or overreact which might intimidate others. However, chronic interpersonal trauma can result in emotional and psychological disturbances that are not captured in the PTSD diagnosis such as difficulties regulating affect and impulses, memory and attention, in interpersonal relations, and systems of meaning (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). In the general population, reports of history of sexual or physical abuse were 17-33% and increased between 35-50% in mental health settings.

Emotional and behavioral consequences of maltreatment. Early onset chronic interpersonal trauma leads to a greater prevalence of Disorders of Extreme Stress Not Otherwise Specified (DESNOS). A significant amount of individuals with childhood trauma meet criteria for DESNOS, but not PTSD (van der Kolk et al., 2005). Biological disruptions interact with psychological, emotional, spiritual, and cognitive processes. A variety of disturbances result from biological disruptions and psychological, emotional, spiritual, and cognitive processes that go beyond the PTSD symptoms of re-experiencing, avoidance/numbing, and arousal symptoms. Individuals that met criteria for DESNOS and PTSD were exposed to traumatic events at a

younger age and for a longer time. According to van der Kolk and colleagues, a major problem is that individuals get misdiagnosed with psychological disorders instead of having their symptoms understood and be treated as being rooted in exposure to trauma. The emotional and behavioral sequelae of maltreatment that they experience includes anxiety, depression, affect dysregulation, destructive behavior against self and others, dissociative symptoms, somatization, and character pathology such as oppositional defiant disorder (van der Kolk et al., 2005, Egger & Angold, 2006; Lang et al., 2006).

Parent-Child Relationship

Since this paper examines the relationship between the mother and her child, one of the key theories that this paper is based on is attachment theory. The stage-salient developmental issue that occurs during the first year of life is attachment. The parent-child relationship is vital at this age because children are completely dependent on their caregivers to provide them with a safe, secure and predictable environment. Children also rely on their caregivers to assist them with the development of emotion regulation skills (Lieberman, 2004). Initially, infants do not have the ability to understand and manage their internal states, and have not yet learned how to calm themselves down. In order for infants to learn functional self-regulation, they need their caregiver to act as a co-regulator. The interactions between caregivers and their babies eventually form a pattern of interacting that helps infants regulate emotions. This pattern later becomes a template for their interactions in other relationships.

Infants learn to contain their emotions and behaviors as caregivers provide a holding environment for their emotions. It is important for caregivers to be sensitive and responsive to their infants' needs. As a result of neurophysiological development, emotion changes from being regulated by others to being self-regulated over the course of development (Schoore &

Schore, 2008). The attachment communications help develop the bodily-based internal states of central and autonomic arousal. Furthermore, attachment communications organize the right brain neurobiological systems, which process emotion, modulate stress, and regulate self. For example, a caregiver's heart rate can help regulate her baby's heart rate as she holds it close while it is crying. This synchrony helps foster the physiological regulation, which subsequently regulates emotional arousal.

Key theorists in attachment are Bowlby, Ainsworth, Main, Solomon, Hesse, and Lyons-Ruth (as cited by Sroufe, 2005). Bowlby posited that in the early years a child is vulnerable and dependent on the caregiver for safety. The child's attachment relationship with the primary caregiver was a behavioral organization and biologically predisposed connection that kept the child in proximity. Ainsworth's work with infants laid foundational work for the secure and insecure attachment styles. She suggested that infants with secure attachments knew their caregiver would be there and used the caregiver as a secure base to explore. Hesse & Main (1990) later established the disorganized category after observing maltreated children in the Strange Situation test, which is a laboratory setting where caregivers and their child are briefly separated and then reunited.

According to Schore (2001) the impact of disruptions to early attachment has been well documented and has neurobiological, emotional, and social consequences that result in long-term problems throughout the child's lifespan. Individuals with an insecure attachment pattern are children at greater risk for interpersonal problems, difficulties with emotional regulation, and self-doubt. Additionally, over the lifespan they are at risk for difficulties in interpersonal relationships, low self-esteem, pessimistic appraisal of potentially threatening events, ineffective

strategies for coping with stress, mood disorders, and other forms of psychopathology (Foroughe & Muller, 2012).

Secure (B) attachment style. During the structured Ainsworth Strange Situation test, children with secure attachments are categorized as eager to explore when attachment figures are there, but show signs of missing them when caregivers leave. When reunited, children seek interaction, are easily comforted, and after being comforted, immediately return to exploration and play (Van IJzendoorn, 1995). Caregivers of infants with a secure attachment style are characterized by responsiveness and sensitivity to their children's need for closeness and support (Foroughe & Muller, 2012).

Insecure avoidant (A) attachment style. During the Strange Situation, children characterized as insecure-avoidant explore the playroom at once, but show little or no response when caregivers leave. While their attachment figures are absent, they continue to explore. However, when they are reunited, infants avoid their caregivers, look away, and turn toward toys (Van IJzendoorn, 1995). Caregiver characteristics include suboptimal caregiver responsiveness such as being dismissing, rejecting bids for attachment, abandoning or abusive behavior, or unpredictable responses to distress (Foroughe & Muller, 2012). Anxious/avoidant attachments can form with a rejecting or emotionally unavailable caregiver because children will turn away from their caregivers who they have learned are emotionally unavailable.

