THE INFLUENCE OF TRAUMA ON PARENTING STYLE AND MOTHERHOOD ROLE SALIENCE

By

Christopher Lee Peters

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Thesis Approved:

Dr. Kami L. Schwerdtfeger
Thesis Adviser

Dr. Robert E. Larzelere

Dr. Glade L. Topham

Dr. A. Gordon Emslie
Dean of the Graduate College

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CHAPTER I

INTRODUCTION

Goals of the Current Study

The current study is designed to explore the relationships between the developing concept of motherhood role salience and the often-researched areas of trauma and parenting styles. For this paper, the researcher will use the phrase "motherhood role salience" to refer to the importance a mother ascribes to her role as a parent. This phrase is borrowed from the terminology used by McQuillan and colleagues (2008) in their groundbreaking research on motherhood and career choices. For purposes of this research, mothers with a high degree of role salience are considered to possess a large desire to be mothers, while those with a low degree of motherhood role salience are considered to have a low desire to be mothers. The study of motherhood role salience is a recent development in the fields of socio-emotional development and parenting research. However, due to its potential effects on these fields, this concept may have a great deal to offer in terms of filling the gap addressed by the current study.

More central to this study are the familiar constructs of trauma and parenting style. Although each of these constructs has been researched extensively, there are still some gaps in the existing literature that this study attempts to address. Most notably, the current study hopes to better understand the relationship between specific types of trauma experiences and their effect on parenting style.

Background of the Study

Significant results in the McQuillan et al. (2008) study included the finding that many mothers desire a role that includes both a successful career and childbearing. In terms of ethnicity, Caucasian women were more likely than other ethnicities to endorse a more traditional, pro-child perspective with regard to their role as women as opposed to a viewpoint that strongly endorses personal and career development over motherhood. The current research posits that the importance with which a woman regards her role as a mother likely has an effect on how the mother responds behaviorally to her child (e.g. the behavioral manifestations of parenting styles), how she interprets misbehavior from her child (positive or negative attributions about the child's intentions), and how she operates as a parent, given her own experience of abuse during childhood.

Also key to the current research is the foundational assumption that past trauma is often intergenerationally transmitted from parents to children; this means that parents who have experienced trauma (interpersonal abuse, specifically) during their childhood may go on to perpetrate overly harsh or abusive parenting themselves. This assumption that trauma directly affects parenting has been researched extensively in studies of Holocaust survivors (Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998; Mazor & Tal, 1996; Solomon, 1990) and in various combat situations (Berz, Taft, Watkins, & Monson, 2008; Jordan et al., 1992; Rosenheck & Fontana, 1998b; Ruscio, Weathers, King, & King, 2002). Such research has also found that the offspring of trauma survivors often exhibit trauma-related symptoms, suggesting that trauma symptomology is transmitted across generations.

In addition to individual trauma symptoms, the family system is often affected negatively by a traumatic experience; this includes overall family/marital adjustment (Jordan et al., 1992), hypersensitivity to communication about the trauma (Baranowsky et al., 1998), and increased impulsivity and harshness in parents with Posttraumatic Stress Disorder (PTSD; Chemtob & Carlson 2004).

The present study aims to build on these foundational research areas by testing whether the relationship between interpersonal trauma and harsh parenting is partially explained by the level of salience that a traumatized mother possesses towards her parenting role. This gap in the existing research has not been widely studied. The few studies to date have specifically examined the effect that interpersonal trauma history has on a mother's emotional bond with her child (Schwerdtfeger & Goff, 2007) and on a mother's utilization of harsh parenting (Lyons-Ruth & Block, 1996).

The 2007 article by Schwerdtfeger and Goff specifically highlighted the perception of impending motherhood by pregnant women, paying particular attention to the effects of traumatic experiences on prenatal attachment. The authors found that most traumas do not significantly affect prenatal attachment, but interpersonal trauma stands out as being detrimental. Among the most detrimental effects that were discussed in this article, traumatic symptomology was noted as a likely factor in the diminished attachment.

Lyons-Ruth and Block (1996) had similar findings, and also highlighted subsequent effects that trauma may have on parenting attitudes. Specifically, past physical and sexual abuse had negative effects on mothers' child attributions and the range of affect expressed by the mother. Children of interpersonally traumatized mothers

tended to have poorer behavioral outcomes, insecure attachment styles, and more negative affect towards others.

Parenting Styles. The importance a mother or father ascribes to becoming a parent may have a direct effect on their subsequent parenting style (Baumrind, 1966). For instance, it is possible that a parent would hesitate to administer discipline to a child whose happiness is seen as reflecting the parent's success or failure as a person. Baumrind's (1966) work has set the pace in terms of parenting styles for the past four decades. Her classification system (i.e. Authoritative, Authoritarian, and Permissive styles) allows family scientists to examine in-depth the typologies that emerge with regard to discipline tactics.

Authoritative parenting typically consists of a well-balanced approach to discipline that includes both limits and affection and is therefore typically alluded to in research as being the most effective style (Baumrind, 1966). In contrast to the limit-setting with an Authoritative approach, Authoritarian parents err on the side of over-disciplining their children, often employing harsh and demanding tactics and minimizing affection. Further, a Permissive style of parenting involves the overindulgence of children's' demands in favor of showing affection, thereby disregarding the importance of appropriate discipline. The effects of these parenting styles are varied, and will be discussed in further detail later in the research.

