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The Long-Term Implications of Maternal Childhood Victimization and Betrayal Trauma on  
Parenting Attitudes, Behaviours and Parent Outcomes: A Scoping Review

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## **Abstract**

Childhood experiences of interpersonal victimisation are shown to have detrimental effects on an individual's well-being. When the perpetrator of these violations is a caregiver or other close individual, the victim experiences "betrayal trauma" (BT). The long-term implications of childhood BT are largely unknown. The current scoping review study aims to map the existing literature on the topic of BT as it relates to parenting attitudes and behaviours, with consideration towards intergenerational trauma and the associated child outcomes. Informed by attachment theory (Bowlby, 1988) and Betrayal Trauma Theory (Freyd, 1994), the current study examines the effect of childhood BT on parenting practices, to conceptualise and situate this topic within research. This scoping review aims to synthesise existing literature on maternal childhood victimisation and its subsequent effects on parenting, examining whether emotional dysregulation is a prevalent pattern among mothers who have experienced betrayal trauma.

The methodology follows Arksey and O'Malley's (2005) scoping review framework, utilising Braun and Clarke's (2006) reflexive thematic analysis alongside descriptive statistics. A total of five studies were included, comprising various maternal populations who experienced childhood BT. The data was analysed to identify key themes related to emotional dysregulation, parenting behaviours, and the intergenerational transmission of trauma via child outcomes.

The findings revealed two main themes; the Effect of Betrayal Trauma on Parenting Practices and the Consequences of Childhood Betrayal Trauma. The findings reveal that BT significantly influences maternal perceptions of parenting practices, with emotional dysregulation emerging as a critical mediator in the development of maladaptive parenting behaviours. Additionally, the research highlights the role of trauma in the transmission of emotional and behavioural dysregulation across generations. These findings underscore the importance of addressing emotional dysregulation in trauma-informed interventions for mothers and lay the foundation for future studies to explore BT within the South African context to develop clinical interventions targeting intergenerational trauma transmission.

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## **Dedication**

To my parents,

Whose faith and support were unwavering as I pursued my dream of becoming a psychologist.

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# Chapter 1: Introduction

## 1.1. Background

Experiences of childhood victimisation can have long-term consequences on an individual's psychological, social and physical well-being, influencing how an individual functions in adulthood (Cluver et al., 2020; Gagnon et al., 2016; Hughes & Cossar, 2015). Proximity to the perpetrator of interpersonal violence is reported to have increasingly detrimental effects on the child across their life span (Gagnon et al., 2016). This is observed in the direct relationship between the degree of closeness in the perpetrator-victim relationship and poorer outcomes for the victimised individual (DePrince & Freyd, 2004). Building on this notion is Freyd's (1994) conceptualisation of betrayal trauma (BT), which suggests that children who experience threats to their attachment relationships following victimising experiences by caregivers, are more at risk of developing psychopathology and developing maladaptive coping mechanisms. The child develops adaptive mechanisms such as amnesia, repression and emotional suppression to maintain their attachment relationship with the perpetrator (DePrince & Freyd, 2004; Freyd, 1994; Freyd, 1996). This reduces the risk of losing the attachment bond, ensuring their survival from an evolutionary psychology and attachment perspective (Freyd, 1994). However, this manner of coping with the emotional distress that arises from victimisation can lead to challenges in emotional regulation capacities, attunement and attachment as the child matures into parenthood (Bender et al., 2012; Gagnon et al., 2016; Hughes & Cossar, 2015; Paley & Hajal, 2022).

The ability to regulate emotions and utilise reflective functioning plays a fundamental role in parenting practices and can significantly affect a child's socioemotional development (Gagnon et al., 2016; Pat-Horenczyk et al., 2015). Mothers who experienced childhood BT may face difficulties in regulating their emotions due to unresolved trauma that is activated during caregiving tasks (Gagnon et al., 2016; Paley & Hajal, 2022; Pat-Horenczyk et al., 2015). Unresolved trauma following interpersonal violence frequently manifests within the parenting role, as mothers are exposed to emotional experiences that mirror distressing emotional states from their childhoods (Chamberlain et al., 2019; Plant et al., 2017; Savage et al., 2019). A mother's emotional state can invade their self-appraisal of their parenting role; influencing the interaction between parenting attitudes and behaviours and parent outcomes, which contribute

towards their overarching experience of parenting (Christie et al., 2020; Fang et al., 2021). This, in turn, may affect the mother's responsivity, sensitivity, and consistency in their parenting role, which could unintentionally contribute towards intergenerational trauma (Cluver et al., 2012; Paley & Hajal, 2022). Child outcomes associated with these parenting practices include internalising and externalising symptoms as well as insecure attachment styles (Gagnon et al., 2016; Pat-Horenczyk et al., 2015). These outcomes can have detrimental long-term consequences for subsequent generations (Babcock Fenerci, Chu & DePrince, 2016; Cluver et al., 2012; Gagnon et al., 2016; Pat-Horenczyk et al., 2015).

Within South Africa, the rates of interpersonal violence and trauma exposure are relatively high, therefore situating the concept of BT as contextually relevant, due to the heightened prevalence of violence and abuse within South African homes (Cluver et al., 2020; Kim et al., 2021). The exposure to violence and maltreatment within the sanctuary of a family home environment raises the expectation that the theoretical concept of BT can be applied to study the intergenerational effects of childhood trauma, and provide a mechanism to better conceptualise intergenerational transmission of trauma (Christie et al., 2019; Christie et al., 2020).

## **1.2. Contextual Definitions**

Parenting attitudes are defined by Breiner et al., (2016) as “*viewpoints, perspectives, reactions, or settled ways of thinking about aspects of parenting or child development*” (p. 48). Breiner et al., (2016) describe parenting attitudes in relation to the roles and responsibilities associated with parenting, and how these relate to cultural beliefs. Parenting attitudes are said to play a significant role in children's behaviour, and particularly in problematic behaviours, these attitudes are influenced by the degree of parenting stress experienced (Han & Lee, 2018). Attitudes associated with parenting are the product of a parent's knowledge of parenting, and their expectations for their child's development based on their values and goals (Breiner et al., 2016). However, it must be noted that positive parenting attitudes may decrease following any psychological stress that arises during child-rearing, a finding further emphasised by the indirect relationship observed between positive parenting attitudes and stress levels (Han & Lee, 2018). As lower stress levels are associated with more consistent positive parenting practises (Han & Lee, 2018). It is important to note that contextual factors such as the child's

characteristics, mother's personal childhood experiences and cultural systems can also influence parenting attitudes (Breiner et al., 2016).

A parent's attitude greatly informs their parenting behaviours, and subsequently their parenting practices. According to Breiner et al, (2016), parenting practices are defined as, "*parenting behaviours or approaches that can shape how a child develops,*" (p. 48) while parenting behaviours relate to the manner in which the parent engages with the child. It is useful to distinguish between the concepts of parenting styles and parenting practices. Parenting styles determine the emotional climate a child experiences and can be divided into the following categories: authoritative, authoritarian, permissive and neglectful (Rose et al., 2017). An authoritative parenting style demonstrates a high level of involvement, nurturance and sensitivity towards the child, for example, while, an authoritarian style of parenting is regarded as punitive, rejecting, and restrictive (Maepa et al., 2015). Parenting practices focus more on the actual behaviours associated with parenting to achieve development and socialisation goals (Rose et al., 2017). Parenting behaviours such as involvement in schooling, and discipline strategies are informed by parenting attitudes and beliefs which affect parent outcomes (Rose et al., 2017; Savage et al., 2019).

### **1.3. Problem Statement**

Childhood experiences of maltreatment are shown to have negative long-term consequences on an individual's well-being, adjustment and interpersonal relationships (Blanchflower & Bryson, 2023). When maltreatment, especially of an interpersonal nature such as physical or sexual victimisation occurs at the hands of a caregiver, the ramifications for later poor life quality increase exponentially (Gagnon et al., 2016; Meinck et al., 2023). Freyd (1994) introduced the concept of BT as an explanation for the increased vulnerabilities observed in this population, suggesting possible mechanisms for adaptive amnesia and transmission of intergenerational trauma. Within South Africa, the intergenerational transmission of trauma is a growing area of interest due to high rates of violence, victimisation and the country's long history of political violence due to apartheid (Christie et al., 2020; Cluver et al., 2020; Kim et al., 2021; Meinck et al., 2023). This increases the risk of adverse childhood experiences, such as interpersonal victimisation in the form of physical, sexual or verbal abuse, as well as violence exposure (Christie et al., 2020; Cluver et al., 2020; Meinck et al., 2023).

#### **1.4. Rationale for Study**

Betrayal trauma is closely linked to childhood sexual and physical victimisation, a phenomenon rife within the South African context (Meinck et al., 2023). As observed in the SAPS annual statistics for 2022/2023, over 53,000 cases of sexual offenses in South Africa were reported, indicating a 1.5% increase from the previous year (2023-2024 Annual Statistics, 2023). It is widely stated in research that of the reported cases exhibiting sexual violence, the majority of victims identified the perpetrator as a known person or family member who they trusted (Freyd, 1994; Katz & Field, 2022). Therefore, the long-term implications of BT presenting in parenting behaviours must be examined within South Africa, due to the prevalent nature of interpersonal violence within the country and the associated long-term implications of these childhood experiences of betrayal. Individuals who have experienced BT often display parenting attitudes or behaviours that may predict symptom development in their children, manifesting as internalising or externalising behaviours (Babcock Fenerci, Chu & DePrince, 2016). However, limited research has been conducted exploring the effects of childhood poly-victimisation on mothers' parenting attitudes, beliefs and behaviours and how this may manifest in parent outcomes. More specifically, there is little to no research examining the role of BT within non-western, lower-middle income countries such as South Africa. This observation is echoed by Christie et al., (2020) who critiqued the striking lack of research on parental trauma within lower-middle income and high-risk countries. Therefore, it is crucial to examine the existing literature that identifies key themes in parenting behaviours following maternal childhood victimisation to inform future research and intervention development within the South African context.

#### **1.5. Purpose of Study**

The purpose of the current study is to deepen the understanding of BT theory as it relates to intergenerational trauma, by examining the available literature on parenting practices following maternal childhood victimisation. The current study aims to explore the existing evidence surrounding maternal childhood victimisation and the association between these experiences, and parenting attitudes, beliefs and behaviours; in relation to the concept of BT. Outlining the relationship between BT and parenting will motivate future research protocols to examine parenting practices within South Africa through the lens of BT theory, with the long-

term purpose of providing future researchers a foundation for interventions that target parenting behaviours to minimise intergenerational trauma-transmitting behaviours within South African parent populations.

#### **1.6. Study Objectives**

- To examine the existing evidence that demonstrates an association between maternal childhood trauma and parenting attitudes and beliefs that inform parenting behaviours.
- To determine if emotional dysregulation is a common pattern identified in parental attitudes or behaviours following childhood victimisation of mothers.
- To identify studies of parent BT on parental attitudes, beliefs, behaviours and parent outcomes of mothers who experienced childhood victimisation.

## Chapter 2: Literature Review

### 2.1. Motherhood

Throughout the literature it is evident that parenting behaviours are a key factor in a child's socio-emotional development. The parent-child relationship and the attachment that develops due to a parent's consistent behaviour patterns, facilitates learning and development in the child (Prime et al., 2023). Parenting behaviours such as non-overly punitive discipline, sensitivity and responsiveness are considered to have a positive effect on early childhood development, and are, therefore, defined as positive parenting (Prime et al., 2023). These behaviours were explained by Ainsworth (1979) as accepting and nurturing, encouraging the child to feel secure in the responsiveness of their caregiver to their needs. Positive parenting is associated with children developing strong interpersonal relationships, increased confidence and effective emotional regulation skills that are useful later in life (Briggs et al., 2014; Savage et al., 2019).

However, parenting should be considered in the context of mothers' personal experiences of childhood victimisation in the form of interpersonal violence, which could later shape their parenting attitudes and behaviours (Gagnon et al., 2016; Zvara et al., 2015), and the subsequent effects that experiences of childhood victimisation may have on parent outcomes. Childhood experiences of maltreatment and trauma create an elevated risk of poor parent-child relationships (Christie et al., 2020).

Entering into the phase of motherhood is considered a significant transition in a woman's life, as the expectations associated with this phase of life require one's roles, responsibilities and relationship dynamics to be restructured around the identity of being a mother (Forbes et al., 2020). Alongside this concept of motherhood is the societal pressure of being a "good" mother that requires extensive shifting of one's identity to not only adopt the role of being a mother but immersing oneself intensively within this role (Forbes et al., 2020). This concept of intensive mothering as described by Hays (1996), emphasises the expectations placed on women to be primary caregivers, and devote "*copious amounts of time, energy, and material resources*" (p. 8) even at the detriment of themselves, in order to be considered good mothers to their children. Within a South African parent community from Khayelitsha, qualities of a

good caregiver were described as ensuring that their child was clean and fed, with emphasis placed on instrumental care (Christie et al., 2020).

The transition into the highly demanding role of motherhood often reawakens unresolved, and even unknown, traumas for mothers to navigate which can be particularly difficult (Chamberlain et al., 2019; Forbes et al., 2020; Savage et al., 2019). This often results in negative emotional experiences becoming associated with raising children (Forbes et al., 2020). The negative emotional experience of motherhood is attributed by Forbes et al., (2020) to comparisons drawn between the personal experiences of motherhood and the societal/cultural depictions of motherhood. Due to instrumental care being viewed as an indicator of parental love within South African communities, South African parents described a sense of inadequacy within their parenting roles due to financial strain, and an inability to ensure the safety of their children due to the high rate of violence within township communities (Christie et al., 2020). The discrepancies observed by the mothers during these comparisons highlights a sense of incongruence between what is expected versus what is experienced, creating a negative emotional experience for these mothers (Hays, 1996). Mothers' emotional experiences of motherhood inform their parenting attitudes, behaviours and practices to influence parenting outcomes (Christie et al., 2020; Fang et al., 2022). Thus, it can be said that parenting attitudes, behaviours and practices are intertwined concepts in parenting (Breiner et al., 2016).

## **2.2. Parenting Contextual Factors**

### **2.2.1. Early Life Experiences**

The developmental history of a parent is crucial to consider in relation to how they approach parenting, as it provides insight into their attitudes and beliefs towards child-rearing, as well as the potential mechanisms behind intergenerational transmission of trauma (Fang et al., 2021). The recollection of positive or warm childhood memories is associated with higher parental self-efficacy, and in turn, with more positive parenting practices (Fang et al., 2022). Conversely, experiences of maltreatment are linked to lower parental self-efficacy and doubt within the maternal role (Fang et al., 2021; Gagnon et al., 2016). Experiences of parental attunement, and discourse surrounding emotional understanding ensure the individual develops effective emotional regulation strategies that are a crucial component of parenting and attachment (Gagnon et al., 2016).

When children experience interpersonal violence, either directly or indirectly, within their home environment it can have negative ramifications for the development of their interpersonal relationships and physiological development (Clemens et al., 2021; Kim et al., 2021; Murray, Nguyen & Cohen, 2014). The child may be subjected to repeated exposure to violence, or directly experience multiple forms of violence including, physical, sexual, emotional and psychological violence (Cluver et al., 2020; Gagnon et al., 2016; Murray, Nguyen & Cohen, 2014). Children in these environments are often subjected to poly-victimisation, experiencing violence in multiple forms over a duration of years (Collings et al., 2014). In accordance with human rights movements and legislation regarding children's safety, children are often removed from these environments as a means of ensuring their safety (Murray, Nguyen & Cohen, 2014). However, should this occur, these children will now experience a disruption in their family structure and home environment in addition to the trauma already experienced within the home environment (Murray, Nguyen & Cohen, 2014). When the perpetrator of abuse or maltreatment is a family member, this often elicits guilt in the child due to self-blame related to disrupting the family structure and creating stress within the family unit, if the maltreatment is reported (Freyd, 1994; Murray, Nguyen & Cohen, 2014; Pereira et al., 2020).

It is crucial to note that mothers with adverse childhood experiences are at increased risk of stress vulnerability and, as a result, more likely to engage in harmful parenting behaviours to perpetuate the transmission of trauma through the cycle of violence (Christie et al., 2020; Clemens et al., 2021).

### **2.2.2. Environmental Factors**

Environmental factors refer to the parent's educational level, employment status, family composition as well as community environment (Fang et al., 2022). Instances of high community stress are associated with decreased positive parenting practices and maternal psychological functioning (Kotchick et al., 2005). This is particularly evident in lower-income, high adversity contexts such as South Africa where unsafe environments are thought to increase parental distress due to continuous trauma exposure (Christie et al., 2020). Kotchick et al. (2005) observed that single mothers from disadvantaged African communities experienced

greater levels of distress related to their environments, which manifested as monitoring their children's behaviours, and inconsistent discipline strategies. Distress associated with the perception of an unsafe environment is considered to exacerbate parental trauma reactions and increase distress surrounding the parenting role (Christie et al., 2020; El-Khani et al., 2016). Moreover, environmental stressors may increase a parent's tendency to shout, lack patience or harshly discipline their child; parenting behaviours noted to negatively affect parent-child relationships (Clemens et al., 2021).

Environmental stressors include employment status and family composition, with the loss of employment significantly affecting parenting behaviours and perceived marital support (Clemens et al., 2021). Family composition refers to the number of children, parents and other family members within a singular family unit, and is shown to influence parenting experiences (Clemens et al., 2021). Fewer children are associated with more social support for parents and increased levels of self-reported parental self-efficacy (Fang et al., 2022). Higher rates of perceived parental support are associated with improved parent well-being (Fang et al., 2022). The quality of support, as well as its source and content are shown to play a role in parenting (Fang et al., 2021).

### **2.2.3. Demographic Factors**

Demographic factors such as age, sex, ethnicity, cultural background, socioeconomic status and marital status can influence an individual's parenting experiences (Fang et al., 2022). Adverse childhood experiences are associated with lower maternal ages and decreased levels of parental satisfaction, which increases the risk of repeating poor parenting practices and child maltreatment occurring in subsequent generations (Christie et al., 2020; Clemens et al., 2021). Moreover, socio-contextual factors are known to directly affect parenting behaviours and indirectly affect child outcomes, with mothers from lower socioeconomic backgrounds displaying harsher, more controlling and restrictive behaviours towards their children (; Fang et al., 2021; Kotchick & Forehand, 2002). Lower socioeconomic status and income levels have been linked to poorer psychological outcomes, parenting practices and child outcomes (Clemens et al., 2021; Kotchick & Forehand, 2002). This could be due to exposure to more violence and adverse environmental factors (Christie et al., 2020). Cultural factors are known to diversely affect parent outcomes due to unique behaviours, attitudes, and beliefs relating to

parenting that exist within each culture (Kotchick & Forehand, 2002; Fang et al., 2022). Thus, certain behaviours or attitudes towards parenting may alter the course of developmental outcomes in children based on competencies that are valued within the individual's specific culture (Fang et al., 2022; Kotchick & Forehand, 2002).