Insecure resistant (C) attachment style. During the Strange Situation, children characterized as insecure resistant are anxious when they enter the playroom and remain uninterested in exploration. Instead, they are preoccupied with the location of their attachment figure the whole time. When caregivers and children are separated, children show great distress and when they are reunited, children display both contact seeking and contact resistance

behavior. Children with insecure resistant attachments are not easily comforted and remain distressed until the end of the procedure. The caregivers can be inconsistently responsive because they are focused primarily on their own attachment experiences and unable to attend to their children's attachment signals in a predictable manner (Van IJzendoorn, 1995). With inconsistent caregivers, anxious/resistant attachments can form and children might seek comfort from their caregivers, but also be difficult to comfort.

Disorganized (D) attachment style. This fourth category of attachment was found through research on abused and traumatized children that had caregivers with unresolved trauma or loss. Main and Hesse (1990) saw this as a temporary loss of a consistent strategy for dealing with stress. Children in this category are characterized by disorganized or disoriented behavior such as freezing with a disoriented expression or bizarre movements in the caregiver's presence (Van IJzendoorn, 1995). Mothers with unresolved loss or trauma can sometimes be frightened or become frightening, and infants might experience this as frightening because the self is perceived to be the source of fear (Hesse & Main, 1999). Instead of the caregiver being a safe haven, they are now a source of alarm. A disorganized/disoriented attachment forms when the children want to go to their caregivers in the presence of threat, but also have to stay away from them because the caregivers are the threat. As a result, insecure children experience a dysregulation of arousal caused by chronic activation of the fight-or-flight mechanism and consequently do not learn to regulate emotion effectively (Lyons-Ruth, Yellin, Melnick, & Atwood, 2003; Riggs, 2010).

Maltreatment History on Attachment

One aspect that could greatly influence how a caregiver responds to and interacts with her child is the caregiver's history of childhood maltreatment. Posttraumatic stress can make a person be more emotionally reactive to certain events, and have greater difficulties in regulating

their emotions. This helps explain some of the reactions that traumatized caregivers can have towards their children. According to Main and Hesse (1990), maltreatment or the caregiver's frightened post-traumatic states alarm the infant, which can result in a disorganized attachment style. These post-traumatic states include parental dissociative behavior, sensitivity to infant rejection, looming, and expressing direct fear of the infant, which frighten the child. The child cannot rely on the caregiver to ease its fear and distress because the caregiver is not present enough or is the source of fear.

Although some caregivers have experienced trauma and do not have PTSD, they are still at risk for psychopathology. One outcome of trauma is depression. In a study by Blandon, Calkins, Keane, and O'Brien (2008), the researchers examine the effects of maternal depression on children's physiological regulation. Results indicate that mother's report of greater depressive symptomology interfered with the child's development of emotion regulation. One way that maternal depression affects the parent-child relationship and emotion regulation is through an increase in mother's psychological control, a decrease in display of warmth during interactions, and mothers criticizing their children. Caregivers that were not depressed were able to determine the appropriate amount of support to give their child.

Another consequence of trauma is a decrease in emotional availability. Part of emotional availability is being sensitive instead of intrusive. A study by Moehler, Biringen, and Poustka (2007) explores emotional availability in mothers with a history of abuse, and finds that mothers with a history of physical or sexual abuse are more intrusive towards their children in an interaction task. In contrast, mothers that provide a secure attachment to their children are emotionally available and sensitive to their child's needs. Since examining emotional availability is important, this study will look at mother's supportive presence during an interactive task.

Mothers who are intrusive will receive a lower score. A limitation to Moehler et al.'s study is that the mothers reported their child's emotion regulation and negativity. Thus, the proposed study will observe and rate child's emotion regulation and length of negative emotion shown. Additionally, a study conducted by DeOliveira, Wolfe & Bailey (2004) used 93 English-speaking mothers with children ages 4-6 to study the impact of a mother's history of child abuse on her responsiveness to her child's developing emotions and on child emotion outcomes. Researchers found that mothers with a history of complex trauma were more intrusive and hostile with their children than those who have a history of "simple" trauma. Researchers used reported and observational ratings. This study will also do the same, utilizing measurements of maternal warmth and quality of the relationship.

Attachment and Emotion Regulation

Alink, Cicchetti, Kim, and Rogosch (2009) tested moderating and mediating roles of emotion regulation and mother-child relationship in children ages 7-10 and their caregivers, and found that emotion regulation mediated the relation between maltreatment and psychopathology. For the group of children with an insecure pattern of relatedness, maltreatment was related to lower levels of emotion regulation, which predicted higher levels of internalizing and externalizing symptomatology. Researchers found that risk for psychopathology is mediated by emotion dysregulation, but only for children with an insecure pattern of relatedness with their mother.

Emotion Regulation

Self-regulation is a key foundation of child development. Between the second through fifth years of life, children make advances in cognitive, language, and motor development. These advances supply them with a broader range of abilities that help them regulate their own

emotions better than they could in infancy (Kopp & Neufeld, 2003). The developments of abilities that help control, modify, redirect, and regulate their emotions and behaviors across early childhood contribute to adaptive behavioral and academic functioning when children enter school. While emotion regulation remains important, the form changes throughout the developmental stages. In infancy, emotion regulation is dyadic regulation. Next, in toddlerhood, the caregiver guides emotion regulation, and by the preschool period, the child is expected to regulate his or her own emotional arousal level without the help of a caregiver (Kochanska, 1993). Egeland, Yates, Appleyard, and van Dulmen (2002) studied dysregulation in the preschool period. Dysregulation implies that children will have difficulty regulating their behavioral and emotional responses to overarousal such as frustration because they have not developed a stable pattern of self-regulation. This is why the current study examines emotion regulation in preschoolers. Research suggests that deficits in emotion regulation and higher levels of negativity in emotional expression are linked to greater levels of behavior problems, difficulties with peers, and later psychopathology such as antisocial behavior (Bandon & Calkins, 2008; Egeland et al., 2002).

Emotion Regulation Definition

There is a lack of consensus on the definition of emotion and emotion regulation (Eisenberg & Spinrad, 2004). One of the reasons why there is a lack of consensus is because the construct of emotion regulation is difficult to separate from the construct of emotion (Cole, Martin, & Dennis, 2004). It is difficult to differentiate emotions as reactions and emotions being regulated and controlled (Spinrad et al., 2007). The working definition for *emotion regulation* use for this study is “the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (Gross, 1998, pp.

275). During emotion regulation, the individual can initiate, maintain, increase, or decrease the occurrence, intensity, and duration of positive and negative emotions through various intrinsic or extrinsic behaviors, skills, and strategies (Koole, Van Dillen, & Sheppes, 2009; Blandon and Calkins, 2008; Webb, Miles, and Sheeran, 2012). Specifically, this study will look at how children express their emotions. Emotion regulation will be measured by counting the duration of negative emotion the child shows during a disappointment task, as well as their recovery after being disappointed.

Using the developmental psychopathology perspective and attachment theory as the guiding frameworks, the proposed study will look at severity of maternal maltreatment history and its relationship with parent-child relations and child emotion regulation. According to the NASW Code of ethics preamble, part of the social work mission is to work with vulnerable and oppressed populations living in poverty. The mission is to meet basic needs, enhance human wellbeing, and empower individuals that are vulnerable, oppressed, and living in poverty. This study is relevant to social work because the population in the study can identify as part of the vulnerable and at-risk groups. It is important for social workers to also have a trauma-informed lens when working with children and other vulnerable populations. Social workers not only have the ability to work with children and families individually, they also have the opportunity to effect policy. This study examined the severity of maternal maltreatment history, parent-child relations, and child emotion regulation. Specifically, does the severity of maternal maltreatment history correlate with child emotion regulation? Furthermore, is there a correlation between severity of maternal trauma history and maternal sensitivity? Lastly, is there a relationship between maternal sensitivity and emotion regulation? A deeper understanding of these concepts could aid in more preventative interventions, and meet a greater need than otherwise expected.

CHAPTER III

Methodology

The overarching research question for this study was: does the severity of mother's maltreatment history have an effect on child's emotion regulation capabilities such that as the severity of maltreatment increases, the child's duration of negative affect increases? The variables that were used to examine severity of mothers' maltreatment are the severity scores for childhood physical abuse (CPA) and childhood sexual abuse (CSA). The variables that were used to examine emotion regulation are child's ability to recover after examiner apologizes (Recovery 1), child's ability to recover after receiving the gift (Recovery 2), and the longest duration of negative affect (Longest duration) during the whole task, and the total duration of negative affect (Total duration) for the whole task. Furthermore, I explored the relationship between severity of mother's maltreatment history and mother's supportive presence during the parent-child interaction task. I hypothesized that the greater the severity of the mother's maltreatment history was, the less supportive mothers would be during the parent-child task. The variables that were used to examine the relationship between mothers and their children are mother's supportive presence (Supportive presence) during the task and quality of the relationship (Quality of relationship). Lastly, I was interested in seeing if there is a relationship between mother's supportive presence and quality of relationship during the parent-child interaction task and child emotion regulation.

A secondary analysis was conducted on existing data collected for the Child Regulation and Representation Project (ChiRRP) at the University of California, Riverside (Berzenski &

Yates, 2013). Due to the sensitive nature of this study, the Human Research Review Board at the University of California, Riverside, approved all procedures (Appendix A). The Primary Investigator of the study granted me permission to do a secondary analysis on 228 preschool children and their biological mothers. The other 22 participants were not biological mothers and were not included in the analyses to minimize confounding variables.