Differences have been observed between parental sex and the perception of parental efficacy, with maternal figures experiencing higher levels of self-efficacy in relation to family functioning (Fang et al., 2022). Marital status influences parenting experiences, with very few studies observing single mother households reporting self-efficacy levels compared to studies of two-parent households (Fang et al., 2021).

Lower levels of education are associated with higher parental self-efficacy. This finding is attributed towards the discrepancy between the perception of parenting and its degree of complexity, with lower educational levels associated with identifying fewer complexities related to parenting effectively (Fang et al., 2022). Despite this, a systematic review noted that higher levels of education may be linked to increased knowledge-seeking behaviours to encourage confidence within the parental role, and higher rates of perceived parental social support, which improved parental efficacy (Fang et al., 2021). Lower socioeconomic status and income levels have been linked to poorer psychological outcomes, parenting practices and child outcomes (Kotchick & Forehand, 2002).

#### **2.2.4. Psychological Factors**

Parental psychological factors have been observed to influence parent outcomes due to the effect of psychopathology on behaviour, and the presence of depressive, anxious or trauma-related distress symptoms resulting in the role of parenting being experienced as more demanding (Christie et al., 2020; Fang et al., 2021; Paley & Hajal, 2022). The likelihood of mothers engaging in positive parenting practices decreases in response to increasing psychological distress, which has been attributed to higher levels of parental stress reported due to the continuous pressures of child-rearing activities and engagement (Fang et al., 2021; Kotchick et al., 2005). There is a high prevalence of psychiatric morbidity in South Africa, with limited mental health resources to address the challenges faced within the population (Christie et al., 2020; Kim et al., 2021; Petersen et al., 2014). This raises the risk of intergenerational

trauma through physiological processes resulting from psychological distress and the development of psychopathology without management (Kim et al., 2021; Paley & Hajal, 2022).

### **2.2.5. Child Factors**

The temperament of a child has been observed to be a contributing factor towards parenting experiences, as the temperament of a child informs parenting behaviours (Fang et al., 2021). The child may exhibit external and internal behaviours that increase the demands of parenting and increase perceived stress levels and parental distress (Fang et al., 2021).

## **2.3. Parenting Practises Following Childhood Victimisation**

Experiences of childhood sexual victimisation are shown to significantly affect various areas of functioning in adulthood, including parenting and the parenting role (Zvara et al., 2015). While parent outcomes may not be directly negatively affected by childhood sexual trauma in all individuals, research has identified potential links between these experiences and parental attitudes and beliefs that influence parent outcomes (Christie et al., 2020; Zvara et al., 2015). Christie et al. (2020) found that parents in a South African township population experienced significant changes in their behaviour and safety appraisals following trauma exposure; manifesting as increased reactivity, perceiving others and their community as dangerous, and increased hyper-vigilance. Trauma exposure was observed to affect the individual and parent outcomes, which are the product of the connection between parenting behaviours and child development (Christie et al., 2020; Zvara et al., 2015). These not only include children's mental and physical well-being, and the development of social skills and relationships, but parental self-beliefs and behaviours within the parenting role (Zvara et al., 2015). Cross et al. (2017) noted that maternal trauma was associated with increased parental distress, potential for child abuse and perceiving their child as difficult.

In individuals who have experienced childhood sexual abuse (defined as a sexual act conducted between an adult or a minor with a child for the sexual satisfaction of the perpetrator), lasting effects become evident (Borelli et al., 2019; Briere, 1992). Experiences of childhood sexual victimisation can have long-term ramifications for the individual's sense of safety, due to the lack of expected protection in childhood (Maepa et al., 2015). Studies have

indicated that individuals who have experienced interpersonal violence are more susceptible to psychopathology, exhibit poorer reflective functioning and experience more difficulties in developing emotional co-regulation skills than those who have experienced trauma through natural disasters (Borelli et al., 2019). Due to the nature of traumatic experiences and how they present in individuals, behaviour can be significantly impacted, often resulting in poor parenting practices. Poor parenting practices include harsh intrusiveness, boundary dissolution, rejection and withdrawal from children (Babcock Fenerci et al., 2016; Greene et al., 2020; Schechter et al., 2008; Zvara et al., 2015). For example, parents with a history of childhood abuse may become significantly distressed by their child experiencing ‘triggered’ responses that impede the nurturing parent-child relationship that is vital for development (Chamberlain et al., 2019; Savage et al., 2019).

### **2.3.1. Parenting Attitudes and Beliefs**

It has been further noted that stress reactivity and regulation may play a role in intergenerational trauma that is transmitted through maladaptive parenting cognitions, poor parenting practices and mood symptoms (Christie et al., 2020; Oosterman et al., 2019). Following childhood experiences of interpersonal violence and trauma, later parental cognitive functioning may be affected. This can lead to an increase in negative internalised personal beliefs regarding feelings of inadequacy and incompetency within the parental role in mothers with childhood sexual victimisation compared to those without these adverse experiences (Michl-Petzing et al., 2019; Zvara et al., 2015). Within a South African study, it was found that when trauma experiences negatively affected a parent’s ability to provide care and the parent was limited financially, dissatisfaction within the parenting role was observed (Christie et al., 2020). Mothers’ negative views of their aptitude within the maternal role are reflected as poor self-efficacy, and can negatively affect parenting attitudes (Breiner et al., 2016; Fang et al., 2022). This is observed in negative attributions, a lack of control and lowered self-efficacy regarding parenting abilities (Oosterman et al., 2019), which may further limit a mother’s positive emotional connection with her child and exacerbate any concerns over her ability to ensure the child’s safety (Cross et al., 2017). When mothers have low expectations of their ability to parent successfully, there is a tendency towards avoiding challenging situations, in addition to investing less effort and attention into parenting (Oosterman et al., 2019).

### **2.3.2. Parenting Stress and Distress**

Christie et al., (2019) describes parental stress as an opposing psychological reaction to being a parent and suggests a link between parenting stress, parenting behaviours and negative child outcomes. Excessive parenting stress may lead to parents doubting their abilities within the parenting role, which, in turn, negatively affects the child's emotional and psychological state (Han & Lee, 2018). Childhood experiences of sexual victimisation are well associated with symptoms of anxiety and depression, conditions known to negatively impact one's level of self-confidence and self-belief (Zvara et al., 2015). When considering the stressful demands of motherhood, these negative personal beliefs may become exaggerated in those with experiences of childhood sexual victimisation, due to the depleting nature of traumatic events on an individual's emotional and mental resources to manage the stressors associated with child-rearing (Savage et al., 2019; Zvara et al., 2015).

Stressors associated with motherhood can be linked to the societal pressure placed on women to be recognised as "good mothers" (Forbes et al., 2020). However, the unrealistic societal expectations placed on mothers by the concept of intensive mothering draws a distinct comparison between mothers' personal experiences of motherhood and what is "expected" from a good mother in society, setting the foundation to develop poor self-beliefs regarding their efficacy as mothers due to inconsistencies noted in performance (Forbes et al., 2020). It is well documented in the literature that parents with experiences of childhood maltreatment often experience greater difficulty parenting (Plant et al., 2017). Adverse childhood experiences may increase parents' vulnerabilities towards parenting stressors which can lead to a deterioration in cognitive, emotional and behavioural functioning (Oosterman et al., 2019).

### **2.3.3. Parenting Sensitivity**

Decreased sensitivity and responsiveness towards children are commonly seen in parents with a history of childhood maltreatment (Christie et al., 2020; Plant et al., 2017). Mothers with a history of sexual victimisation, in particular, may experience distress in response to their children's behaviour which can lead to them withdrawing from their children, becoming less involved during mother-child interactions and negatively affecting the attachment bond (Savage et al., 2019). This lack of responsiveness and obtrusiveness towards

their child may be linked to the apparent distress that arises in response to their child's emotional outbursts (Planet et al., 2017). In those who experienced sexual victimisation, the observed withdrawal behaviour during distressing child-rearing situations is considered to be the product of the child triggering unresolved trauma through their emotional signalling and behaviours (Savage et al., 2019). This prevents the parent from responding sensitively to their child's needs (Savage et al., 2019).

It is important to acknowledge that disruptions in early childhood attachments may have long-term intergenerational effects, due to perceived rejection and neglect following repeated experiences of parental insensitivity (Oosterman et al., 2019). These experiences manifest as disturbances in emotional and cognitive functioning in adulthood, perpetuating the cycle of intergenerational trauma transmission (Oosterman et al., 2019; Powers et al., 2015). This becomes evident when disruptions in attachment systems due to neglect or rejection, negatively affect the individual's self-appraisals and support-seeking behaviours in parenthood exacerbating parental distress (Bowlby, 1973 as cited by Oosterman et al., 2019). Interestingly, in a study conducted by McCourt and Peel (1998) as cited by Yancy and Hansen (2010), it was noted that mothers who experienced abuse in childhood may only discuss or process their experiences following the disclosure of their child's sexual abuse, highlighting the often, unresolved nature of mothers' own victimising experiences.

#### **2.3.4. Parenting Behaviours**

Linking parenting attitudes of lowered self-efficacy to parenting behaviours, research has identified that lower levels of parental self-efficacy are associated with harsh discipline practices (Oosterman et al., 2019). Behaviours associated with maternal trauma include impulsivity, angry outbursts, and emotion regulation difficulties categorised as "parental distress" (Christie et al., 2020; Cross et al., 2017). The emotional experience tied to traumatic incidences include fear, confusion, self-blame, worry and helplessness (Maepa et al., 2015), while behaviours associated with unresolved trauma include physical punishment, psychological aggression (such as shouting and screaming), and neglect (Lachman et al., 2017). These behaviours may create a sense of confusion for individuals who suppress their distressing memories and are not psychologically informed on the effects of trauma (Christie et al., 2020). These behaviours are associated with intergenerational trauma when enacted by parents

towards their children, increasing the risk of child abuse or maltreatment as they are viewed as negative parenting practices (Cross et al., 2017; Lachman et al., 2017).

The atypical behaviours that often arise as a result of traumatic childhood experiences become apparent in the parenting practices of those who share these experiences (Schechter et al., 2008; Zvara et al., 2015). The stress response experienced by parents in these situations is believed to prevent them from fully engaging with their child to regulate their distress and respond in an emotionally available manner to meet their child's needs (Rose et al., 2017). This inability to respond adequately to their child may be the product of the mother's own unresolved experiences which negatively affect her ability to reflect and regulate her own distress in high stress situations (Plant et al., 2017). These parenting behaviours include inconsistent nurturance, harsh discipline and emotional volatility which often result in the child experiencing uncertainty in their relationship with their parent (Foster, 2010). This can later influence the child's ability to establish and maintain relationships with peers, family and friends, as well as affect the child's willingness to trust others (Foster, 2010). Poor outcomes are associated with a parent's unresponsive, rejecting, or punitive behaviour towards their child, often resulting in internalising and externalising behaviours (Rose et al., 2017). These may lead to negative child outcomes due to the child internalising their experience with depressive, withdrawn or anxious behaviours, or externalising their experience by developing defensive or aggressive behaviours (Han & Lee, 2018; Rose et al., 2017).

Similarly, in a study conducted by Zvara et al. (2015), it was observed that parents with histories of childhood sexual trauma exhibited hostile parenting, boundary dissolution and less sensitive parenting, compared to parents without histories of childhood sexual trauma. These parents may also show more atypical reactions to their child's needs, such as frightening the child instead of soothing their emotional reactions using reflective functioning (Savage et al., 2019). It should be noted that mothers diagnosed with stress disorders following traumatic events reported a greater use of reactive, corporal and other dysfunctional discipline strategies (Christie et al., 2019). These forms of discipline can further distress a child. Moreover, individuals who experience childhood sexual trauma, often exhibit poor reflective functioning and co-regulation skills that are crucial in childrearing (Savage et al. 2019). This became apparent in a study conducted by Zvara et al., (2015) that observed role reversals in the parent-child dyad, with the child taking on the care-giver role. Despite this observed role reversal, there were no significant differences noted between the self-reported parenting efficacy of

mothers with childhood victimisation compared to those without, despite differences seen in parenting behaviours of the two groups (Zvara et al., 2015). These findings align with Michl-Petzing et al.'s (2019) research, which demonstrated low maternal self-efficacy beliefs as indicators of parenting behaviour.

## **2.4. Theoretical Frameworks**

### **2.4.1. Attachment Theory**

Attachment Theory describes the caregiver-infant bond as an evolutionary model of survival, whereby the infant utilises attachment behaviours to ensure the proximity of caregivers to meet their physiological and social needs (Bowlby, 1982, 1988). According to Bowlby (1982) these behaviours fall within an attachment behavioural system that aims to provide the infant with protection, promote learning and healthy exploration of the infant's environment to ensure the survival and development of the infant. Healthy attachments additionally provide infants with the means to develop reflective functioning and emotional regulation skills (Bretherton, 1992; Liotti, 2007; Shaver & Mikulincer, 2009). Despite this system being primarily used in infancy, these attachment behaviours are active across an individual's lifespan and manifest as proximity seeking behaviours when an individual feels threatened (Bowlby, 1988). The focus of attachment-related interactions is to seek out and receive protection, comfort, or support from an attachment figure to restore an individual's sense of equilibrium (Shaver & Mikulincer, 2009). This establishes the foundation of an individual's epistemic trust in relationships, and forms an internal working model (Bowlby, 1988; Fonagy & Allison, 2014). Internal working models inform an individual's autobiographical narrative and the meanings held by the individual (Liotti, 2017). Secure attachments set the foundation for developing autonomy and emotional stability as the child knows what to do when distressed (Grady et al., 2016).

As stated previously, attachment is considered a social evolutionary model that ensures an infant's survival through the bond formed between the child and a caregiver to meet the child's needs (Ainsworth, 1979; Bowlby, 1988). In the case of attachment needs not being met, the infant may feel threatened, lacking the secure foundation to develop emotional and reflective skills. These individuals may struggle to maintain emotional equilibrium during times of distress later in life (Shaver & Mikulincer, 2009). These insecure attachments are

associated with higher levels of psychopathology in individuals in childhood and into adulthood (Kwako et al., 2011). The insecure attachment that arises is considered to manifest in individuals as poorer self-efficacy, self-esteem and a disrupted development of trusting social attitudes (Bowlby, 1982), and can signify difficulties in attachment across their lifespan, between their own interpersonal relationships as well as difficulties in the parent-child dyad (Kwako et al., 2011).

When the perpetrator of interpersonal victimisation during childhood is an attachment figure, such as a biological father, uncle or grandfather, it highlights the presence of distorted familial relationships within the family unit which have negatively affected attachment (Kwako et al., 2011). When children experience maltreatment and poor parenting in childhood, it can result in the child experiencing frightened or frightening attitudes towards caregivers (Liotti, 2007). In these instances, the child does not know how to respond to their caregiver, and develops strategies to avoid their caregiver when in distress (Grady et al., 2016). Fresno et al., (2014) highlight that childhood sexual abuse and other forms of maltreatment are associated with insecure attachments due to disruptions in the attachment organisation that result in hyperactivation and disorganisation of the system. When caregivers are experienced as frightening or a source of inconsistency, disorganised attachment patterns are observed (Bretherton, 1992). Disorganised attachment is characterised by the caregiver frightening the child through threatening, punitive behaviours, role rehearsals, and abandonment of the child's needs (Fresno et al., 2014). Therefore, disruptions in healthy attachment relationships in childhood can lead to a lack of emotional intimacy that can contribute towards adversarial, impersonal and selfish behaviours in relationships later in life (Grady et al., 2016).

#### **2.4.2. Betrayal Trauma Theory**

Based on the social evolutionary model and attachment theory, Freyd (1994) proposed the concept of betrayal trauma (BT) to explain the distress and subsequent amnesia that follows a traumatic event. This dissociative amnesia is hypothesised to occur as a defense mechanism against the ramifications of interpersonal violence perpetrated by a trusted individual or caregiver (DePrince & Freyd, 2004). When violence is perpetrated against a child by a caregiver, it contradicts the very foundation of the attachment bond and jeopardises the child's safety and survival (Freyd, 1994). From an evolutionary perspective, humans are innately

designed to detect betrayal and danger, and to activate avoidance behaviours accordingly, however, when the child's source of survival is simultaneously the source of betrayal it raises conflictual emotions in the child (Freyd, 1996). Therefore, Betrayal Trauma Theory suggests a possible mechanism for the manifestation of dissociative amnesia following traumatic events of this nature (Freyd, 1994). In particular BT poses that the amnesia develops as an adaptive measure to protect the attachment bond between caregiver and child when violence occurs within the attachment relationship (Freyd, 1994).

This adaptive amnesia protects the child from the conflicting emotions tied to the betrayal and their reliance on the individual to meet their survival needs (DePrince & Freyd, 2004; Freyd, 1996). Common behaviours associated with the emotional pain of a betrayal involve withdrawing from relationships, losing a sense of trust in the other as well as experiencing a loss of security (Freyd, 1994). However, these withdrawing behaviours, while an example of a primal human mechanism of survival, threaten the attachment bond between caregiver and child (Freyd, 1994). By threatening this attachment bond, it places the child's survival at further risk, raising an internal conflict within the child's evolutionary survival mechanisms, resulting in distress for the child (Freyd, 1994). In order to combat this distress and ensure the child's survival, mechanisms in the brain associated with memory consolidation are interrupted causing amnesia surrounding the betrayal event (Freyd, 1994; DePrince & Freyd, 2004). This amnesia is viewed as an adaptive measure as it allows the child to maintain their attachment to the perpetrator – without the negative associations of betrayal and the emotions it evokes – to ensure the child's survival due to their dependence on the caregiver (Freyd, 1994). Freyd (1994) posits that information about BT is blocked from the individual's consciousness using attention systems. Therefore, memory of the trauma event is stored in implicit memory but not consolidated into explicit memory, inhibiting the individual from integrating thoughts, feelings and experiences into their stream of consciousness (DePrince & Freyd, 2004; Freyd, 1994; Tobias et al., 2014).

Following a traumatic event, the individual is considered to adopt avoidant processing of emotion by redirecting attention away from the traumatic event and the emotions it evoked, which disengages the individual from information that threatens the attachment relationship (DePrince & Freyd, 2004). The experience is encoded as implicit memory but the redirection of attention impairs the retrieval of this encoded material (DePrince & Freyd, 2004).