The types of data that were used in this study are demographic data and quantitative data based on observation. Different types of data were collected in order to gain different perspectives. Mother's data was collected through a semi-structured in-person interview for caregivers and in-person observational tasks for children, both in a laboratory setting.

Participants

Participants were 250 preschool children and their primary caregivers (Berzenski & Yates, 2013). The children ranged between 3.9 and 4.6 years of age. Children and families were prescreened for English proficiency and no cognitive developmental delays. The total sample was 50% female, 50% Hispanic, 18% African American, 10.4% Caucasian, 21.6% multicultural/other. Participants were recruited through flyers that were posted in preschool programs and community-based child centers in Southern California. Since this was a laboratory study, the participants were limited to the Southern California region. There is a possible bias because participants were the ones to call in to see if they would be eligible for the study.

Procedure

Participants completed a 3-hour laboratory assessment comprised of child IQ and emotion tasks and various tasks that elicited the need for children to regulate their emotions. Various assessments and measures examined caregiver maltreatment history, parenting habits, risk and protective factors, and parent-child interaction. Caregivers received \$75 for their

participation and children received a small bag of gifts. Data used in this current study is collected from the first wave of the CHiRRP longitudinal study.

Mothers' data was collected in a separate room from the child via a semi-structured interview. Mothers had a questionnaire packet that asked questions about previous and current maltreatment, parent-child conflict, social support, and questions about their child's behavior in order to gain more information about mothers' history and current living environment. Children were asked to do different tasks that elicited different emotions and behaviors. Some of the tasks for children were structured and others were unstructured.

Measures

Maternal childhood maltreatment history. Mothers' maltreatment history was assessed using a semi-structured interview that asked a range of questions about mothers' childhood history. The interviewer asked about frequency and severity of homelessness, physical abuse, sexual abuse, neglect, and other traumas. Further, the interviewer gathered more details if any of the questions were answered with a yes. The researchers coded maltreatment history using compilations of maltreatment codes adapted from English & the LONGSCAN Investigators (1997) and McGee, Wolfe, Yuen, Wilson, & Carnochan (1995). Severity scores ranged from 0 (not experienced) to 3 (high frequency/high intensity) and were given for each subcategory of maltreatment. Since most research has been done on examining the effects of CPA and CSA, the current study will focus on the severity of CPA and CSA.

Parent-child interaction. Mother's supportive presence was measured by a series of parent-child interaction tasks where the child had to do tasks that were too difficult to complete alone. The parent-child interaction was coded using a Parent-Child Interaction coding scheme, which measured aspects of the relationship such as mother supportive presence, intrusiveness,

hostility, quality of instruction, and confidence. It also measured child's persistence, enthusiasm, negativity, compliance, experience, affection towards mother, and avoidance of mother. These were rated on 7-point likert scales (1 being *very low* and 7 being *very high*) for each separate task. A composite score was created for each variable by averaging the scores across all four tasks. The two variables that will be examined are mother's supportive presence (Supportive presence) and quality of relationship (Quality of relationship).

Disappointment task. Children's emotion regulation was measured by a disappointment task similar to the one used by Cole, Zahn-Waxler, and Smith (2004). In the current study, children were shown a bag full of toys, but were told to wait while the examiner brought back a bag full of new toys. When the examiner returned, children were told to open their gift while the examiner needed to get something in the other room. The children were left in the room by themselves and opened an empty bag of toys. Upon return, the examiner ignored the children and after one minute apologized and said they would get the right bag. After one minute, the examiner returned and gave children the bag full of toys. These sessions were video taped and scored later. Emotion valence and intensity were tallied every 10 seconds. Additionally, researchers coded for types and number of strategies used to cope. Furthermore, on a scale of 0-2 (0 being no recovery, 2 being immediate recovery), researchers coded how well children were able to emotionally bounce back after the first two minutes of the task. Four variables will be looked at for the purposes of this study 1) Recovery 1- children's ability to recover after examiner apologizes and leaves to get the real bag of toys 2) Recovery 2- children's ability to recover after examiner gives them the real bag of toys 3) Longest duration- longest duration of negative affect and 4) Total duration- total duration of negative affect during the task.

A methodological weakness was that responses were recorded via voice recording for the parents, and video recording for children. Children were unaware that they were being video taped, but parents did. Since mothers' responses were recorded via voice recording, and the questions were on a sensitive topic, some parents might have been reluctant to give that type of information, or they might have given answers they thought the interviewer wants to hear. Caregivers' might have acted in ways they might not typically behave at home with their child because they know that they are being recorded. Since the assessment was three hours long, both mother and child might have been tired and just want to get it over with.

Design and Analysis

For data analysis regarding parent-child relations and child emotion regulation, a Spearman Rho correlation was run to determine if there is a relationship between 1) Recovery 1 and supportive presence 2) Recovery 1 and quality of the relationship 3) Recovery 2 and supportive presence and 4) Recovery 2 and quality of the relationship. A Pearson correlation was run to determine if there is a relationship between duration of negative affect and supportive presence, and if there is a relationship between duration of negative affect and quality of relationship.