When children become victims of interpersonal violence, such as physical, emotional or sexual violence, at the hands of their caregiver, the fundamental attachment relationship is betrayed (Freyd, 1996). This form of betrayal by a caregiver is associated with high levels of distress in children, as they rely on the perpetrator to meet their survival and developmental needs, in turn raising significant internal conflict (Freyd, 1996). To manage this internal conflict, defense mechanisms may be adopted to repress the traumatic memories and prevent the consolidation of short-term memory into explicit long-term memory (Freyd, 1994). This results in amnesia regarding the traumatic incident (Freyd, 1994).

The mechanism behind this phenomenon considers that the degree of violation the child experiences in the attachment relationship significantly influences their ability to cognitively encode these experiences, and the individual's subsequent accessibility to these memories (Freyd, 1994). BT is classified in varying levels, with the levels relating to the degree of closeness to the perpetrator of violence towards the child (DePrince & Freyd, 2004). The rating scale of BT emphasises the relationship to the perpetrator prior to the form of violence enacted (Babcock Fenerci et al., 2016). High BT indicates an immediate family member such as a parent or sibling, while medium BT refers to extended family members, and low BT refers to trusted individuals within the child's community (Freyd, 1994).

## **2.5. Parent Outcomes Following Betrayal Trauma in Childhood**

While considered an adaptive measure, research on BT and parenting noted that mothers who experience BT in childhood may exhibit a "blindness" towards their own child's victimisation (Freyd, 1994; Freyd, 1996). This blindness, also referred to as betrayal blindness, can be towards their own perpetrator from childhood or extend to other individuals who fill a caregiver role, such as a spouse or partner (DePrince & Freyd, 2004; Freyd, 1996). Of concern, studies have shown that individuals who experienced amnesia from their own experiences of childhood sexual victimisation and other forms of maltreatment are more likely to be blind towards their child experiencing the same forms of maltreatment, either from the same perpetrator or intimate partners (Johnson-Freyd & Freyd, 2013). This lack of awareness appears to align with the concepts of Freyd's (1994) theory of betrayal trauma and the mechanism behind adaptive amnesia to manage the distress associated with relationship violations. Not only is this considered to influence the transmission of trauma due to the

mother's personal response to their trauma, but also increases their child's risk of maltreatment compounding the trauma experienced (Clemens et al., 2021). Yancy and Hansen (2010) highlighted the obstructive nature of one's own experiences of interpersonal victimisation in recognising the perpetration of violence towards one's own child. This also increases the risk of future incidences of suffering re-victimisation themselves (Walker & Wamser-Nanney, 2023; Yancy & Hansen, 2010), as individuals who have experienced maltreatment in childhood are more likely to experience intimate partner violence in adulthood, subjecting themselves and their children to adverse experiences (Fulu et al., 2017).

Individuals who have experienced BT often display parenting attitudes or behaviours that may predict symptom development in their children, manifesting as internalising or externalising behaviours (Babcock Fenerci et al., 2016). Some of these predictors include satisfaction with parenting, limit setting, social support, communication and involvement. Associations have been found linking the severity of the BT in mothers to the intensity of externalising behaviours in children (Babcock Fenerci et al., 2016). Interestingly, the attachment strategies adopted by mothers with a history of childhood sexual abuse may be indirectly affected by their traumatic experiences. For example, the mother may demonstrate depressive symptomology due to failings in her own attachment systems that resulted in her victimisation in childhood, and later influenced her choice of partner (Kwako et al., 2011). Poor partner selection, increased stress due to perceived parenting demands and a lower emotional availability may hinder the mother's ability to respond appropriately to her child's attachment needs, disrupting her ability to protect and comfort her child (Kwako et al., 2011).

### **2.5.1. Poor Parenting Outcomes**

Mothers with a history of trauma may exhibit harsh and controlling behaviours with their children placing emphasis on compliance rather than nurturance, setting unrealistic and rigid expectations on the child (Zvara et al., 2015). Harsh parenting behaviours include hostility, inconsistent and punitive discipline, and rejecting the child (Michl-Petzing et al., 2019). Thus, exposure to sexual trauma in childhood may be a possible risk factor for poor parenting behaviours (Savage et al., 2019). These parenting behaviours align with the authoritarian parenting style which exhibits restrictiveness, a need for compliance and discourages interaction within the parent-child dyad (Rose et al., 2017). In a systematic review

conducted by Christie et al. (2019), it was noted that mothers with a diagnosis of PTSD due to intimate partner violence were significantly less sensitive and more controlling of their child during free-play than mothers without this diagnosis. This coincides with the literature that highlights that those with a history of sexual victimisation are more likely to adopt authoritarian or permissive parenting styles when their children reach adolescence (Hugill et al., 2017). Permissive parenting styles are reflected in over nurturance with limited structure, with parents demanding very little compliance from their children (Rose et al., 2017). In isolation, childhood sexual victimisation cannot be linked to later poor parenting practices, but in the context of other childhood experiences that modelled dysfunctional family dynamics or patterns, the effects of sexual victimisation in childhood may be compounded by other experiences of interpersonal violence or contextual factors (Zvara et al., 2015). Furthermore, the response to and degree of support a child receives following the disclosure of childhood sexual abuse is potentially more indicative of the long-term outcomes than the abuse itself, as those who received more support developed fewer symptoms (Yancey & Hansen, 2010).

Parental experiences are a crucial component of parent outcomes as they govern parenting behaviours and practices when raising children (Christie et al., 2019; Kwako et al., 2011). When exposed to childhood victimisation there are potential long-term implications for the individual's physical, emotional and psychological state and subsequently, their child may experience deleterious effects as a consequence (Savage et al., 2019). Due to the increased risk of harsh parenting practices and boundary dissolution in parents with this history, the potential for child maltreatment to reoccur increases (Savage et al., 2019). Harsh parenting practices in early childhood can result in disruptions in the development of self-regulatory skills, self-worth and security that prevent positive adjustment skills from developing (Michl-Petzing et al., 2019). This may result in insecure attachments forming and pose a risk for relationship difficulties across the child's life span (Savage et al., 2019). Furthermore, children of parents who experienced victimisation in childhood are at an increased risk of experiencing maltreatment as noted by poor parenting practices compounding the risk in subsequent generations (Henschel et al., 2013). Therefore, it is suspected that poor parenting practices lead to a greater risk for negative outcomes during a child's development and can be linked to intergenerational trauma transmission (Babcock Fenerci & DePrince, 2018).

It is evident in available literature that mothers whose intimate partners are violent and utilise corporal punishment towards their children, are more likely themselves to adopt harsher

parenting practices (Fulu et al., 2017). This is hypothesised to contribute to the next generations' experience of BT due to the violation of trust and protection children experience. To combat this transmission of trauma across generations, nurturing behaviours that facilitate safe and stable relationships between parent and child are crucial (Plant et al., 2017).

### **2.5.2. Positive Parent Outcomes**

While parenting behaviours are a predictor of child outcomes as a mediating factor of parent outcomes, parenting behaviours themselves act as a parent outcome (Hugill et al., 2017). When parents adopt supportive parenting strategies alongside consistent discipline practises, children are observed to develop adaptive skills and exhibit positive outcomes (Kotchick & Forehand, 2002). Moreover, when parents perceived their relationship with their child as positive and secure, it was observed as a protective factor in South African parent populations and parent outcomes, as a result of the increased sense of satisfaction within the parenting role due to the close underlying bond between parent and child (Christie et al., 2020). Recent findings have identified a supportive marital relationship as a potential protective factor for parent outcomes, influencing perceived competence and encouraging authoritative parenting practices in mothers with a history of sexual victimisation (Zvara et al., 2015). Moreover, consistency in parenting was observed to mitigate the effects of adverse circumstances such as financial strain, divorce and illness (Kotchick & Forehand, 2002). However, Zvara et al., 2015 identified unsupportive marital relationships as exacerbating poor parenting practices and encouraging role reversals between parents and children. Furthermore, children's internalising and externalising behaviours have been noted as mediating factors affecting parents with histories of trauma and maltreatment (Hugill et al., 2017).

## **Chapter 3: Methodology**

### **3.1. Chapter Introduction**

Through a clear description of the methodology utilised in conducting this scoping review, this chapter will communicate the processes involved in identifying and analysing the available literature on the topic of maternal childhood BT and parenting. This ensures that the results contribute meaningfully to this nuanced area of research. In accordance with the aims and objectives, this study followed the Scoping Review protocol outlined by Arksey and O'Malley (2005). By utilising a scoping review methodology grounded in an interpretivist paradigm, this chapter outlines the key research design, search strategies, and processes involved in reviewing the literature to address the posed research questions.

This chapter will, thus, begin by introducing the aims and objectives before outlining the key research design, search strategies, and processes involved in collating the literature to address the identified research questions. To analyse the collated data, Braun and Clarke's (2006) reflexive thematic analysis and descriptive statistics was adopted to provide a comprehensive and detailed account of the available literature exploring the intricate dynamics between maternal childhood trauma and parenting outcomes.

### **3.2. Aim**

This study aimed to explore the existing evidence surrounding maternal childhood victimisation and the association between these experiences and parenting attitudes, beliefs and behaviours in relation to the concept of BT.

### **3.3. Objectives**

- To examine the existing evidence that demonstrates an association between maternal childhood trauma and parenting attitudes, and beliefs that inform parenting behaviours.
- To determine if emotional dysregulation is a common pattern identified in parental attitudes or behaviours following childhood victimisation of mothers.
- To identify studies of parent BT on parental attitudes, beliefs and behaviours of mothers who experienced childhood victimisation and parent outcomes.

### **3.4. Research Design and Phases**

#### **3.4.1. Research Design**

Grounded in the interpretivist paradigm, this study sought to explore the subjective interpretations and contextual factors surrounding parent outcomes following maternal childhood victimisation (Mak & Thomas, 2022; Tende, 2021). The study utilised a scoping review methodology, as this approach complimented the aim to map and examine key characteristics of the parenting attitudes, beliefs and subsequent behaviours in mothers who experienced childhood victimisation, by establishing a foundation in pre-existing research (Arksey & O'Malley, 2005). The scoping review methodology aligns with the interpretivist emphasis on exploring diverse perspectives and meanings within literature, whilst simultaneously allowing for clarification in the literature to provide direction for future research (Joanna Briggs Institute, 2015; Mak & Thomas, 2022; Munn et al., 2018). This approach was useful to comprehend the extent of available research regarding the long-term implications of maternal childhood victimisation and the parent outcomes that arise due to parenting attitudes, beliefs and behaviour as consequences of childhood victimisation and how these relate towards BT.

Additionally, the broad, flexible nature of a scoping review accommodates the comprehensive exploration and interpretation of the available literature due to the presence of less restrictive inclusion criteria (Joanna Briggs Institute, 2015; Mak & Thomas, 2022). Therefore, integrating the interpretivist paradigm into the scoping review framework presented a robust method to thoroughly investigate the intricate dynamics between maternal childhood victimisation and parenting attitudes, beliefs and behaviours (Mak & Thomas, 2022). Following the five-stage framework outlined by Arksey and O'Malley (2005), the study adopted a reflexive protocol in engaging with the literature. The five phases include, identifying the research question, identifying relevant studies, study selection, charting the data and finally collating, summarising and reporting the results (Arksey & O'Malley, 2005).

#### **3.4.2. Scoping Review Phases**

##### *Identifying the Research Question*

To guide the search strategies, the following research questions were developed to explore the available literature surrounding maternal experiences of childhood

victimisation and the subsequent effects these experiences had on parenting. It is crucial to develop a research question that encompasses the study's focus area, whilst highlighting areas of interest that may require further exploration (Arksey & O'Malley, 2005).

The research questions for this scoping review are:

- What are the associations between maternal childhood victimisation and parenting attitudes and beliefs whilst raising children?
- How are parenting behaviours influenced by emotional dysregulation in mothers' following childhood interpersonal victimisation?
- Does betrayal trauma influence parental attitudes, beliefs and behaviours of mothers victimised in childhood?

#### *Identifying Relevant Studies*

This requires a comprehensive search to collect all relevant studies, both published and unpublished, to provide a base of suitable literature to answer the proposed research question (Arksey & O'Malley, 2005). This was achieved by establishing a search strategy in which key words based on the key concepts of the research question were used to search electronic databases. Additionally, reference lists of identified studies were checked to further supplement the scoping exercise.

#### *Study Selection*

The study established inclusion and exclusion criteria prior to the search which was refined as the author became more familiar with the available literature under the topic of childhood maltreatment (Arksey & O'Malley, 2005; Halas et al., 2015). To identify relevant studies, an elimination process was implemented, beginning by reviewing literature titles and abstracts in accordance with the inclusion and exclusion criteria (Halas et al., 2015). The Preferred Reporting Item for Systematic Review and Meta-analysis (PRISMA) guided the process of selecting the studies for inclusion (Moher et al., 2009; Page et al., 2021).

### *Charting the Data*

This step requires organising the data into themes and key issues, by sifting, charting and sorting the material from the studies (Peters et al., 2015). This is done through the use of a “data charting form” that includes the headings, title, publication year, study populations, study aims and methodologies. This tactic allows for both general and specific information about the study to be organised collectively (Arksey & O’Malley, 2005).

### *Collating, Summarising and Reporting the Results*

A scoping review aims to provide an overview of all the reviewed material, and presents it through charts, diagrams and organised themes. This requires both a numerical component and a thematic component to summarise the material (Arksey & O’Malley, 2005). In the final stage of the scoping review framework the data was collated, summarised and reported (Arksey & O’Malley, 2005). In order to effectively summarise the data, a Thematic Analysis (TA) was conducted following the steps outlined by Braun and Clarke (2006). A TA adopts an interpretive method to identify and analyse patterns of meaning within a dataset. The TA utilises a flexible six-phase process to complete the analysis which allows for the development and integration of themes within the data. In addition to the TA, descriptive statistics were incorporated into the data analysis process to explore and summarise the different numerical characteristics of the included studies.

## **3.5. Search Strategy**

The databases EBSCOhost and PubMed were searched by utilising the Population-Concept-Context (PCC) Framework to assist the search strategy.

**Table 1:** *PCC Elements*

<b>Population</b>	<b>Concept</b>	<b>Context</b>
Maternal victims	Childhood maltreatment Parenting, Attitudes Beliefs, Behaviours	Betrayal Trauma

The identified key words in the PCC framework (Table 1) were used in combination with the Boolean phrases “AND/OR” to search the EBSCOhost and PubMed databases. The primary search term consisted of (Maternal childhood sexual victimisation OR maternal childhood maltreatment OR maternal childhood sexual abuse) AND (parenting attitudes beliefs behaviours). A secondary search term – (Betrayal trauma) AND (parenting) AND (childhood sexual trauma OR abuse) – was utilised to incorporate the concept of betrayal trauma in accordance with the research questions.

The following databases fall under EBSCOhost and were simultaneously accessed in the EBSCOhost search: Academic Search Complete, Business Source Complete, eBook Collection (EBSCOhost), eBook Open Access (OA) Collection (EBSCOhost), ERIC, GreenFILE, Health Source – Consumer Edition, Health Source: Nursing/Academic Edition, Index to Legal Periodical Retrospective:1908-1981 (H.W. Wilson), MasterFILE Premier, MasterFILE Premier Reference eBook Subscription, MathSciNet, MEDLINE with Full Text, Newspaper Source, OpenDissertations, and Regional Business News.

**Table 2:** *Search Strategies and Yields for Different Electronic Databases*

<b>DATABASE</b>	<b>SEARCH STRATEGY</b>	<b>YIELD</b>	<b>RELEVANT TO STUDY</b>
EBSCOhost	(Maternal childhood sexual victimisation OR maternal childhood maltreatment OR maternal childhood sexual abuse) AND (parenting attitudes beliefs behaviours)	289	99
EBSCOhost	(Betrayal trauma) AND (parenting) AND (childhood sexual trauma or abuse)	8	3
PubMed	(Maternal childhood sexual victimisation OR maternal childhood maltreatment OR maternal childhood	5	5

	sexual abuse) AND (parenting attitudes beliefs behaviours)		
PubMed	(Betrayal trauma) AND (parenting AND (childhood sexual trauma or abuse)	15	12
<b>Total Number</b>		317	119

### 3.6. Criteria for Inclusion

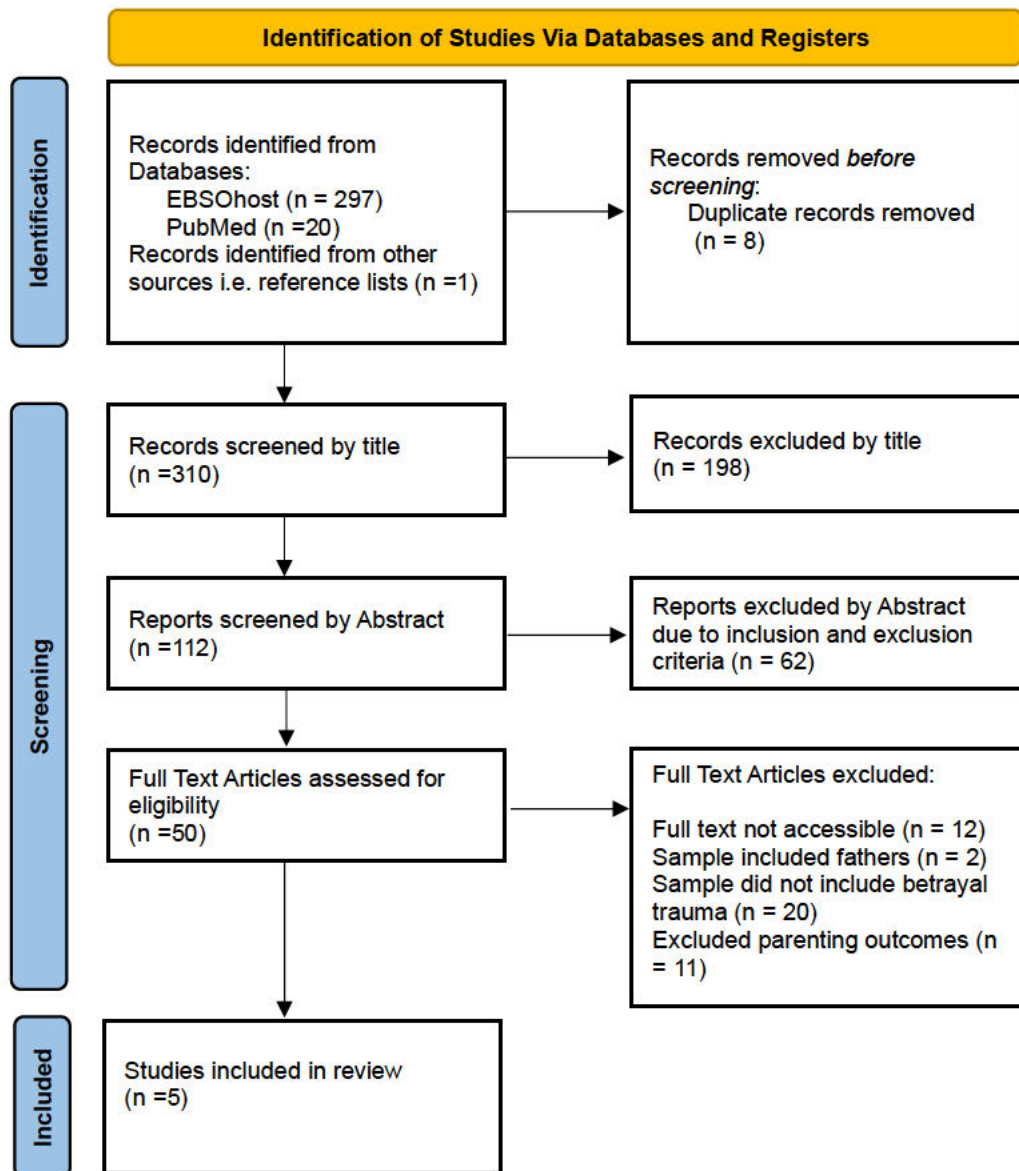
Following the initial search, the articles that met the eligibility criteria in the initial title and abstract screening were included for further review at the full text level. At the full text screening, studies with maternal childhood maltreatment experiences beyond sexual victimisation were included. This was in accordance with the available literature on the topic of poly-victimisation that showcases the complex interactions present between trauma experiences (Latham et al., 2023). Isolating long-term effects specific to sexual victimisation from other co-occurring forms of victimisation as they relate to BT may have limited the understanding of the influences on parenting attitudes, behaviours and beliefs (Hatfield, 2020). Those that met the revised inclusion criteria at the full text level were included in the study (Halas et al., 2015).

**Table 3: Inclusion and Exclusion Criteria**

<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
The participants of the studies had to be women who were maternal caregivers who had experienced victimisation during childhood.	Studies that included both paternal and maternal experiences of childhood victimisation.
Studies had to cover the concepts of maternal childhood victimisation, BT and parenting attitudes, beliefs and behaviours.	Studies that included paternal accounts of parenting attitudes, beliefs, behaviours and BT.
Studies that assessed the impact of maternal childhood trauma on child development, behaviour, mental health, or well-being.	Studies that were not conducted in English.
Publication dates had to fall within the year range of 2000 – 2024.	Studies that were not publicly accessible.

### **3.7. Selection of Studies**

PRISMA was utilised to report the process outlining the selection of studies in the scoping review (Moher et al., 2009; Page et al., 2021). The PRISMA Flow Diagram (Figure 1) outlines the four-phase approach to selecting relevant literature for the study; indicates the different phases (Identification, Screening, Eligibility), and was included in the final sample (Page et al., 2021). Figure 1 depicts the process of data collection using the PRISMA Flow diagram as outlined by Page et al. (2021).



**Figure 1:** *PRISMA Flow Diagram*

Figure 1 illustrates that 317 studies were identified through database searches, and one additional article was sourced from a supplementary search, for example, hand searching reference lists. Following the removal of eight duplicates, there was a total of 310 studies for title and abstract screening. Of these studies, 198 were excluded at the title level and 62 were excluded at the abstract level in accordance with the inclusion and exclusion criteria. The remaining 50 studies were assessed at the full text level for eligibility, resulting in five studies included for data analysis. Reasons for exclusion; the full text was not accessible for review (n = 12); the sample included fathers (n = 2); the study did not include parenting outcomes such

as behaviours, beliefs or attitudes (n = 11); and the remaining studies did not reference betrayal trauma (n = 20).

### **3.8. Data Analysis**

To summarise the data extracted from the selected studies, a Thematic Analysis (TA) was conducted following the steps outlined by Braun and Clarke (2006) as this method adopts an interpretive stance to identify and analyse patterns of meaning within a dataset. In addition to the TA, descriptive statistics were incorporated into the data analysis process to explore and summarise the different numerical characteristics of the included studies.

The following are the phases of a TA as outlined by Braun and Clarke (2006):

#### *Familiarising Yourself with Your Data*

The first phase required active reading of the articles included in the study, to become familiar with the data presented. This required more than one reading of the included data, and incorporated note taking and the marking of potential coding ideas. This initial phase was crucial for the sound analysis of the data.

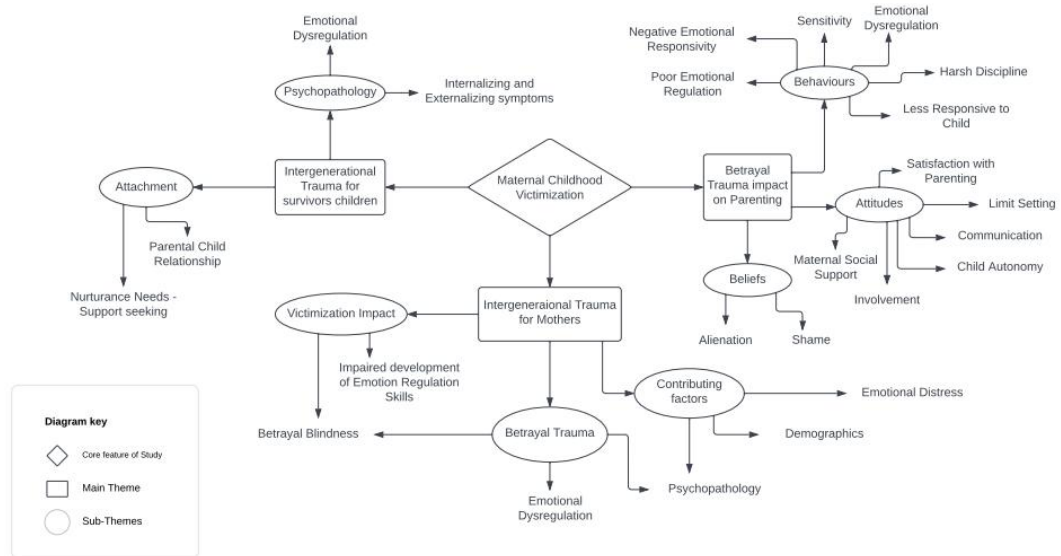
#### *Generating Initial Codes*

Through identifying key features of the data, codes were then formed to mark areas of interest for the analyst to interpret the information in a meaningful manner. Due to the data-focused nature of scoping reviews, the initial codes will emphasise the data available within the research (Braun & Clarke, 2006). This phase required each data extract to be collated with an initial code developed through in-depth engagement with the material included within each study in the review.

#### *Searching for Themes*

Once the various data extracts and codes are collated, the analyst took a broader perspective to re-focus on themes that the different codes may have aligned under. This reflexive phase considers how different codes may be combined to describe an overarching theme and are integrated into an initial thematic map of the dataset. At this stage, the thematic map served as a tool to explore potential patterns and relationships within the data, guiding the subsequent refinement and consolidation of themes (Braun

& Clarke, 2006). The initial thematic map depicted below (Figure 2) offers insight into the analytical process involved in identifying the relationships between candidate themes, sub-themes and codes, and further demonstrates the evolution of the initial interpretations of the dataset in comparison to the final set of themes presented in the results chapter.



**Figure 2:** *The Initial Thematic Map*

### *Reviewing Themes*

Following the identification of candidate themes, the fourth phase in the data analysis process fine-tuned those that were identified in the initial thematic map into refined themes, using the principles of homogeneity and heterogeneity. This ensured that data within themes and subthemes were cohesive whilst distinguishable from other themes (Braun & Clarke, 2006). The themes were reviewed on two levels; first, at the coded extract level, which identified several overlaps between subthemes and codes with several codes appearing within multiple subthemes. And second, at the whole dataset level. At this point, another full assessment of the dataset was performed. This ensured that the coded themes accurately represent and reflect the dataset, and are shown in a ‘satisfactory’ thematic map (Figure 14).

### *Defining and Naming Themes*

Once a satisfactory thematic map is established, the themes and subthemes require further refinement and organisation. This requires identifying the important and relevant aspects of the data included within themes and providing the reasoning behind why these aspects are important (Braun & Clarke, 2006). Additionally, the refinement allows for a hierarchy to be established within the themes and sub-themes to create structure within the extracted data (Braun & Clarke, 2006). To successfully complete this phase, clear definitions for each theme, and subtheme are established. The working names given to each theme become more concise and encompass the themes more accurately.

#### *Producing the Report*

This final phase required data extracts to be incorporated into and embedded within the analytic narrative that provides the argument for the research questions. The task of this step was to coherently and concisely describe the complexity of the data within the identified themes (Braun & Clarke, 2006).

### **3.9. Validity, Reliability and Rigour**

It is crucial to ensure that the findings from this review study are trustworthy and provide reliable, valid information for future research. Therefore, all studies included in the review were further reviewed beyond the inclusion criteria to evaluate the credibility, dependability, transferability and confirmability of their reported findings (Forero et al., 2018). This extra layer of evaluation ensures that the reported results are true, believable, and repeatable. The inclusion of studies that mainly rely on observational data and self-report measures provides a clearer reflection of the target population, increasing the external validity and generalisability of the findings reported in the scoping review (Degtiar & Rose, 2023). The credibility of the current study was evaluated by determining whether the authors of the included studies provided confident confirmation of their findings' repeatability for other researchers, and acknowledged the degree of generalisability of their findings, as encouraged by Forero et al., (2018). All five studies in the scoping review discussed both factors and were, therefore, included in the final sample. Beyond meticulously following the scoping review data collection process, the current study clearly outlined the data collection process, depicted in Figure 1, to demonstrate the rigour of the scoping review methodology utilised. Additionally, in alignment

with Coleman (2022), the validity and reliability of the current study's findings were communicated through the use of rich, detailed accounts of the existing literature. to provide insight into phenomena surrounding childhood victimisation and later mothering experiences.

### **3.10. Ethical considerations**

Through the use of a scoping review methodology, ethical considerations are reduced, due to the use of publicly available secondary data that are presented by the studies included in the scoping review. Including secondary data eliminates human participation within the study and, therefore, reduces ethical concerns such as confidentiality and informed consent. Moreover, due to the public accessibility of these studies via searched databases, privacy concerns were negligible.

## **Chapter 4: Results**

### **4.1. Chapter Introduction**

This chapter includes a detailed account of the findings from the conducted scoping review conducted, exploring the long-term implications of maternal childhood victimisation on parenting attitudes, behaviours and parenting practices. The studies included in the review were systematically charted and analysed according to Arksey and O'Malley's (2005) Scoping Review methodological framework. This approach allowed for a fuller understanding of the scope and extent of existing research on the topic of maternal BT and parenting outcomes currently available.

The results section begins with the charted results as outlined by Arksey and O'Malley (2005) which includes a summary of the key characteristics of the included studies, namely, title, authors, year of publication, objectives, measures and reported findings of note. This provides a foundation for interpretation by introducing the reader to the studies included in the current review, prior to reporting on the descriptive statistics and identified themes of the included studies. The descriptive statistics are presented to highlight the trends in existing research regarding the topic of maternal childhood victimisation, BT and parenting outcomes. The following items will be reported on: the publication timeline, terminology included in study titles, aims and objectives, participant demographics, measures utilised, and study locations.

The chapter concludes by introducing the themes identified through Braun and Clarke's (2006) TA process, which will provide a deeper understanding of the study outcomes and identify patterns within the existing research surrounding maternal BT and its implications on parenting practices, intergenerational trauma transmission and other parenting-related factors. This structured approach encourages a thorough examination of the literature and lays the foundation for further discussion into the complexities of this topic in the following chapters.

## 4.2. Charted Results

**Table 4:** *Charting the Data*

<b>Author(s); year</b>	<b>Study Title</b>	<b>Aims and objectives</b>	<b>Methodology</b>	<b>Measures Used</b>	<b>Key Findings</b>
<b>Rosemary E. Bernstein, Heidemarie K. Laurent, Erica Musser, Jeffery R. Measelle, and Jennifer C. Albow (2013)</b>	<i>In an Idealized World: Can Discrepancies Across Self-Reported Parental Care and High Betrayal Trauma During Childhood Predict Infant Attachment Avoidance in the Next Generation?</i>	To evaluate briefer screening approaches to identify parental idealisation, and test the utility of parental self-report measures of recalled BT and parental childhood care to make predictions based on infant attachment avoidance based on observation.	A sample of 58 mother-infant dyads at 18 months postpartum. The study utilised three data collection points; once during pregnancy, then with infants at five and 18 months old. Each data collection point required mothers to complete a laboratory assessment and questionnaires. Data analysis included a logistic regression.	The Parental Bonding Instrument (PBI); The Brief Betrayal Trauma Survey (BBTS); Ainsworth and Bells' Strange Situation (SS), 21-minute task	Findings suggested that recalled care in childhood and BT experiences may assist in identifying caregivers whose infants are at risk of developing an avoidant attachment style.
<b>Rebecca L. Babcock Fenerci, Ann T. Chu and</b>	<i>Intergenerational Transmission of Trauma-Related</i>	To explain the mechanisms involved in the intergenerational	A sample of 72 mothers completed self-report questionnaires for	Trauma History Questionnaire (THQ); Trauma Symptom Checklist	As part of interventions directed towards children with internalising and

<b>Anne P. DePrince (2016)</b>	<i>Distress: Maternal Betrayal Trauma, Parenting Attitudes, and Behaviours</i>	trauma-related distress transmission through the exploration of maternal BT, and children's internalising and externalising symptoms.	evaluation in a quantitative study. They were recruited from a larger project regarding parenting and stress.	(TSC-40); Parent-Child Relationship Inventory (PCRI); Parenting Stress Index-Short Form (PSI-SF); Child Behaviour Checklist, School Age Form (CBCL)	externalising symptoms, it is crucial to assess maternal trauma and parenting characteristics.
<b>Rebecca L. Babcock Fenerci and Anne P. DePrince (2017)</b>	<i>Shame and Alienation Related to Child Maltreatment: Links to Symptoms Across Generations</i>	To investigate the associations between appraisals of shame and alienation related to the mother's experiences of childhood maltreatment and how these symptoms manifest in their toddler-aged children.	A sample of 113 mothers were recruited to participate in a web-based study that required the completion of a series of self-report questionnaires on the mother's post-trauma appraisals.	Trauma Appraisal Questionnaire (TAQ), self-reporting; Trauma Symptom Checklist-40 (TSC-40); Internalizing and Externalizing domains of the Child Behavioural Checklist, Preschool version (CBCL)	Post-trauma appraisals, such as shame, may play a role in the socio-emotional development of children with mothers who experienced childhood maltreatment.
<b>Christina Gamache Martin, Hyoun K. Kim and Jennifer J. Freyd (2018)</b>	<i>Overwhelmed by Emotion: Pathways from Revictimization to Mothers' Negative Emotional Responsivity</i>	To examine a potential model that explains the link between a mother's childhood maltreatment history and their tendency towards	The participants consisted of 62 mother-adolescent dyads taken from a diverse community sample. Data was collected	The Brief Betrayal Trauma Survey (BBTS); Coping with Children's Negative Emotions – Adolescent Version (CCNES-A); Coping with Children's	Mothers with revictimization following childhood BT were more likely to experience emotional dysregulation and reduced sensitivity

		negatively reacting towards their adolescent's negative emotions.	through numerous self-report measures via web-based software followed by three disclosure tasks.	Negative Emotions Scale – Adolescent Perception Version (CCNES-AP); Positive and Negative Affect Scale (PANAS); Dysregulated Emotion Regulation Scale (DERS)	towards their adolescent children.
<b>Rebecca L. Babcock Fenerci and Brian Allen (2018)</b>	<i>From mother to child: Maternal betrayal trauma and risk for maltreatment and psychopathology in the next generation</i>	To investigate the influence of BT in childhood on intergenerational transmission of maltreatment and associated psychopathology.	Using a longitudinal design, the sample consisted of 706 mothers and children who participated in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) across The United States of America.	Interview: Caregivers History of Loss and Victimization (VICA); Internalizing and Externalizing domains of the Child Behavioural Checklist, 4–18-year-old version (CBCL); Internalizing and Externalizing domains of the Youth Self-Report (YSR)	Mothers who experienced high BT had children more likely to exhibit internalising and externalising symptoms, and identified a partially mediating association with sexual BT and children symptom presentation, implicating BT in intergenerational maltreatment.

**Table 5:** *Coding of Reviewed Articles*

<b>Study Title</b>	<b>Authors/publication year</b>	<b>Code</b>	<b>Explanation</b>
<i>In an Idealized World: Can Discrepancies Across Self-Reported Parental Care and High Betrayal Trauma During Childhood Predict Infant Attachment Avoidance in the Next Generation?</i>	Rosemary E. Bernstein, Heidemarie K. Laurent, Erica Musser, Jeffery R. Measelle, and Jennifer C. Albow (2013)	LS1	Longitudinal Study 1
<i>Intergenerational Transmission of Trauma-Related Distress: Maternal Betrayal Trauma, Parenting Attitudes, and Behaviours</i>	Rebecca L. Babcock Fenerci, Ann T. Chu and Anne P. DePrince (2016)	QnS1	Quantitative Study 1
<i>Shame and Alienation Related to Child Maltreatment: Links to Symptoms Across Generations</i>	Rebecca L. Babcock Fenerci and Anne P. DePrince (2017)	QnS2	Quantitative Study 2
<i>Overwhelmed by Emotion: Pathways from Revictimization to Mothers' Negative Emotional Responsivity</i>	Christina Gamache Martin, Hyoun K. Kim and Jennifer J. Freyd (2018)	QnS3	Quantitative Study 3
<i>From mother to child: Maternal betrayal trauma and risk for maltreatment and psychopathology in the next generation</i>	Rebecca L. Babcock Fenerci and Brian Allen (2018)	LS2	Longitudinal Study 2

### 4.3. Descriptive Statistics

#### 4.3.1. Number of Publications Per Year

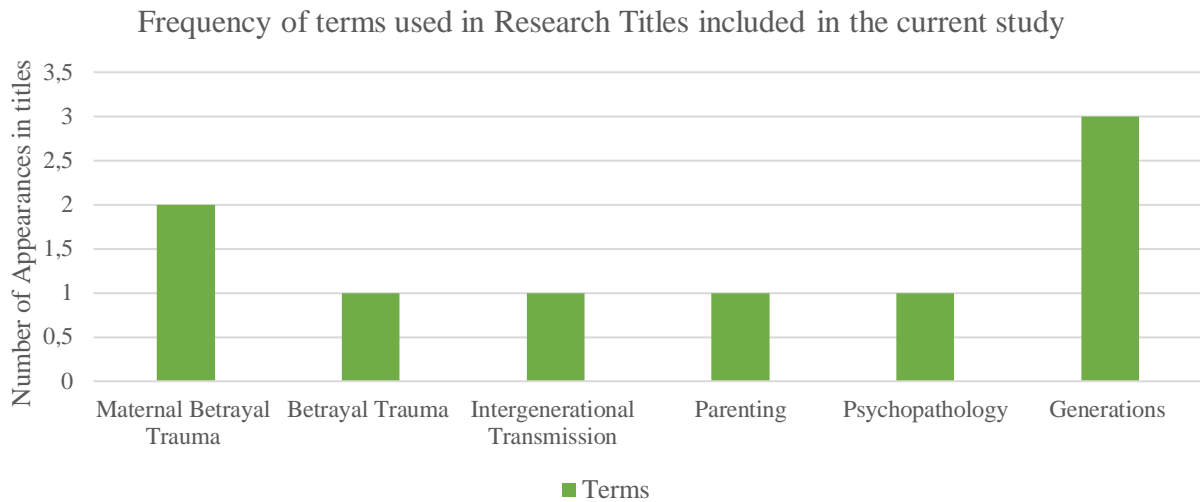


**Figure 3:** Rate of Study Publication between 2000 and 2024.

Across a 24-year span from 2000 until 2024, there were five studies published referring to BT, parenting practices and parent outcomes. During this 24-year period, studies were only published between 2013 and 2018, indicating an increase in interest in this particular research area. However, since the most prolific year in terms of publishing with  $n = 2$  studies published in 2018 (LS2 and QnS3), no additional articles have been published on this topic following the initial uptick of interest between 2013 and 2018.