A one-way ANOVA was run to determine if there is a difference in child recovery and characteristics of the parent-child relationship. Initial and final recoveries for children were separated into three groups (none, moderate, complete recovery). Specifically a one-way ANOVA will be run to determine if there is a difference in 1) Recovery 1 and supportive presence 2) Recovery 1 and quality of relationship 3) Recovery 2 and supportive presence and 4) Recovery 2 and quality of relationship.

A Spearman Rho correlation was run regarding mother's maltreatment history and her supportive presence. Specifically, a Spearman Rho correlation was run to see if there is a relationship between 1) CPA and supportive presence 2) CPA and quality of relationship 3) CSA and supportive presence and 4) CSA and quality of relationship.

In terms of emotion regulation and maltreatment history, a Spearman Rho correlation was run to see if there is a relationship between 1) Recovery 1 and CPA 2) Recovery 1 and CSA 3) Recovery 2 and CPA and 4) Recovery 2 and CSA.

Chapter 4 presents the findings. Chapter 5 discusses the implications and limitations.

CHAPTER IV

Findings

This was an exploratory study using a quantitative methods design. The purpose of this study was to determine if there was a relationship between 1) parent-child relations and child emotion regulation 2) severity of maternal childhood maltreatment and parent-child relations and 3) severity of maternal childhood maltreatment and child emotion regulation.

The sample consisted of biological mothers and their preschool-aged children (N=228). Sixty-one percent of caregivers reported having no experience of CPA, 7% reported having experienced low intensity and low frequency CPA such as corporal punishment, 25% reported having experienced high frequency/low intensity or low frequency/high intensity CPA, and 5% reported having experienced high frequency and high intensity CPA. Answers for one person were missing. Sixty percent of caregivers reported having no experience of CSA, 9% reported having experienced low intensity and low frequency CSA, 23% reported having experienced high frequency/low intensity or low frequency/high intensity CSA, and 6% reported having experienced high frequency and high intensity CSA.

Child Emotion Regulation and Parent-Child Relations

Spearman Rho correlations were run to determine if there was a relationship between children's emotion regulation (Recovery 1- initial recovery when examiner apologizes and Recovery 2- final recovery when children received the toy) and characteristics of the parent-child relationship (supportive presence and quality of relationship) (See Table 1). A Spearman Rho correlation was run between Recovery 1 and supportive presence. No significant correlation was

found. A Spearman Rho correlation was run between Recovery 1 and quality of relationship. No significant correlation was found. A Spearman Rho correlation was run between Recovery 2 and supportive presence. No significant correlation was found. A Spearman Rho correlation was run between Recovery 2 and quality of relationship. No significant correlation was found. Only 1 child fell into the “none” category of Recovery 2 and as a result was not used in any analysis.

Pearson correlations were run to determine if there was a relationship between children’s emotion regulation (longest duration of negative affect and total duration of negative affect) and characteristics of the parent-child relationship (supportive presence and quality of relationship) (See Table 1). A Pearson correlation was run to determine if there was a relationship between longest duration and supportive presence. No significant correlation was found. A Pearson correlation was run to determine if there was a relationship between longest duration and quality of relationship. No significant correlation was found. A Pearson correlation was run to determine if there was a relationship between total duration and supportive presence. No significant correlation was found. A Pearson correlation was run to determine if there was a relationship between total duration and quality of relationship. No significant correlation was found.

Table 1

Relationship between Child Recovery, Child Duration of Negative Affect, Mother’s Supportive Presence and Quality of Relationship

	Test	Correlation Coefficient	P
Child recovery 1 BY Supportive presence	Spearman	.055	.412
Child recovery 1 BY Quality of relationship	Spearman	.128	.056
Child recovery 2 BY Supportive presence	Spearman	.009	.895
Child recovery 2 BY Quality of relationship	Spearman	.041	.542
Longest duration BY Supportive presence	Pearson	.000	.997
Longest duration BY Quality of relationship	Pearson	-.049	.467
Total duration BY Supportive presence	Pearson	-.010	.881
Total duration BY Quality of relationship	Pearson	-.104	.118

One-way ANOVAs were run to see if there was a difference in parent-child relationship characteristics and Recovery 1 (3 groups – no recovery, slow or partial recovery, and good recovery). Specifically, a one-way ANOVA was run to see if there was a difference in supportive presence by Recovery 1 (See Table 2). No significant correlation was found. A one-way ANOVA was run to see if there was a difference in quality of relationship by Recovery 1. No significant correlation was found. A one-way ANOVA was not run to see if there was a difference between supportive presence or quality of relationship by Recovery 2 because only 1 person remained in the “none” group.