#### 4.3.2. Titles

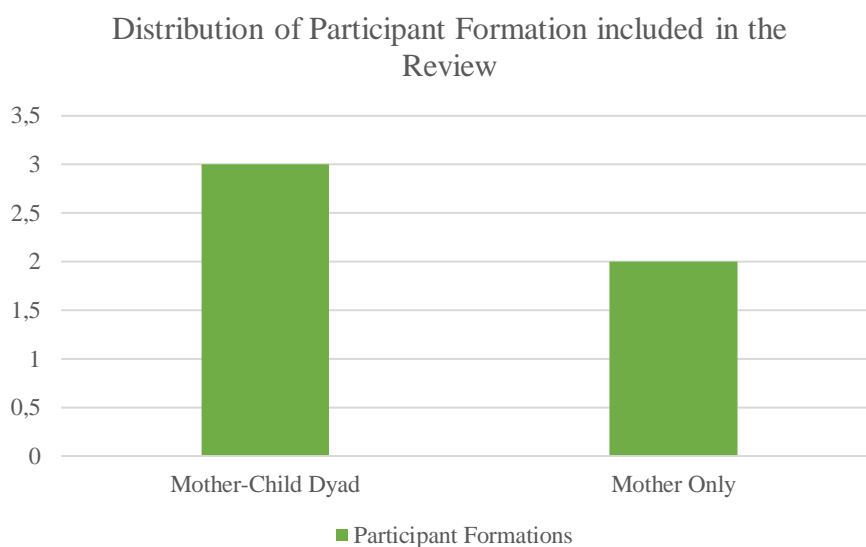
Within the current study, the concept term with the highest frequency (Figure 4) refers to generational trauma transmission with a cumulative total of four studies referencing either “intergenerational transmission” or “generations” in the title. The second highest concept term refers to BT with a cumulative total of three studies referencing either “betrayal trauma” or “maternal betrayal trauma” in the title. “Parenting” or “psychopathology” were only referenced in titles once each across the current study sample.



**Figure 4:** *Frequency of terms used in Research Titles Included in the Current Study*

### 4.3.3. Participant Demographics

The sample studies included in the current review consisted of multiple participant formations, such as mother-child dyads or mothers-only. This discrepancy in participant formation and factors relating to number of children in the mother-child dyad reporting, prevents an accurate representation of the cumulative participant total across the five studies included in the current review. Therefore, Figure 5 and Table 6 demonstrate the distribution of participant formations and sample size of the studies respectively, to provide clarity on the distribution of participants across the five studies.



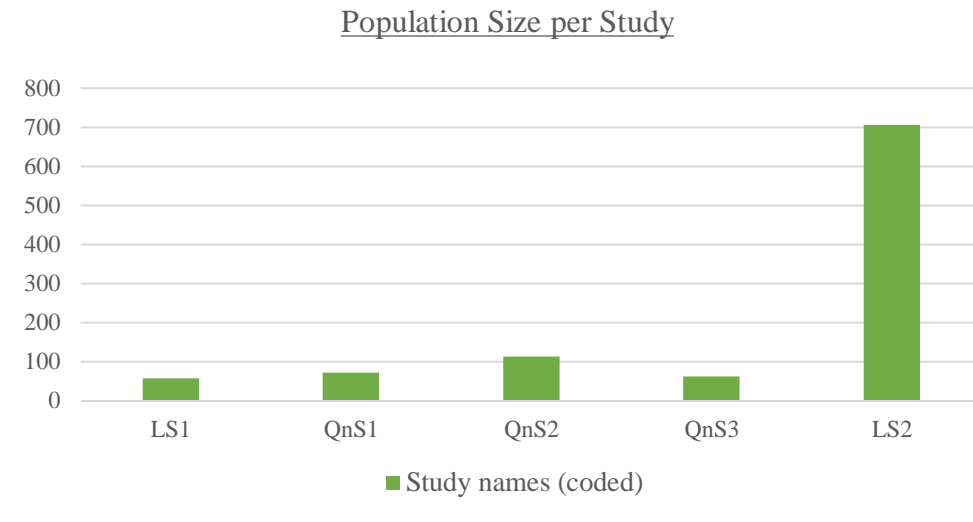
**Figure 5:** *Distribution of Participant Formation Included in the Study*

The above bar graph illustrates the distribution of participant formation included in the scoping review. Three of the included studies utilised mother-child dyads whilst only two utilised a sample of mothers-only.

**Table 6:** *Distribution of Participant Formations and Sample Size of the Studies Included in the Review*

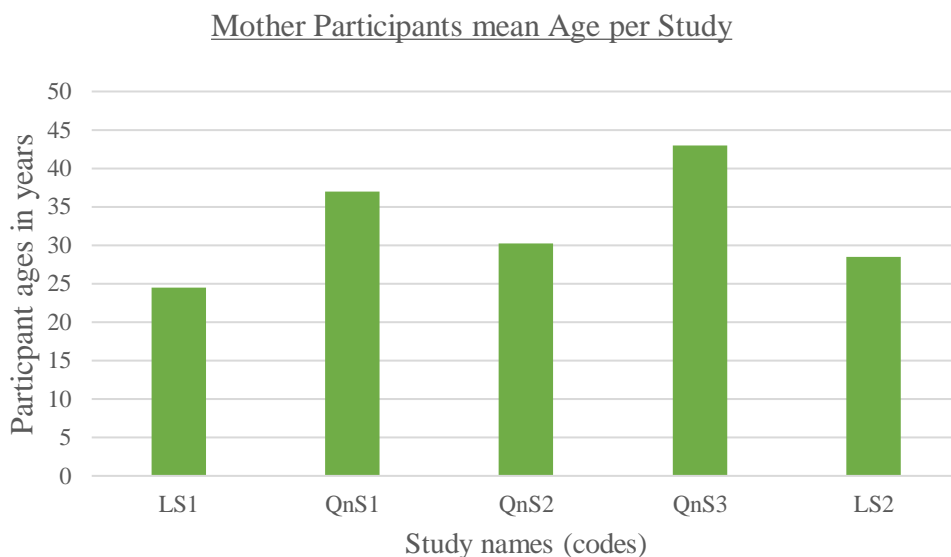
<b>Study Code</b>	<b>Participant Formation</b>	<b>Sample size</b>
LS1	Mother-child dyads	58 dyads, n=116
QnS1	Mother-only	72
QnS2	Mother-only	113
QnS3	Mother-child dyads	62 dyads
LS2	Mother-child dyads	706 dyads, n = 1412

Figure 6 demonstrates the population size in line with the samples reported in each individual study, taking into account the differences in sample representations i.e. mother-child dyads versus mothers-only. It is crucial to note that in Study QnS3, the study referenced their “sample of 62 mothers” but identified their participant population as consisting of adolescent-mother dyads, identifying an average of 2.6 children per mother. Due to this discrepancy, a true reflection of the population size is unknown and cannot be reported on. Therefore, each dyad will be considered as a single participant from this point onward.



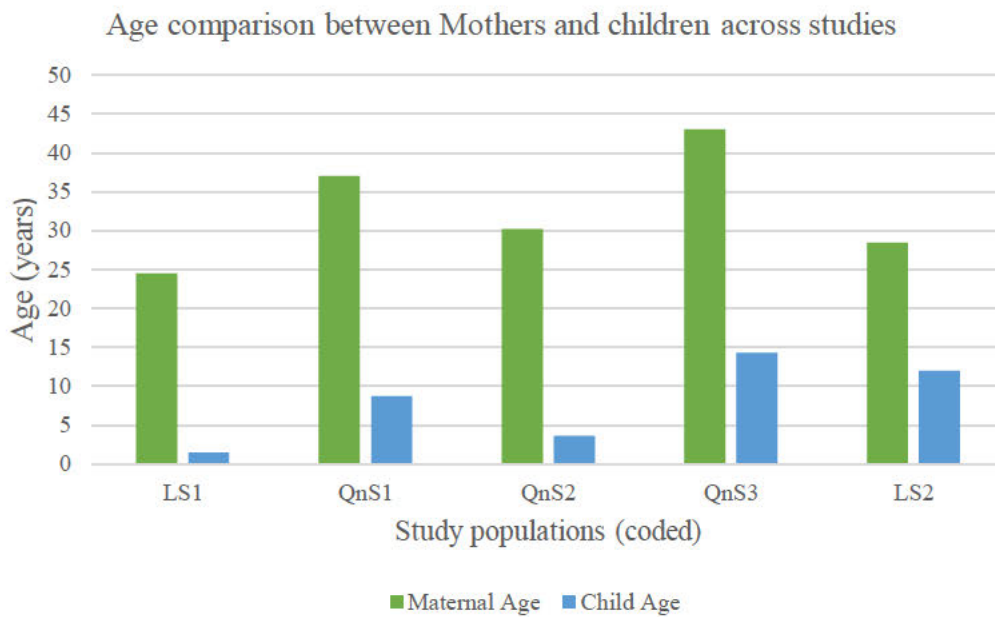
**Figure 6:** *Population Size Per Study*

The above figure 6 demonstrates the population size in line with the samples reported in each individual study, taking into account the differences in sample representations i.e. mother-child dyads versus mothers-only. It is crucial to note that in study QnS3, the study referenced their “sample of 62 mothers” but identified their participant population as consisting of adolescent-mother dyads, identifying an average of 2.6 children per mother. Due to this discrepancy a true reflection of the population size is unknown and cannot be reported on. Therefore, each dyad will be considered as a single participant from this point onward.



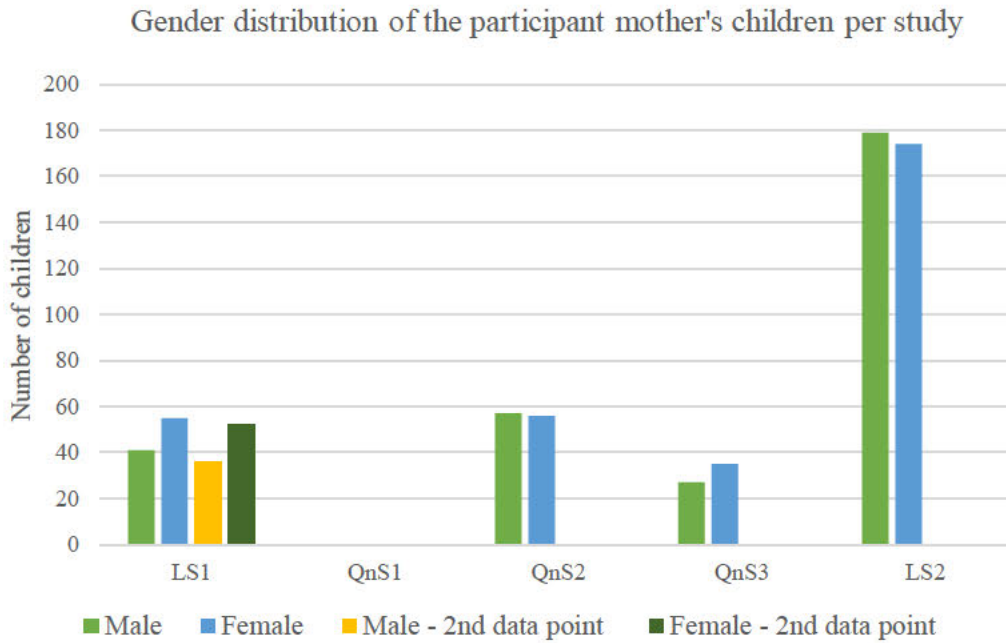
**Figure 7:** *Mother Participants Mean Age per Study Population*

The study with the youngest maternal population was the Bernstein et al., (2013) (LS1) study with a mean maternal age of 24.5 years and a standard deviation of 4.7. The oldest maternal participant population was identified in the Gamache Martin, Kim and Freyd (2018) (QnS3) study with a mean maternal age of 43 years and a standard deviation of 8.09. The mean maternal age of the studies included in this review was 32.64 years.



**Figure 8:** *Age Comparison Between Mothers and Children Across Studies*

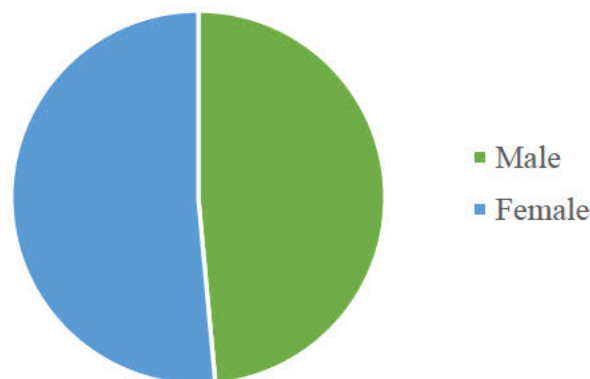
The mean ages of children included in each mother-child dyad in the different study populations are demonstrated above. The longitudinal studies collected data at multiple points with LS1 collecting data when the child was five months old, and again at 18 months. Similarly, in LS2, the data was collected at three points between the ages of 0 and 12 years. The data included in the graph demonstrates the age at the final data collection point in both longitudinal studies (LS1 and LS2). The mean age of children included in the review comparing the five studies is 8.03 years. However, it is crucial to note that only one of the five included studies worked with an adolescent population in the mother-child dyad, with a mean age of 14.33 in QnS3. Of the four remaining studies, the effects of maternal BT were examined in early childhood and pre-adolescent child populations. The youngest child population included in the scoping review was from LS1 with the second data collection point occurring at 18 months old.



**Figure 9:** *Gender Distribution of Children in Mother-Child dyads per Study*

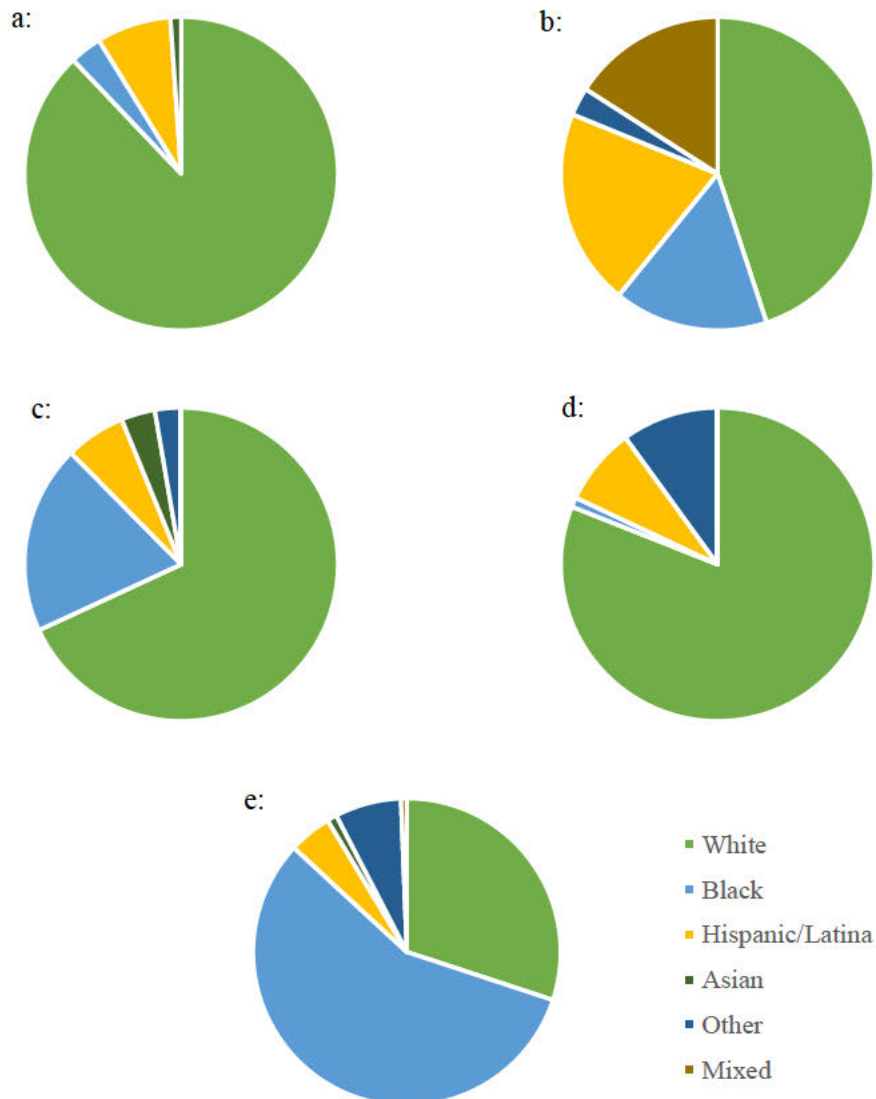
The studies included in the review demonstrated a somewhat even gender distribution in the children included per study population with most studies falling between a range of 48% and 60% per gender. Notably, Study QnS1 did not provide data on the gender distribution of children participants included within their sample and, therefore, cannot be accounted for. Study LS1 provided two sets of gender distributions due to the voluntary and longitudinal nature of the study design, therefore, the number of participants returning decreased and shifted the gender distribution at the second data collection point. Study LS2 gave no indications of participant population size changes throughout their study and is reported as such.

Gender distribution of the children of mother participants



**Figure 10:** *Gender Distribution of the Children of Mother Participants*

Figure 10 illustrates the cumulative gender distribution of the children of mothers across the studies included in this scoping review, with a gender distribution of 51.46% female and 48.54% male children.



**Figure 11(a-e): Ethnic/ Racial Distributions of Mother Participants per study**

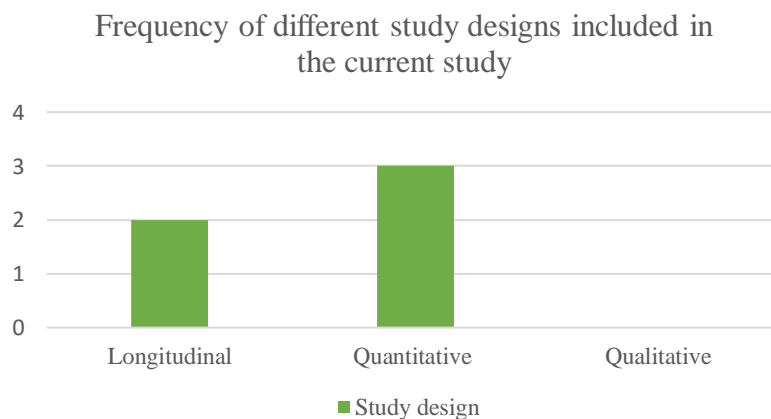
The pie charts in Figure 11 demonstrate the ethnic/racial distribution of the participant mothers of the included studies under review. The figures represented as a-e, represent the studies as follows: a) LS1 b) QnS1 c) QnS2 d) QnS3 e) LS2. The majority of those included in the studies were from the white demographic as illustrated in the a-d pie charts in Figure 11, with the highest percentage of white participants identified in the LS1 study (80% of the

sample). Pie chart e in Figure 11 was the only study of the five included in this review with a predominantly black population, with 55.4% of the study's participants being from this demographic.

#### 4.3.4. Location of Reviewed Studies

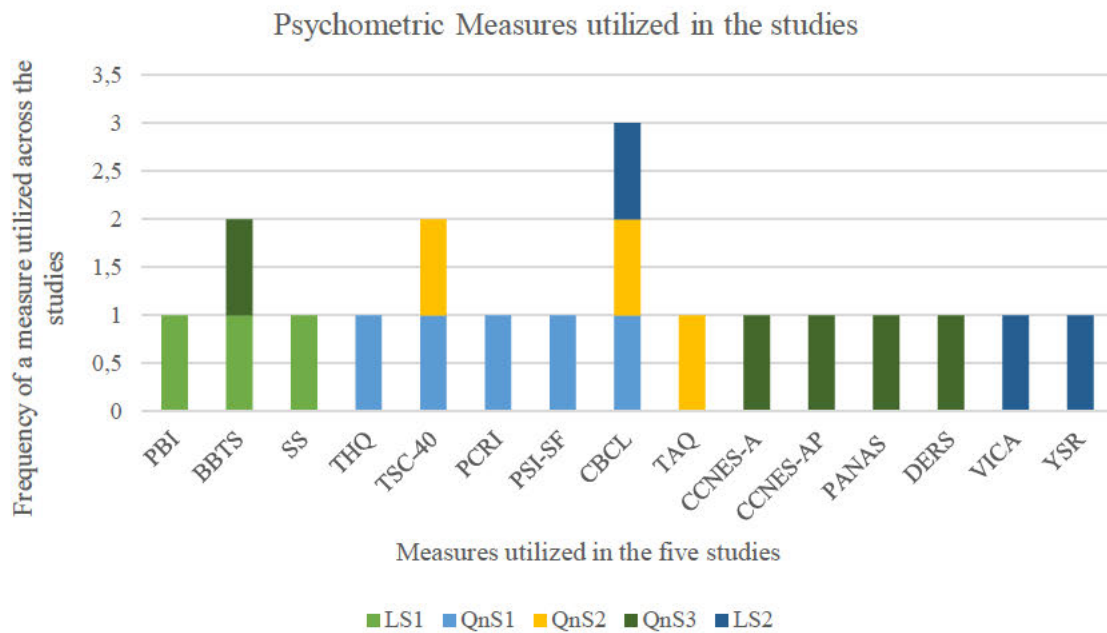
The five studies included in the current scoping review were all conducted within the United States of America, with one longitudinal study (LS2) obtaining data from multiple locations across the country. It is notable that two of the studies (QnS2 and QnS3) included in the final sample utilised web-based self-report measures that allowed for a remote data collection process, with the remaining studies incorporating in-person tasks with self-report/parent-report measures. The mothers included in the studies were predominantly recruited through community samples and one (LS2) extrapolated data from another longitudinal LONGSCAN study. Despite conducting all five studies in the United States of America, which is considered a high-income country (Yuyun et al., 2020), the samples consisted of diverse socioeconomic backgrounds, ranging from low to high socioeconomic statuses. This aims to demonstrate generalisability of the findings across sociodemographic factors. Despite this, the current study's sample is limited by the lack of lower middle income countries conducting studies on BT and parenting. This prevents the current study from drawing conclusions on the narratives of BT in mothers from lower middle-income countries and how this may influence intergenerational transmission through parenting.

#### 4.3.5. Study Design and Psychometric Measures



**Figure 12:** *Frequency of Different Study Designs Included in the Current Study*

Of the five studies included in the review, three were identified as using a cross-sectional quantitative research design (QnS1, QnS2 and QnS3) whilst the other two studies utilised a longitudinal quantitative research design (LS1 and LS2). None of the studies included in the current review utilised a qualitative approach to explore maternal childhood BT and the implications of parenting attitudes, beliefs and behaviours on parent outcomes.



**Figure 13:** *Psychometric Measures utilized in the studies.*

The five studies included in this review utilised a wide array of psychometric measures to quantify and understand the effects and connections between childhood trauma, parenting, child symptoms, parental relationships and intergenerational effects. The most frequently used tool was the CBCL, which was utilised by three studies (QnS1, QnS2 and LS2). The CBCL is a parent-report measure evaluating the social-emotional and behavioural problems in children. However, it must be noted that while the same psychometric measure was utilised, different domains of this tool were prioritised in each study, indicating a limitation in the transferability of the results found between the three studies using this measure. More consistently, the BBTS was used in both LS1 and QnS3 to measure the extent of BT in a self-report questionnaire focussing on victimising experiences prior to age 18. The TSC-40 was utilised by two quantitative studies (QnS1 and QnS2) as a self-report measure identifying post-traumatic stress symptoms and assessing current levels of trauma symptoms.

### 4.3.6. Study Outcomes

The study outcomes will be outlined through the themes identified during the TA in the results chapter and expanded upon in the discussion chapter.

## 4.4. Thematic Analysis

### 4.4.1. Introduction

The TA expands on the descriptive statistics and earlier charted results to provide an in-depth exploration of the dataset. This approach encourages an in-depth analysis of the patterns and recurring themes present within the available literature regarding maternal childhood BT and parenting practices (Braun & Clarke, 2006). Identifying the common themes within the current body of literature highlights the complexities of maternal childhood BT, and the subsequent effects these experiences may have on parenting practices in adulthood. Supported by evidence from the reviewed studies, the patterns identified may provide further insight into how maternal childhood victimisation may influence parenting outcomes and potentially contribute to intergenerational trauma transmission.

### 4.4.2. Final Thematic Map

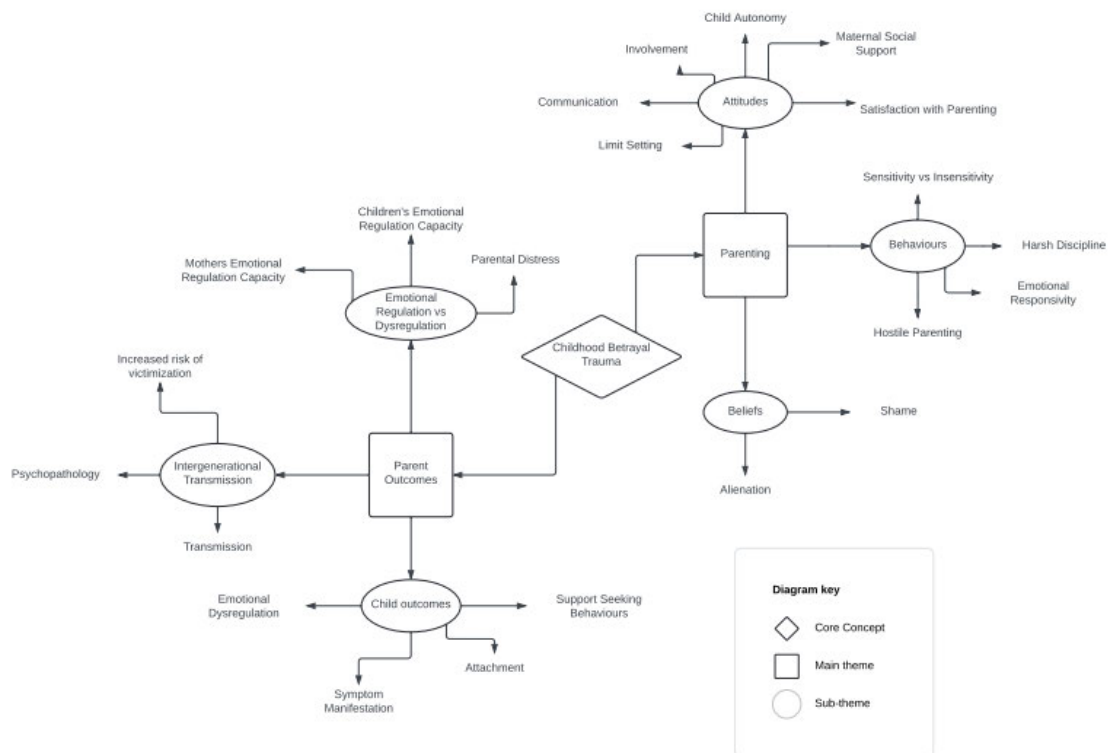


Figure 14: The Final Thematic Map

Figure 14 demonstrates the connections between the overarching topic of childhood BT, and the main themes and subthemes identified during the data analysis process. The two main themes identified within the dataset include parenting and parent outcomes, each containing three subthemes with further refined codes. Following the presentation of the final thematic map (as shown in Figure 14) – in which the main and subthemes were clearly outlined in relation to the core concept of BT as an umbrella theme – it became evident that further refinement of the main- and sub-theme titles was required to fully capture the essence of the dataset and provide a true reflection of it. This is in alignment with Braun and Clarke’s (2006) TA process. The final themes are outlined in Table 7 below.

**Table 7:** *Thematic Analysis Main- and Sub-Themes*

<b>MAIN THEMES</b>	<b>SUBTHEMES</b>
Effect of Betrayal Trauma on Parenting Practices	Maternal Perceptions of Parenting Practices Behavioural Responsivity
Consequences of Childhood Betrayal Trauma	Emotional Regulation versus Dysregulation Intergenerational Transmission Child outcomes

## Chapter 5: Discussion

### 5.1. Chapter Introduction

In accordance with the objectives of the current study to explore literature surrounding maternal childhood victimisation experiences, and potential associations between these experiences and parenting in relation to the concept of betrayal trauma (BT), this chapter examines the existing evidence of the associations between maternal childhood BT and parenting with reference to available research. It also attempts to identify whether emotional dysregulation is a common pattern that affects mother's parenting behaviours following childhood experiences of BT; as well as the potential influences of these childhood experiences on parental attitudes, beliefs and behaviours. Additionally, this chapter aims to provide insight into the patterns that exist within the available literature on the topic of maternal childhood BT, parenting and parenting outcomes.

This chapter will provide a detailed interpretation and discussion of the patterns present within the literature sample of the scoping review and discuss key findings illustrated in the previous results chapter. This will allow for an in-depth exploration of the descriptive statistics and emerging patterns within the TA in an integrated manner. The discussion will be based on the identified themes as well as existing literature on the topic of maternal childhood BT and parenting to respond to the questions raised in this scoping review study.

Following the reflexive process outlined by Braun and Clarke (2006) for conducting a TA allowed for an in-depth exploration of the five studies included in the sample, coded as LS1, QnS1, QnS2, QnS3 and LS2 in Table 5. Within the scoping review, "Betrayal Trauma" was identified as an overarching theme deeply ingrained throughout the main-themes and subsequent sub-themes in the TA. Therefore, when exploring the categorisations of the main- and sub-themes (Table 7) present within the data, it is crucial to note that the identified themes are deeply rooted in the core research concept of BT and childhood experiences of interpersonal violence. This is in accordance with Freyd's (1996) theory of betrayal trauma that interpersonal violence perpetrated by individuals the child trusts can lead to negative long-term psychological responses. The long-term consequences of BT are reflected in the main themes that emerged during the analytical process. The TA identified two main themes under the

umbrella theme of BT in childhood across the studies included in the scoping review. These themes were identified as “Effects of Betrayal Trauma on Parenting Practices” and “Consequences of Childhood Betrayal Trauma”.

## **5.2. First Main theme: Effects of Betrayal Trauma on Parenting Practices**

The first main theme: “Effects of Betrayal Trauma on Parenting Practices” reflects the patterns relating to mothers’ attitudes, behaviours and beliefs with regards to their perceptions of motherhood. It reveals how mothers conduct themselves within the mothering role following histories of childhood victimisation at the hands of a caregiver. This theme focusses particularly on the mothers and how their childhood experiences of BT influence their approach to parenting practices. In the context of current research, this theme highlights the association between childhood BT and parenting practices to provide a clearer understanding of the relationship between these two factors as demonstrated in existing literature; where a potential link between parenting attitudes and beliefs that arise following childhood experiences of BT and parent outcomes has been noted (Zvara et al., 2015). This sentiment is echoed by Study QnS2 that considers the role of maternal experiences of shame or alienation following these early life experiences and how it may influence parent outcomes. Relating to attachment, distress and other aspects of parenting QnS2 notes that, *“forming an attachment to one’s child and/or the act of parenting itself may serve as a trauma reminder that elicits mother survivors’ childhood memories of maltreatment as well as the shame associated with those memories”* (p.5). Therefore, when mothers’ attitudes towards parenting are distorted by lived experiences and they potentially relive these distressing memories in response to their children’s behaviours, the manner of response may differ from what is conventionally accepted as positive parenting practices. The two subthemes of “Effect of Betrayal Trauma on Parenting Practices” are divided into “Maternal Perceptions of Parenting Practices”, and “Behavioural Responsivity”.

### **5.2.1. Subtheme: “Maternal Perceptions of Parenting Practices”**

The first sub-theme, “Maternal Perceptions of Parenting Practices” examines the dynamic role BT plays in mothering experiences following childhood victimisation. In particular, this sub-theme navigates the conflicting attitudes of mothers in relation to their

experiences, and expectations of motherhood through the lens of BT. Within the dataset, maternal attitudes were examined through the mothers' personal appraisals of their involvement with their children, satisfaction within their parental role, communication and limit setting, in addition to their perceived levels of social support. It was noted within Study QnS1 that parenting perceptions and attitudes towards their children played a significant role in how they responded to their children. These attitudes are shaped by contextual factors that moulded their understanding of parenting, the parenting role and expectations of their child (Breiner et al., 2016).

The concept of intensive mothering introduced by Hays (1996) outlines the standards of being a good mother and the expectations associated with motherhood. Mothers may experience disillusionment in relation to the realities of parenting and their capacity to meet the standard of a "good mother" (Forbes et al., 2020). Therefore, when mothers experience incongruence between their expectations and the realities of parenting, distress may arise (Forbes et al., 2020). This experience of parental distress is exacerbated by their trauma-related distress following childhood experiences of BT. These experiences of interpersonal violence and trauma are suspected to affect later parental cognitive functioning (Oosterman et al., 2019). This can lead to an increase in mothers with childhood experiences of BT experiencing negative self-appraisals regarding their ability to fill the parenting role and internalising feelings of inadequacy and incompetency as negative self-beliefs (Michl-Petzing et al., 2019; Zvara et al., 2015). These negative self-perceptions can negatively influence parenting attitudes and exacerbate parenting experiences of distress, as seen in Study QnS2 which states: "*Results from the maternal trauma-related distress model showed that... maternal shame and alienation significantly predicted maternal trauma-related distress*" (QnS2, p. 4).

Therefore, in response to the distress that arises in response to negative self-appraisals and child externalising behaviours, mothers' limit setting may increase as an attempt to manage their growing distress. This concept is consistent with the results from Study QnS1 which suggests, "*that parents' limit setting attitudes could act as a mechanism that transmits trauma-related distress from abuse-survivor parents to their children in the form of behavioural problems*" (QnS1, p. 394). The manifestation of behavioural problems in children due to mental health outcomes is highly stigmatised and can amplify mothers internalised self-stigma by association with their own experiences and their children's behaviours (Eaton et al., 2016). Moreover, the manifestation of symptoms in children is considered a negative reflection of a

mother's capability within the parenting role, placing pressure on the notion of a "good mother" (Hays, 1996). Therefore, when children develop behavioural problems, this is viewed as a poor reflection of the mother and can lead to negative internalisations and self-appraisals (Williamson et al., 2023). This experience of parent-blaming and bad-parent stigma can result in self-blame appraisals (Eaton et al., 2016).

Within maternal populations who experienced childhood victimisation, vulnerabilities to negative self-appraisals become more apparent, as noted by Study QnS2: "*Mother survivors are indeed more likely to experience these self-deprecating appraisals while interacting with their young children*" (QnS2, p. 5). Moreover, it is crucial to note that mothers' attitudes towards communication and limit setting can influence children's behaviours: "*Shame could potentially influence a mother's behaviour toward her child, and subsequently lead the child to develop early mood and/or behaviour symptoms*" (QnS2, p. 5). This may affect their perceptions and experiences of motherhood, as noted in Study QnS1: "*These patterns of associations emphasize how mothers' manner of communicating with their children can substantially affect their child's social-emotional development, with globally negative communication styles increasing the likelihood of mood symptoms and failure in setting appropriate limits increasing behavioural problems*" (QnS1, p. 393).

The attitudes a parent holds influences their degree of parenting stress in addition to their child's behaviours (Han & Lee, 2018). Study QnS1 echoes this existing understanding of parenting attitudes and distress, noting that, "*mothers with more negative attitudes toward parent-child communication as well as mothers with high levels of parenting satisfaction were at increased likelihood of having children with internalising symptoms*" (QnS1, p.394). QnS1 clearly highlights the association found between parenting attitudes and child internalising symptoms, whilst demonstrating the role parenting attitudes play in eliciting problematic child behaviours. Han and Lee (2018) observed similar outcomes identifying a feedback loop between parenting attitudes and child problematic behaviours causing parenting stress.