Table 2

Difference in Mothers Supportive Presence or Quality of Relationship by Child Recovery

	Test	F	P
Supportive presence BY Recovery 1	One-way ANOVA	.460	.632
Quality of relationship BY Recovery 1	One-way ANOVA	2.652	.073

Maternal Maltreatment History and Parent-Child Relationship

Spearman Rho correlations were run to determine if there was a relationship between severity of maternal maltreatment history (CPA and CSA) and characteristics of the parent-child relationship (supportive presence and quality of the relationship) (See Table 3). Specifically, a Spearman Rho correlation was run between CPA and supportive presence, and no significant correlation was found. A Spearman Rho correlation was run between CPA and quality of relationship, and no significant correlation was found. A Spearman Rho correlation was run between CSA and supportive presence, and no significant correlation was found. A Spearman Rho correlation was run between CSA and quality of relationship, and no significant correlation was found.

Table 3

Relationship between Mother's Maltreatment History (CPA and CSA) and her Supportive Presence and Quality of Relationship

	Test	Correlation Coefficient	P
CPA BY Supportive presence	Pearson	-.072	.278
CPA BY Quality of relationship	Pearson	-.030	.652
CSA BY Supportive presence	Pearson	-.064	.336
CSA BY Quality of relationship	Pearson	-.051	.442

In order to examine whether there was a difference in mother's ability to be supportive by her childhood maltreatment history, CPA and CSA were recoded into yes/no variables (See Table 4). A t-test was run between CPA and her supportive presence, and no significant correlation was found. A t-test was run between CPA and quality of relationship, and no significant correlation was found. A t-test was run between CSA and mothers' supportive presence, and no significant correlation was found. A t-test was run between CSA and quality of relationship, and no significant correlation was found.

Table 4

Difference in Supportive Presence or Quality of Relationship by Whether or not Mothers had Maltreatment History (Yes/No)

	Test	T	P
Supportive presence BY Maltreatment history	T-test	1.138	.256
Quality of relationship BY Maltreatment history	T-test	.923	.357

Maternal Maltreatment History and Child Emotion Regulation

Spearman Rho correlations were run to determine if there was a relationship between maternal maltreatment history (CPA and CSA) and child emotion regulation (Recovery 1, Recovery 2, longest duration, and total duration) (See Table 5). A Spearman Rho correlation was run between CSA and total duration, and a significant weak positive correlation ($\rho=.132$,

p=.049) was found. A Spearman Rho correlation was run between CSA and longest duration. No significant correlation was found. A Spearman Rho correlation was run between CSA and Recovery 1. No significant correlation was found. A Spearman Rho correlation was run between CSA and Recovery 2. No significant correlation was found. A Spearman Rho correlation was run between CPA and total duration of negative affect. No significant correlation was found. A Spearman Rho correlation was run between CPA and longest duration of negative affect. No significant correlation was found. A Spearman Rho correlation was run between CPA and Recovery 1. No significant correlation was found. A Spearman Rho correlation was run between CPA and Recovery 2. No significant correlation was found.

Table 5

Relationship Between Child Recovery and Mother’s Trauma History

	Test	Correlation Coefficient	P
Child recovery 1 BY CPA	Spearman	.071	.293
Child recovery 1 BY CSA	Spearman	-.015	.819
Child recovery 2 CPA	Spearman	.016	.813
Child recovery 2 BY CSA	Spearman	.039	.565
Longest duration BY CPA	Spearman	-.017	.796
Longest duration BY CSA	Spearman	.128	.056
Total duration BY CPA	Spearman	-.014	.836
Total duration BY CSA	Spearman	.132	.049

A one-way ANOVA was run to determine if there was a difference in longest duration by CPA (3 categories - no experience, low intensity and low frequency, high frequency/low intensity or low frequency/high intensity, and high frequency and high intensity) (See Table 6). No significant difference was found. A one-way ANOVA was run to determine if there was a difference in total duration by CPA (3 categories). No significant difference was found. A one-way ANOVA was run to determine if there was a difference in longest duration by CSA (3 categories). No significant difference was found. A one-way ANOVA was run to determine if

there was a difference in total duration by CSA (3 categories). No significant difference was found.

Table 6

Difference Between Longest Duration and Total Duration by CPA and CSA (3 categories)

	Test	F	P
Longest duration BY CPA	One-way ANOVA	1.785	.151
Longest duration BY CSA	One-way ANOVA	.906	.439
Total duration BY CPA	One-way ANOVA	1.569	.198
Total duration BY CSA	One-way ANOVA	1.202	.310

A t-test was run to determine if there was a difference in longest duration of negative affect by CPA (2 categories – abuse yes/abuse no). No significant difference was found (See Table 7). A t-test was run to determine if there was a difference in total duration of negative affect by CPA (2 categories). No significant difference was found. A t-test was run to determine if there was a difference in longest duration of negative affect by CSA (2 categories). No significant difference was found. A t-test was run to determine if there was a difference in total duration of negative affect by CSA (2 categories). No significant difference was found.