However, the finding that parenting satisfaction was associated with child internalising behaviours was contrary to existing literature, "*as high levels of parenting satisfaction or 'mothers loving being mothers' did not translate to children's social-emotional well-being; in fact, the inverse relationship was found*" (QnS1, p. 394). It was hypothesised that childhood experiences of victimisation can have polarising effects on perceived levels of parental

satisfaction, with Study QnS1 proposing that high levels of parental satisfaction relate to mothers' attempts to fulfil their own unmet childhood needs instead of their children's needs. This pattern of inconsistently meeting their children's needs in order to meet their own can disrupt attachment patterns and lead to negative long-term child outcomes (Bowlby, 1988), which will be discussed later in this chapter.

The demographics of the studies showed a predominantly white population across four of the five studies included in the review (as shown in Figure 11). This highlights the role contextual factors play in parenting attitudes; how childhood experiences of victimisation by caregivers, child characteristics and cultural systems can influence mothers' perceptions of parenthood (Breiner et al., 2016). It was initially suspected that the mothers in the five included studies who experienced BT in childhood would have younger maternal ages. This supposition was based on research indicating tendencies towards early childbearing following experiences of childhood trauma and maltreatment (Clemens et al., 2021; Font et al., 2019). However, in the case of this scoping review, this proved incorrect as the mothers included in the five studies had an average age of 32.64 years (as shown in Figure 7). The elevated maternal age may be affected by the maternal population of the QnS3 study, which showcased a mean age of 43 years, and was the only study population of mothers included in this review with a mean maternal age above 40 years old (as shown in Figure 7). That said, the study population for QnS3 was also the only study to include adolescents, with the adolescents mean age sitting at 14.33 years old (as shown in Figure 8). Plus, while the mothers had a higher mean age than expected, it should be noted that the time of study for all five studies was not the age at which the mother's entered parenthood. The other studies' population ages ranged between 24.3 years and 37 years with children ranging between 18 months and 12 years (as shown in Figure 8).

While the mother participants were all screened for childhood experiences of BT in the form of interpersonal violence, only one study mentioned re-victimisation of BT in early adulthood. This study (QnS3) found mediating effects of re-victimisation of BT on parenting, noting that those who experienced BT in childhood and again as young adults had more negative outcomes associated with their parenting experiences compared to mothers who only experienced BT in childhood. These experiences were reported to influence their own perceptions of parenthood as well as the effects on their children: "*The regions of significance of the interaction confirmed our hypothesis that for those women with the highest levels of CHBT, higher ratings of childhood PC were associated with offspring attachment avoidance*" (LS1, p. 540). When mothers experience harsh care-giving and maltreatment from caregivers

in childhood, it is hypothesised that their attitudes towards parenting, and expectations of the parenting role, become distorted (Clemens et al., 2021; Fang et al., 2021; Kotchick & Forehand, 2002). This was supported by the findings of the Parental Care Scale shown in the LS1 study, which found recalled high parental care to contribute fundamentally towards children with BT idealising their caregivers or perpetrators, further informing the understanding of betrayal blindness. This concept is closely linked to BT identified by Freyd (1994) as a perpetuating factor for the next generation to experience maltreatment.

### **5.2.2. Subtheme: “Behavioural Responsivity”**

The second sub-theme, “Behavioural Responsivity” highlights mothers’ parenting behaviours following childhood experiences of victimisation at the hands of a caregiver. The betrayal that arises from these experiences can lead to severe long-term implications for the individual’s personal development, as well as limit the ability to effectively navigate the stressors associated with parenting (Savage et al., 2019; Zvara et al., 2015). It is evident in the research that mothers with past experiences of interpersonal victimisation are more susceptible to parenting distress that leads to a deterioration in cognitive, emotional and behavioural functioning (Oosterman et al., 2019). This can result in poor parenting practices, such as harsh intrusiveness, boundary dissolution and withdrawing behaviours (Greene et al., 2020; Schetcher et al., 2008). This can result in lower emotional responsivity towards their children (Hughes & Cossar, 2015). These parenting behaviours are hypothesised to arise from parental distress, as a result of poor emotional regulation, negative self-appraisals and the development of psychopathology following childhood experiences of interpersonal violence (Zvara et al., 2015).

The stress response experienced by parents in distressing situations is believed to prevent them from fully engaging with their children to regulate their distress and respond in an emotionally available manner to meet their children’s needs (Hughes & Cossar, 2015; Rose et al., 2017). Parents with a history of childhood abuse may become significantly distressed by their child, experiencing ‘triggered’ responses that impede the nurturing parent-child relationship that is vital for development (Chamberlain et al., 2019; Savage et al., 2019). These triggered responses are thought to result from the child displaying distressing behaviours that serve as reminders of the mother’s own distress and childhood experiences. This was echoed

by Study QnS2 stating that: “*Forming an attachment to one’s child and/or the act of parenting itself may serve as a trauma reminder that elicits mother survivors’ childhood memories of maltreatment as well as the shame associated with those memories*” (QnS2, p. 5). Distress behaviours include withdrawing from the infant, and becoming less involved during mother-child interactions (Savage et al., 2019).

The atypical behaviours that often arise as a result of traumatic childhood experiences become apparent in the parenting practices of those who share these experiences (Schechter et al., 2008; Zvara et al., 2015). Decreased sensitivity and responsiveness towards children are commonly seen in parents with a history of childhood maltreatment (Kwako et al., 2011; Plant et al., 2017). It is important to acknowledge that disruptions in early childhood attachments may have long-term intergenerational effects, due to the perceived rejection and neglect following repeated experiences of parental insensitivity (Oosterman et al., 2019). However, Study LS1’s findings contradict this understanding in relation to attachment organisations in infancy, stating: “*Maternal prenatal psychopathology and sensitivity to her infant five months postpartum did not predict 18-month infant attachment classification*” (LS1, p. 540). This contradiction displaces the existing understanding that insensitive parenting responses of mothers with a history of interpersonal victimisation, create long-term disruptions in their child’s attachment systems (Kwako et al., 2011). Despite Study LS1 disputing insensitive parenting practices as influencing attachment, it was noted within the study that mothers perceived parental care during upbringing, childhood experiences of BT and the interplay between these two concepts are more likely to affect infant attachment organisations in the next generation.

Returning to the concept of BT in childhood and how these victimising experiences can influence parenting behaviours, the expression of parental sensitivity and responsiveness is frequently lowered in mothers with histories of childhood trauma (Plant et al., 2017). This view was supported by the findings of Study QnS3 that linked a, “*maternal history of abuse with more insensitive parenting and less emotional control during parent-child interactions*” (QnS3, p. 955). None of the studies included in the review discussed boundary dissolution, and instead focussed on parenting insensitivity, emotional dysregulation behaviours and harsh limit setting, contradicting existing research.

The finding of QnS3 that “*maternal childhood high betrayal trauma revictimization was indirectly associated with maternal negative emotional responsivity through poor emotion regulation*” (QnS3, p.954), is congruent with existing literature that found cumulative effects of violence exposure on negative parenting behaviours visible in responsivity (Hughes & Cossar, 2015; Zvara et al., 2015). These parenting behaviours were observed in the parenting practices of mothers who experienced poly-victimisation and whose children manifested internalising and externalising symptoms (Savage et al., 2019). Study QnS3 highlights the role poly-victimisation and re-victimisation plays on parenting, stating: “*Maternal childhood high betrayal trauma revictimization was associated with mothers’ increased difficulty regulating their emotions, and greater maternal emotion dysregulation was associated with higher levels of maternal negative emotional responsivity to adolescent expression of negative emotion*” (QnS3, p. 954).

Additionally, of the included studies, only Study QnS3 included adolescent participants as part of the mother-child dyads, and was the same mother-child population that included older maternal participants (as shown in Figure 8). When considering the mean ages of mothers in comparison to the children participants mean ages (see Figure 8), it is evident that research prioritises the effects of BT on early parenting experiences, with children who are still in infancy and early childhood, averaging at 8.09 years old within the current literature sample. The focus on early childhood in relation to parenting practices following BT in the reviewed articles is interesting, as this stage of parenthood is associated with high emotional responsivity, stress and physiological changes for mothers (Oosterman et al., 2019).

### **5.3. Second Main Theme: Consequences of Childhood Betrayal Trauma**

The second main theme: “Consequences of Childhood Betrayal Trauma” refers to the outcomes that arise from the parenting practices identified in the first main theme. This second theme explores the effects of emotional regulation versus dysregulation, and of intergenerational trauma transmission and child outcomes as consequences of mothers’ childhood BT. In the context of the current study, this theme explores the long-term effects of BT on the mothers’ emotional regulation capacities, in addition to exploring how BT may play a role in perpetuating intergenerational trauma transmission and affecting child outcomes. Study QnS1 highlights dysfunctional parent-child interactions as predictive factors for

internalising and mood symptoms in children, “because dysfunctional parent–child interactions accounted for the majority of the variance in child internalizing symptoms, mood symptoms might be more likely to arise from dyadic interactions indicative of poor parent–child relationship quality than from mothers’ individual parenting attitudes or behaviours alone” (QnS1, p. 394). Study QnS3 highlights the fundamental contribution childhood BT has on emotional regulation capacities for positive parenting stating: “It may be that their trauma histories impaired their development of emotion regulation... highlighting decreased rates of maternal sensitivity and responsiveness for mothers with abuse histories” (QnS3, p. 955). This emphasises the importance of emotional regulation capacities for reflective functioning in positive parenting practices and attachment. This was reiterated by Study LS1 that found: “For those women with the highest levels of CHBT, higher ratings of childhood PC (a discrepancy denoting idealization) were associated with offspring attachment avoidance” (p. 540). Moreover, exploring consequences of childhood BT, demonstrates how the studies included in this review contextualise trauma-related distress behaviours in parenting and how this may affect child outcomes in the next generation. The three subthemes of “Consequences of Childhood Betrayal Trauma” are divided into “Emotional Regulation versus Dysregulation”, “Intergenerational Transmission” and “Child Outcomes”.

### **5.3.1. Subtheme: Emotional Regulation versus Dysregulation**

The first sub-theme of “Emotional Regulation versus Dysregulation” refers to the challenges associated with emotional regulation in mothers who experienced childhood BT; outlining the manifestation and mechanisms of emotional dysregulation and how this phenomenon translates into parenting practices in motherhood. In the current study, all five studies alluded to the central role emotional regulation capacities play in effective parenting practices and highlighting the potentially detrimental impact emotional dysregulation has on parent outcomes via parenting attitudes, behaviours and self-appraisals to influence intergenerational transmission and child outcomes. Study QnS2 observed that children whose mothers demonstrated negative cognitions, moods and external displays of post-traumatic distress, were directly influenced to experience internalising and externalising symptoms. This is consistent with existing literature studying attachment relationships and child outcomes that emphasises the fundamental role reflective functioning and co-regulation plays in healthy development (Babcock Fenerci & DePrince, 2018).

Trauma experiences are well associated with symptoms such as emotional dysregulation, hypervigilance, arousal avoidance behaviours and intrusive thoughts, memories or feelings (Christie et al., 2020; Cluver et al., 2020; Powers et al., 2015). However, limited research has outlined the mechanisms behind dissociative amnesia frequently associated with traumatic events (Christie et al., 2020; Tobias et al., 2014). In response, Betrayal Trauma Theory proposes that memories of the traumatic events at the hands of a caregiver are not fully processed into explicit memory, leaving these experiences in the form of implicit memory (Freyd, 1994). However, the inability to access implicit memory for active recall of events does not prevent implicit memory schema from being activated (Tobias et al., 2014). Therefore, bodily sensations, emotions and feelings may evoke memories of the traumatic incident, however, as the individual lacks access to explicit memory processes, they are prevented from developing insight into and addressing the source of their distress (Tobias et al., 2014). According to findings of Study QnS3, mothers with a history of maltreatment in childhood and later re-victimisation “*were more easily distressed*” (QnS3, p. 955). When mothers experience a constant state of heightened arousal due to historical experiences of maltreatment, the distress that arises during parenting may become overwhelming and negatively impact effective parenting behaviours such as responsiveness and sensitivity (Babcock Fenerci & DePrince, 2018; Oosterman et al., 2019; Savage et al., 2019). This was observed in Study QnS3 which found that, “*maternal negative emotional responsivity became non-significant when maternal emotion dysregulation was included in the model*” (QnS3, p. 955). This highlights the central role emotional dysregulation plays within parenting outcomes, overriding parenting responsivity in the case of re-victimisation and parenting behaviours.

Due to the strain placed on the attachment bond following betrayal events, children who have experienced maltreatment at the hands of a caregiver may subconsciously rely on defence mechanisms to cope with distress, instead of relying on caregivers for co-regulation (Paley & Hajal, 2022; Pat-Horenczyk et al., 2015). “*Abusive and emotionally invalidating environments during childhood may limit the opportunity for children to seek emotional support from their parents or the ability to identify and regulate negative emotions*” (QnS3, p. 955). Study LS1 noted that mothers’ own experiences of childhood care could influence their infants’ attachment organisation, whereby instances of punitive, harsh and intrusive parenting, predicted avoidant classifications in the mothers’ offspring (LS1, p. 540). This correlates with Bowlby’s (1988) attachment theory which stipulates that the socioemotional development of children relies on nurturance and the fulfilment of their emotional needs. When the nurturing caregiver

relationship is the source of distress, insecure attachments form (Bowlby, 1988; Shaver & Mikulincer, 2009). This hinders the development of emotional regulation skills which can have detrimental ramifications for the individual, and when their defenses become overwhelmed by the stressors associated with parenting, the mothers are ill-equipped to cope with their own and their children's distress (Oosterman et al., 2019; Paley & Hajal, 2022; Savage et al., 2019). As a result, negative self-appraisals, such as shame, may arise due to the mothers' inappropriate affective reaction towards their children and past experiences of victimisation: "*Higher levels of shame related to mothers' maltreatment experiences were... significantly associated with maternal trauma-related distress*" (QnS2, p. 5).

This, in turn, leads to the mothers experiencing distress that becomes amplified by activated trauma schema in implicit memory (Oosterman et al., 2019; Savage et al., 2019). Research suggests that when individuals are raised in an environment that is not perceived as safe, they develop adaptive strategies of suppression or avoidance to manage their emotions (Gruhn & Compas, 2020; Krause et al., 2003). However, this initially adaptive mechanism becomes maladaptive when the individual is unable to effectively regulate their emotions without these defence mechanisms (Freyd, 2004). "*The mothers in the current study appeared to become distressed and overwhelmed by their children's intense emotions without having developed the skills needed to regulate their own emotions in an effective way*" (QnS3, p. 955). This observation made in QnS3 that mothers may not have had the opportunities to develop adaptive emotional regulation strategies, mirrors the observation made in Study LS1 that found BT and harsh, uncaring parental care during a mother's upbringing could negatively influence their infants.

Poor emotional regulation skills in parents are associated with the manifestation of child internalising and externalising symptoms (Babcock Fenerci & DePrince, 2018; Powers et al., 2015). This was observed throughout the current sample, and is consistent with existing literature discussing the role of emotion regulation within the parent-child relationship on child outcomes. Studies have indicated that individuals who experienced interpersonal violence are more susceptible to psychopathology, exhibit poorer reflective functioning and experience more difficulties in developing emotional co-regulation skills than those who have experienced trauma through natural disasters (Babcock Fenerci & DePrince, 2018; Borelli et al., 2019; Pat-Horenczyk et al., 2015).

These outcomes associated with parenting following childhood victimisation can negatively affect a mother's ability to navigate her child's emotional experiences effectively. This is a significant point of concern as mothers acting as the primary caregiver play a vital role in the socioemotional development of their children (Bowlby, 1988). In Study QnS3, it was observed that childhood experiences of BT by a caregiver and re-victimisation in early adulthood, placed mothers at higher risk of lacking skills required for emotional regulation. While re-victimisation was not a primary focus of this current study, the inclusion of this population within Study QnS3 provided insight into the debilitating role re-victimisation and poly-victimisation plays in parent emotion regulation capacities. The authors of QnS3 proposed that, "*it may be that their trauma histories impaired their development of emotion regulation... the women in the current study with high betrayal trauma revictimization struggled to manage their emotions, including those that arose during their interactions with their children.*" (QnS3, p. 955).

### **5.3.2. Subtheme: Intergenerational Transmission**

The second sub-theme exploring the consequences of childhood BT is "Intergenerational Transmission", which refers to the long-term effects of childhood experiences of victimisation at the hands of a caregiver. It is well documented in the research that childhood experiences of victimisation increase the next generation's vulnerabilities towards victimisation, psychopathology and dysfunctional relationships (Heleniak et al., 2016; Oshri et al., 2015). The previous chapter reported on the rate of publication of articles referencing BT and parenting, noting that despite a search period of 24 years, from 2000 to 2024, there were only five studies published on the topic (as shown in Figure 3), signalling a significant lack of research on the concept of BT and its effects on parenting. The first study published on the impact of maternal childhood BT and parenting was in 2013, with Study LS1 focussing on attachment, parenting attitudes and parenting behaviours. The remaining four studies included in the review were published before 2018. Despite this initial interest in BT and parenting, a noticeable lapse in publishing has been observed since 2018. This is of particular interest as four of the five included studies referenced intergenerational trauma within their titles (as shown in Figure 5) and focussed on the long-term consequences of these childhood experiences, as they affect the next generation. Intergenerational transmission of

trauma is often the product of poor parenting practices that result from the long-term consequences of traumatic experiences (Lachman et al., 2017).

The adaptive mechanisms proposed by Betrayal Trauma Theory (Freyd, 1994) suggest a pathway for this transmission in the form of betrayal blindness. Betrayal Trauma Theory provides a plausible theoretical explanation for why the children of mothers who were abused by their parents/caregivers are more likely to experience abuse (Freyd, 1994; Johnson-Freyd & Freyd, 2013). Mothers who experienced high BT may be more likely to remain blind to betrayals perpetrated against their own children; at the hands of their own perpetrator from childhood, a significant other or themselves (Delker et al., 2018). This places their own child at risk of similar experiences of victimisation due to the mother's lack of awareness, or denial of the behaviours related to victimising experiences (Delker et al., 2018). Study LS2 comments on this risk: "*Children of mothers who experienced high overall BT (physical or sexual) were significantly more likely to experience maltreatment during their first 12 years of life, compared to children of mothers who experienced low or no BT*" (LS2, p. 9). Mothers' high betrayal experiences in childhood and the dissociative traumatic amnesia that may arise to protect their attachment bonds can serve as a maladaptive mechanism when parenting (Freyd, 1994; Johnson-Freyd & Freyd, 2013). This perpetuates the cycle of trauma transmission, "*on the intergenerational transmission of trauma-related distress by demonstrating that high levels of BT among mothers can place their children at risk for not only dissociative symptoms, but a broad range of mood and behaviour symptoms as well*" (QnS1, p. 393).