Table 7

Difference Between Longest Duration and Total Duration by CPA and CSA (Yes/No)

	Test	T	P
Longest duration BY CPA (YES/NO)	T-test	.085	.933
Longest duration BY CSA (YES/NO)	T-test	-1.254	.211
Total duration BY CPA (YES/NO)	T-test	-.065	.948
Total duration BY CSA (YES/NO)	T-test	-1.570	.118

Summary

In summary, there was a weak positive correlation between quality of relationship and children’s recovery after the examiner apologized suggesting that the better quality of the relationship with mother was associated with better child recovery when they were apologized to

and had not yet received the toy. There was a significant weak positive correlation between CSA and total duration of negative affect suggesting that the more severe mothers' CSA, the longer children showed negative affect throughout the whole task. Implications of findings will be discussed in Chapter 5.

CHAPTER V

Discussion

The purpose of the current study was to investigate relationships between and among maternal maltreatment histories, parent-child relations, and child emotion regulation. The findings highlight the potential impact that maternal maltreatment history may have on maternal parenting and child emotion regulation, as well as the potential impact of parent-child relations on child emotion regulation. It was hypothesized that the greater the severity of maternal maltreatment, the lower the quality of relationship between mother and child, and the lower the child recovery score or the longer duration of negative affect. There was a significant weak positive correlation between CSA and total duration of negative affect suggesting that the more severe mothers' CSA the longer children showed negative affect throughout the whole task. Surprisingly, there was no correlation between maltreatment history and current sensitivity or quality of relationship. There was also no correlation between quality of relationship and children's emotional recovery. Lastly, there was no correlation between mother's maltreatment history and child emotion regulation.

There could be several reasons that the data did not support the hypothesis. First, significant findings may have been limited due to a low number of caregivers who reported experiencing trauma. Second, methodology might be another issue. Some issues in methodology could include choosing the wrong variables or choosing too few variables. Third, data might not have supported the hypothesis is due to the limited analysis. With more data, more complex analysis such as structural equation modeling or hierarchical regression analysis might have

produced different results. Fourth, only biological mothers and their children were participants. The study did not include children who were adopted, in foster care, or had a transition in caregivers. These children were not included to lessen confounding variables such as the amount of time a child has been with that caregiver and child trauma due to multiple placements or the loss of a primary attachment figure.

The Effects of Maternal Maltreatment on Child Emotion Regulation

Findings showed that there is a significant weak positive correlation between CSA and total duration of negative affect. This suggests that caregivers with more severe CSA had children who showed a longer amount of negative affect throughout the whole disappointment task. This finding could indicate that caregivers with more severe CSA are more emotionally burdened. It could also propose an increased likelihood of depression, which impacts mothers' availability and ability to respond sensitively when children are having a difficult time (Putnam, 2003). On the contrary, the correlation may be weak due to protective factors and resiliency in the mothers' lives thus diminishing psychopathology and rendering mothers more readily available to their children (Marriot, Hamilton-Giachritsis, & Harrop, 2014). Findings could also posit that protective factors such as the quality of parent-child relations may act as a buffer between maternal childhood maltreatment and child emotion regulation. The study did not also take into account over-control of emotions.

The Effects of Maternal Maltreatment on Parent-Child Interaction

Surprisingly, there was no correlation between mothers' maltreatment history and current sensitivity or quality of relationship. Again, the presence of transient buffers and protective factors at any level of the social ecology (ontogenetic, microsystem, exosystem, and macrosystem) may promote adaptation (Cicchetti, 2004). Nonetheless, not all maltreated

children have maladaptive adjustment. Despite significant adversity, some maltreated children develop in a resilient fashion (Cicchetti, 2013). Consistent with the DP perspective, individuals who have similar experiences might also have different factors interacting with each other that can lead to a different trajectory. Some studies that implement evidence based practices framed on the principles that maternal childhood maltreatment affects the parent-child relationship found a decrease in the number of children with a disorganized attachment (Toth & Gravener, 2012). If we're saying that attachment is a stage-salient task in infancy, we might do better asking questions about that time of life. We should also have other assessments that get at attachment behavior.

Limitations and Future studies

Emotion regulation. The current study used a scale variable as well as a total duration variable to measure emotion regulation. In terms of recovery, children were rated on a global scale of no recovery, slow recovery, or good recovery. A study examining expressive control during disappointment, coded emotion second-by-second and found that boys at risk for developing disruptive behavior disorders showed more negative emotion in the experimenter's presence during a disappointment task than low-risk boys (Cole, Zahn-Waxler, & Smith, 1994). Future studies using this data set could utilize duration to see how many seconds it took for the children after the examiner apologizes, and how many seconds it took to recover after they received the toy instead of rating recovery on a global scale. Although a duration variable was examined in the current study, it was also examined on a more global scale in a sense that it measured the total duration of negative affect instead of measuring duration of affect after examiner apologizes or after the child received the toy.