While betrayal blindness serves as an initially adaptive mechanism to protect the attachment relationship during development, the negative cognitions and behaviours that arise following childhood experiences of BT in adulthood may be linked to the transmission of trauma to the next generation (Freyd, 1994; Oosterman et al., 2019). The mothers' recall of low parental care in Study LS1 is a phenomenon observed to increase the risk of maltreatment and cause negative long-term ramifications on an individual's well-being; socially, emotionally or psychologically (Clemens et al., 2021). Whilst sociodemographic factors and power dynamics are considered to increase risk of intra-familial violence (Alesina et al., 2016; Mazibuko, 2017), low parental care recall of mothers who experienced childhood victimisation may provide insight into disturbed attachment relationships and the occurrence of BT on parenting. Poor parental care experiences in childhood thus may impact the degree of BT and its consequences on maternal parenting practices (LS2). Betrayal trauma experiences may result in behaviours

associated with unresolved relational trauma that include, physical punishment, psychological aggression or neglectful parenting practices (Lachman et al., 2017). These behaviours are associated with intergenerational trauma when enacted by parents towards their children, increasing the risk of child abuse or maltreatment occurring (Cross et al., 2017; Lachman et al., 2017). *“These findings highlight the role a survivor’s relationship to her perpetrator has in increasing the likelihood that her own children will be subjected to maltreatment as well”* (LS2, p. 9). Moreover, the degree of closeness of the perpetrator to the mother serves as a mechanism to understand the risk of intergenerational trauma transmission: *“Children of high BT mothers were 4.52 times as likely to experience maltreatment than children of non-BT mothers, and 1.58 times more likely to experience maltreatment than children of low BT mothers”* (LS2, p. 9).

### **5.3.3. Subtheme: Child Outcomes**

The third and final sub-theme of the consequences of childhood BT is “Child Outcomes,” which explores the long-term implications for the next generation being raised by mothers who experienced BT in childhood. Mothers who were victimised by caregivers show an increased vulnerability towards poor mental health outcomes, which are frequently associated with poor parenting practices (Borelli et al., 2019). These parenting behaviours may be unduly influenced by the stressors attributed to parenting challenges, and exacerbated by trauma-related distress symptoms, as discussed in earlier themes. Within the realm of parenting, these trauma-distress related symptoms may manifest as harsh parenting, punitive behaviours, and boundary dissolution placing strain on the parent-child relationship dynamic (Greene et al., 2020; Schechter et al., 2008). According to findings in Study QnS1: *“Mood symptoms might be more likely to arise from dyadic interactions indicative of poor parent–child relationship quality”* (QnS1, p. 394). This is believed to negatively affect the parent-child relationship and cause negative long-term outcomes for the child (Oosterman et al., 2019). Due to the strain placed on this fundamental caregiving relationship, children raised in these situations may experience disruptions within their attachment systems, demonstrate diverging support seeking behaviours and may develop internalising or externalising symptoms (Gagnon et al., 2016; Zvara et al., 2015).

As observed in sub-themes; “Behavioural Responsivity” and “Emotion Regulation versus Dysregulation”, caregiver experiences in childhood are fundamental in developing reflective functioning and emotional regulation skills that are utilised across one’s lifespan. However, mothers who were subjected to threatening environments during their upbringings often develop maladaptive emotional regulation strategies (Gagnon et al., 2016), which inadvertently prevents mothers from responding appropriately to their children’s emotional needs, creating distress within the attachment system (Plant et al., 2017). This consistent disruption within the parental-child relationship results in the development of insecure attachment systems according to attachment theory (Bowlby, 1988). This is evident within Study QnS3, which noted that the adolescents of mothers who were more vulnerable to distress, “*were also more likely to perceive their mothers as less supportive, and when sharing distressing experiences with their mothers, these adolescents made less substantive disclosures*” (QnS3, p. 955). These perceptions of attachment figures can lead to poor mental health outcomes in addition to poor parent-child relationships (Ainsworth, 1979).

Despite these assumptions relating to poor parent-child relationships, healthy attachments can be formed regardless of the high stressors expected during this period, thereby drawing attention to attachment behaviours visible in mothers who were victimised by childhood experiences of interpersonal violence at the hand of a caregiver (Chu & DePrince, 2006). Existing research notes that mothers who experienced violence in their upbringing can develop inconsistent parenting practices that are associated with insecure attachment organisations in their children (Ainsworth, 1979; Bowlby, 1988; Shaver & Mikulincer, 2009). In this review, Study LS1 focussed on attachment in children emulating the strange situation experiment created by Ainsworth (1979) to explore the impact of parents’ childhood experiences of interpersonal violence on attachment with their own children.

This emphasis on younger children in the research conducted on BT (as reflected in Figure 8) provides more data on attachment between parent and caregiver in early childhood following these experiences. However, the limited nature of available research on the long-term consequences of this attachment leading into adolescence is concerning. As mentioned previously, Study QnS3 is the only study in this review that includes adolescents with a mean age of 14.33 years (as shown in Figure 8), thereby highlighting the long-term consequences of attachment and parent-child relationships following childhood BT in mothers. This not only limits the understanding of the long-term consequences of BT in child outcomes, but offers

fewer insights into the mechanisms of BT and how they may influence intergenerational transmission of trauma in the mode of parent-child relationship dynamics. *“The regions of significance of the interaction confirmed our hypothesis that for those women with the highest levels of CHBT, higher ratings of childhood PC (a discrepancy denoting idealization) were associated with offspring attachment avoidance”* (LS1, p. 540).

Additionally, while the studies were conducted in the United States of America, the samples of mother-child dyads were ethnically diverse (as shown in Figure 11a-e), thereby highlighting the negative impact of traumatic childhood experiences on parenting as indiscriminately long-term consequences across different sociodemographic populations within the studies. The inclusion of individuals from diverse ethnic backgrounds in each study sample provides a foundation for observing the effects of BT, by taking into account sociocultural and socioeconomic factors. Of the included studies, ethnicity was only found to play a significant role in two, Study LS1 and Study QnS2. Significant differences were reported in maternal trauma symptoms across ethnic groups as well as in the manifestation of child symptoms, with Study QnS2 highlighting that, *“Black/African American mothers reported significantly higher levels of trauma symptoms than White/Caucasian mothers, along with significantly higher externalizing symptoms in their children”* (QnS2, p. 4). Moreover, Study LS1 found that despite the appearance of maternal factors associated with negatively affecting parenting practices, certain demographic factors were observed to have intermediary effects that protected the mother-child attachment bond resulting in more secure attachments: *“Thus, neither income level nor maternal sensitivity could explain the found association between maternal ethnicity and infant attachment”* (LS1, p. 539). Study LS1 elaborated on ethnicity and attachment indicating *“that the infants of Caucasian mothers were significantly more likely to belong to the secure group”* (LS1, p. 537).

Furthermore, the distribution of gender in the five studies in this scoping review indicated that the children of mothers who experienced BT in childhood did not manifest symptoms in patterns associated with gender. This contradicts the current understanding of symptom manifestation in children (Rose et al., 2017), as male children are generally reported to exhibit more externalising symptoms while female children exhibit more internalising symptoms (Bender et al., 2012). This finding was not evident within the included studies, which instead portrayed internalising and externalising symptoms in children as long-term child outcomes following parenting practices informed by childhood BT. As indicated by Study

QnS2, *“Betrayal and fear were also significant predictors of child externalizing symptoms, with fear showing significant associations in a negative direction. Anger also showed trends toward significance in the child internalizing and externalizing symptoms models”* (QnS2, p. 4).

## **Chapter 6: Conclusion**

### **6.1. Limitations**

#### **6.1.1. Current Study Methodology**

This study adopted a scoping review methodological framework to identify existing gaps within the literature on betrayal trauma (BT) and parent outcomes. This approach provided insight into existing trends in publishing, and highlighted areas for future research on the topic. However, this scoping review was restricted by the limited access to databases containing psychological content, and the author had to rely solely on literature available via EBSCOhost and PubMed. While EBSCOhost is a meta database providing a platform to access a wide variety of disciplines in a single search interface, the UKZN library did not provide access to PsycINFO via EBSCOhost, a database specifically catered to psychological research. As a consequence of the institution's resource limitations, some relevant studies (full-text publications) were inaccessible for consideration in the current study, which may have affected the final sample size of this study (Pham et al., 2014). Moreover, the inclusion and exclusion criteria were intentionally narrow to focus more comprehensively on the experiences of mothers following childhood BT, which may have limited the breadth of the topic of childhood BT further by excluding paternal appraisals, a similar observation was made by Pham et al., (2014) in their study. It is important to note that scoping reviews cannot establish causal relationships, rather they comment on the trends and gaps in the literature (Arksey & O'Malley, 2005). This prevents the current study from drawing definitive conclusions on the effects of BT on parent outcomes.

#### **6.1.2. Demographic Factors**

All five studies included in this review were conducted within the United States of America, and, thus, the results and findings from these studies have limited applicability within African and other non-western countries. Therefore, caution is advised in generalising the findings from the current study directly to the South African population, as the socioeconomic backgrounds of the studies' participants differ significantly from non-western, lower middle-income countries. Despite this finding, the ramifications observed in western parenting behaviours following childhood BT experiences have also been reported in non-western

populations' parenting practices following trauma (Christie et al., 2020). This raises awareness of the potential applicability of Betrayal Trauma Theory within a non-western parenting population as a contributing factor towards intergenerational trauma transmission. This finding is attributed to the high rates of interpersonal and intra-familial violence reported within South Africa (Alesina et al., 2016; Christie et al., 2020; Mazibuko, 2017). Therefore, the negative effects of maternal childhood experiences of interpersonal violence and subsequent effects of BT observed in western populations, may provide insight into the high rate of intergenerational transmission within the South African context (Christie et al., 2019; Christie et al., 2023). Finally, the predominantly white demographic population and minority of African American/black participants included in four of the five studies limits the transferability of the findings to the South African populace.

### **6.1.3. Study Characteristics of Included Studies**

Beyond the limitations that arise from discrepancies in demographic factors and the lack of diversity in the studies' samples, the wide array of psychometric measures utilised within the samples can serve as a limiting factor in this scoping review study. This is due to the inconsistencies in measuring BT and the effect this phenomenon may have on parenting. Of the total 15 psychometric measures utilised across the five studies, the only psychometric measures utilised in more than one study were the CBCL, TSC-40 and BBTS. Whilst there were several overlapping screening tools utilised; the vast majority of the self-report measures differed significantly across the five included studies. As a result, the current study was limited in directly comparing and synthesising the reported results across the studies. Furthermore, the lack of qualitative research on the topic of BT and parenting, limits our understanding of the unique, rich and detailed accounts of the parenting experiences of individuals with BT histories.

## **6.2. Recommendations for Future Research**

Future research on the topic of maternal childhood BT experiences should be conducted within lower middle-income countries, to generate further understanding of the theory across broader cultural contexts. This endeavour may provide insight into how BT manifests in non-western populations as well as how an individual's context may influence the development of BT across their lifespan. Existing research comments on the role of socioeconomic factors,

such as income levels and marital status, as well as potential links to sociodemographic factors such as education, culture, race and maternal age in parenting practises (Christie et al., 2020; Clemens et al., 2021; Cluver et al., 2020; Fang et al., 2021; Fang et al., 2022; Kotchick & Forehand, 2002). However, it may be of benefit to examine cultural and other contextual factors more closely in non-western countries to appropriately develop interventions that target BT in parenting.

Therefore, with the current focus on intergenerational trauma and adverse childhood experiences within South Africa, studies examining BT and how it manifests within the parenting role is of paramount interest. Similar to previous studies conducted on BT (i.e., Study LS1 and Study LS2 included in the review), longitudinal studies should be conducted within the South African context to examine how maternal childhood BT manifests over time in the mother-child dyad by placing emphasis on understanding the role contextual factors play in mothers' BT presentation and parenting practices (Christie et al., 2020).

From a methodological perspective, future research studies may benefit from incorporating qualitative measures or mixed method designs into the study methodology. As all five studies included in this scoping review relied on quantitative, or longitudinal approaches, to understand BT in a positivistic manner, adopting an interpretivist paradigm approach to BT will provide opportunities to examine the lived experiences of mothers exposed to childhood BT and poly-victimisation within a contextual frame (Christie et al., 2020; Mak & Thomas, 2022; Tende, 2021). This will not only generate insight into parenting practices associated with BT, but allow for research to explore the subjective experiences of mothers raising children following victimising experiences (Mak & Thomas, 2022; Tende, 2021). The utilisation of qualitative research designs will allow for further insight into subjective, maternal experiences of parenting following childhood BT (Christie et al., 2023). Incorporating interview protocols may create opportunities to gain further insight and understanding into experiential data beyond what is achievable through true/false, yes/no questionnaires and self-report measures (Christie et al., 2020). Deviating from the current structured approach to BT with interpretivist research designs will deepen the understanding of BT through the rich, detailed accounts of individuals' experiences (Mak & Thomas, 2022; Tende, 2021).

In the current study it was observed that emotional dysregulation may take on a mediating role in parenting practices, therefore further research is recommended to understand the extent

of the mediating role between emotional dysregulation and parenting practices following BT experiences.

By deepening the understanding of Betrayal Trauma Theory as it relates to intergenerational trauma, the current study aimed to provide a basis from which to motivate future research protocols to study BT within the South African context. This research will inform the development of interventions targeting parenting behaviours to minimise intergenerational transmission within South African parent populations (Christie et al., 2020). Developing research on BT and exploring the effects of these childhood experiences on parenting will lay the foundation for future interventions that aim to target intergenerational transmission within South Africa (Christie et al., 2020). Interventions that may be of benefit within the South African population include, psychoeducation on the long-term consequences of adverse childhood experiences; and raising awareness about the effects of emotional dysregulation, poor reflective functioning, and parenting practices that increase the risk of intergenerational transmission; as well as developing therapeutic interventions that address the identified deficits in emotional regulation capacities, reflective functioning and maternal self-appraisals.

### **6.3. Conclusion**

The purpose of the current study was to deepen the understanding of Betrayal Trauma Theory as it relates to intergenerational trauma, by examining the available literature on parenting practices following maternal childhood victimisation. By exploring the existing evidence surrounding maternal childhood victimisation; the current study commented on the association between these experiences, and parenting attitudes, beliefs, and behaviours in relation to the concept of BT. Outlining the relationship between BT and parenting will motivate future research protocols to examine parenting practices within South Africa through a BT lens, with the long-term purpose of providing future researchers a baseline to inform interventions that target parenting behaviours to minimise intergenerational trauma-transmitting behaviours within South African parent populations.

The current study found that in high-income western populations, BT was associated with poor parenting practices in the form of parenting behaviours and attitudes. This became evident in the apparent central role emotional dysregulation plays in effective parenting practices and

potential transmission of intergenerational trauma. Emotional dysregulation was observed to affect all components of parenting, as mentioned in the discussion chapter, thereby influencing mothers' responsivity and sensitivity towards their children as well as self-appraisals. All five studies discussed the effects of maternal experiences on child outcomes; commenting on attachment organisation or the manifestation of psychopathology in the children of mothers with maternal childhood BT. Beyond this aspect, the scoping review identified a significant lack of diversity within the research on BT and parenting, in addition to a lack of publishing on the topic within recent years. This limits the global understanding of BT in diverse populations.

By identifying the lack of research on the topic of BT and parenting – as observed in the five relevant articles publicly available across a span of 24 years, and lack of publication in the last six years – the current study has provided commentary on the general shortage of literature on the topic, whilst highlighting the relevance of the topic in the realm of intergenerational trauma research. However, perhaps the most significant finding of the current study is the absence of literature on the topic of BT and parent outcomes in non-western and lower-middle income countries.

This aligns with the purpose of this study, which aimed to provide a platform for researchers interested in intergenerational trauma transmission, maternal appraisals of past trauma and post-trauma parenting practices in South Africa; to develop research protocols that further examine the concepts identified and discussed in this study. Examining how emotional dysregulation, parental sensitivity and maternal self-appraisals affect intergenerational transmission could provide valuable insight into how to develop effective interventions within the South African population, to reduce the rate of intergenerational trauma transmission.

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## Appendices

### Ethics Approval Letter



04 July 2024

Miss Rachel Mary Olden (224095790)  
School Of Applied Human Sciences  
Howard College

Dear Miss Rachel Mary Olden,

**Original application number:** 00026286

**Project title:** The Long-Term Implications of Maternal Childhood Sexual Victimization on Parenting Attitudes and Behaviours and Parent Outcomes: A Scoping Review

### Exemption from Ethics Review

In response to your application received on 12 June 2024, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW**.

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

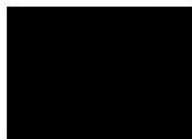
In case you have further queries, please quote the above reference number.

#### PLEASE NOTE:

Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,



-----  
**Prof Lauren Eva Dyll**  
Academic Leader Research  
School Of Applied Human Sciences

UKZN Research Ethics Office  
Westville Campus, Govan Mbeki Building  
Postal Address: Private Bag X54001, Durban 4000

Website: <http://research.ukzn.ac.za/Research-Ethics/>

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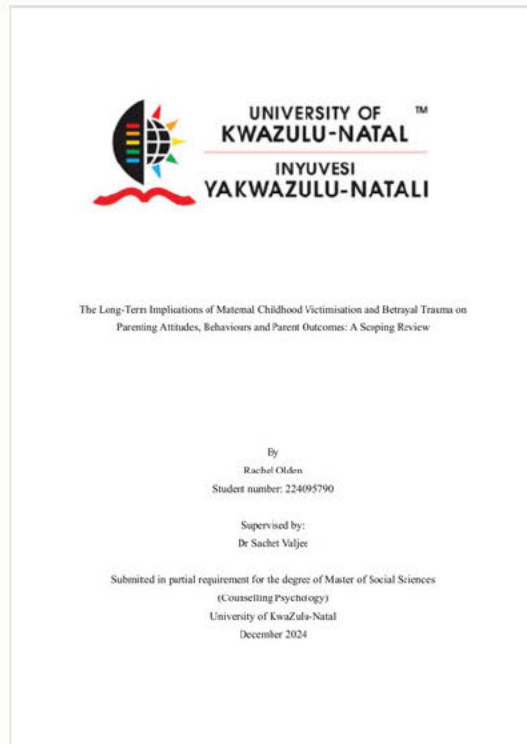


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The Long-Term Implications of Maternal Childhood Victimization and Betrayal Trauma on  
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By

Rachel Olden

Student number: 224095790

Supervised by:

Dr Sachet Valjee

Submitted in partial requirement <sup>1</sup> for the degree of Master of Social Sciences

(Counselling Psychology)

University of KwaZulu-Natal

December 2024