In contrast, instead of looking at microanalysis of emotion regulation, researchers might benefit from focusing on broader child adjustment such as internalizing and externalizing behaviors (Eisenberg et al., 2001). Internalizing and externalizing behaviors include depression, anxiety, anger, and impulsivity. Izard, Stark, Trentacosta, and Schultz (2008) suggest that conceptualizing emotion regulation as mostly decreasing, increasing, or sustaining emotion levels is insufficient and should include an examination of emotion utilization strategies that are implemented based on emotion arousal. Since emotion regulation strategies involve cognitive, behavioral, and social interpersonal domains of functioning, it would be good to examine the range of behavioral strategies that children used to cope (Silk, Shaw, Skuban, Oland, & Kovacs 2006). Including both microanalysis and broader child adjustment problems could give a more complete picture. Future studies should also explore the gender effects in emotion regulation.

Parent-child interaction. Maternal sensitivity and the quality of the parent-child relationship were measured on a scale, and the final score was a mean of scores across all four tasks. This could have had an impact on the score. Additionally, there are other factors that provide a picture of the parent-child relationship besides sensitivity. Although sensitivity is part of the relationship, the variables did not specifically measure attachment. Since the first year of life is when attachment formation is the stage-salient task, it might be better to have variables that measure attachment then and now. Another possible issue could have been that because mothers knew they were being videotaped, they could have acted differently than normal. Future studies could also look at parenting practices and beliefs as another aspect of the parent-child relationship. Moreover, maternal reflective functioning, meaning making, psychopathology, and unresolved trauma, are additional aspects of the mother that are important to be looked at in relation to maltreatment history and emotion regulation.

Maternal maltreatment. There were some limitations around analysis of maltreatment history. First, only CSA and CPA were explored as variables because most of the research has been done in those areas. This leaves out other traumas such as child neglect, child emotional abuse, and exposure to domestic violence. Maternal maltreatment was also not assessed for potential cumulative effects of having experienced more than one subtype of maltreatment or for age of onset. Future studies should do multiple levels of analysis to determine risk factors and compensatory factors. Researchers could also look at the intergenerational transmission of maltreatment and see how many of the children have mothers who experienced maltreatment.

Although these hypotheses were not supported by the data analysis of this current study, results do not negate the impact that childhood maltreatment has on parent-child relationships and child adjustment. A plethora of research has demonstrated otherwise. Rather, it points to the complexities of measuring and teasing apart factors that interact that lead to maltreatment, and various parent-child relations, and emotion dysregulation. It also points to the issue not just being in an individual, but being impacted by larger systems.

Implications for Social Work Practice and Policy

Social work practice. There is a need for more trauma-informed practice when working with children and families because it could lead to more efficient and effective treatment. Informed practice includes having effective trauma screenings and assessment protocols across all services for children and families (Ko et al., 2008). An example for social work would be that a trauma-informed clinical social worker is aware that ADHD and complex trauma share similar symptoms and might gather more information around experiences of complex trauma when a child comes in with a diagnosis of ADHD (Conway, Oster, & Szymanski, 2011). In another situation, further specific questioning about interpersonal, familial, and community traumatic

experiences might reveal that the parent-child relationship is being affected by the mother's trauma history. With this information, treatment can be geared towards addressing the consequences of that trauma. For example, attachment-based trauma-informed treatment such as Child Parent Psychotherapy (CPP) might be a good fit for a child while Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) might be a better fit for another (Lieberman & Van Horn, 2008; Cohen, Mannarino, & Deblinger, 2006). If a clinical social worker is not trained to implement these treatments, the clinical social worker could at least refer them to someone who is trained. It could also be beneficial to identify traumatic stress and educate families on how it can impact their lives.

Treatment from the lens of the developmental psychopathology perspective encourages social workers to include working with the family, school, community, and larger institutional structures while providing preventative intervention services (Cicchetti, 2004). Utilizing this perspective could also frame the therapeutic relationship as an important transient buffer in the lives of children and families. Keeping the concepts of equifinality and multifinality in mind, the clinical social worker can help foster a family's resilience and agency.

Policy. Since maltreatment can be brought on by the interaction of various ecologies such as family and community, policies should address all of these different levels (Cicchetti, 2004). Moreover, funding and policies should not only be geared towards intervention, but preventative intervention and longitudinal studies. Additionally, there needs to be greater efforts to educate professionals working with children on the effects of maltreatment. Finally, more collaboration between researchers, micro level field social workers, and macro level social workers needs to happen in order to affect policy. Partnerships that affect policy will not only impact the child, but the larger systems that perpetuate maltreatment as well.

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Appendix A

Dear Dr. Wyman,

I am writing to confirm that I have granted permission for Chelsie Sampayan to work with our data on parenting and child development for her MA research thesis. These data are part of an ongoing study of child development here at UCR and have been collected with full approval of our human research review board.

Please let me know if you have any questions or concerns.

Best,
Tuppett

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Associate Professor of Psychology
Director, Adversity & Adaptation Lab
Director, UCR Guardian Scholars