It has been supported by research that parental discipline is an important factor in the development of healthy and competent individuals. A permissive parenting style is often connected in research with poor development in children (Patock-Peckham & Morgan-Lopez, 2006), while an authoritative style has been associated with more optimal

development in both children and adolescents (Barnes & Farrell, 1992). Using data from the National Longitudinal Study of Health, a study by Driscoll, Russel and Crockett (2008) illustrates this association, finding that permissive parenting was associated with higher levels of depression and substance abuse in immigrant adolescents, while authoritative parenting was associated with a lower degree of depression and substance abuse in the same sample. In another study (Milevsky, Schlechter, Netter, & Keehn, 2007), a sample of 272 U.S. high school students was studied with regard to the parenting style of both their mothers and fathers. Authoritative parenting on the part of mothers was associated with higher self-esteem and lower levels of depression. Although paternal parenting styles were also assessed in this study, results were most pronounced for maternal styles, suggesting the unique influence that mothers have on their children through parenting.

Trauma. In each of the aforementioned areas, the effects of trauma are consistently influential. Terr (1991) notes that traumatic experiences can be classified by their duration and nature, and defined Type I trauma as those traumas that occur suddenly and unexpectedly, while Type II traumas include those that are long-term or repeated in nature. To further aid in the classification of trauma, the field of trauma research often views trauma as occurring in two separate veins- interpersonal (e.g. abuse, rape, armed robbery) and non-interpersonal (e.g. fires, tornadoes, car accidents).

The experience of traumatic events has been related to a variety of notable psychological symptoms. Specific symptoms relating to the experience of trauma include hyperarousal, numbing, re-experiencing of the trauma, dreams, disrupted sleep, as well as other symptoms noted in the Diagnostic and Statistics Manuals of the American

Psychiatric Association (APA, 2000). In her supplement to the current symptomology outlined in the DSM-IV-TR, Herman (1992) points out that prolonged, repeated forms of trauma have even further detrimental effects, often including a dramatic shift in personality, alterations in overall feelings of social connectedness, and vulnerability to further harm. These experiences and resulting symptoms clearly relate to many significant aspects of interpersonal functioning, including but not limited to the parenting role.

Although these symptoms may occur after any trauma, traumas that are interpersonal in nature often stand out as having a special meaning to victims, as basic social rules have been violated. In a study of 54 patients newly admitted into an outpatient psychiatric facility, Davidson and Smith (1990) found that trauma-related symptoms were more likely to be present in people who were traumatized at a younger age and experienced fear and helplessness as the time of the trauma. The researchers also noted the importance of interpersonal trauma, as these types of traumatic events are more frequently linked to symptoms than non-interpersonal trauma.

Problem Statement/Rationale for the Current Study

Despite what is known through trauma and parenting research, it is still largely unknown whether the salience a mother holds on her role as a parent plays a part in her implementation of a particular style of discipline. Specifically, the current study aims to explore the effects of a strong salience of the motherhood role as it relates to the already established link between past trauma (most notable being instances of interpersonal trauma) and current parenting behaviors. In this study, trauma serves as the independent variable, with parenting styles and motherhood role salience as the dependent variable.

CHAPTER II

REVIEW OF LITERATURE

The Meaning of Motherhood

In the American culture, researchers have noted the presence of a "motherhood mandate" that demands women have children and stay home to care for them (Russo, 1979). With this cultural mandate in place, researchers suggest that many women may feel that it is their duty to stay at home and become mothers, illustrating the high salience of the motherhood role for many mothers. The meaning given to the role of motherhood has traditionally been one of great importance; however, the actual importance of being a mother varies greatly among individual women (McQuillan et al., 2008).

A study by Gillespie (2003) examined the attitudes of 24 voluntarily childless women recruited from a family planning clinic. According to this study, some women may reject the idea that motherhood is necessary to obtain a sense of femininity, despite past trends toward the opposite view. Instead, they may prefer to pursue a career and hence avoid having children altogether, citing reasons such as increased freedom or time to spend with other relationships. Many participants noted that they saw motherhood as a time of significant personal losses, noting negative experiences with their own parents or alluding to abusive or traumatic childhoods.

Adding to this discussion, other researchers have found that the meaning or importance of motherhood may vary by race. Specifically, Caucasian women are more

likely than women of other races to hold traditional expectations with regard to their duty to become mothers (McQuillan et al., 2008).

Some research posits that women who become mothers experience an innate desire to provide care for their infants, which serves to form an emotional link between them and the child (Aber, Belsky, Slade, & Crnic, 1999). The desire for motherhood may also be narcissistic in nature, as mothers may hold unrealistic expectations for imagined relationships with their unborn children. Brazelton and Cramer (1990) note that prenatal infants and mothers begin to form the beginnings of a relationship prior to the infants' birth, explaining that mothers often imagine future interactions with their unborn child, as well as forming dreams and expectations for the relationship prior to the child's birth.

Burkett (1991) suggests that women who have been abused in the past may have expectations for their child to meet their own emotional needs, which may lead to inappropriate boundaries across family subsystems and diminished parenting ability. Schumacher (2008) echoes this suggestion, noting that some women use childbearing as a means by which to solve their unresolved grief and anxiety as a result of being traumatized early in life; children born into this situation often then become victims of abuse and neglect themselves, perpetuating the dysfunctional cycle.

Sutton, Cowen, Crean, and Wyman (1999) assert that when expectations for the future relationship between mother and child are unmet due to a child's difficult temperament, mothers may have difficulty responding favorably to their infants. The researchers in that study suggest that this struggle may lead to child aggression, and note that tendencies towards aggressive behavior rarely change after early childhood.

Depending on the conceptualization of the motherhood role, mothers may also vary the discipline practices that they utilize. For women who have children, the acceptance of the motherhood identity role has been linked to more positive development in children (Dix, Gershoff, Meunier, & Miller, 2004). In other words, when mothers hold a high degree of motherhood role salience, they feel more personally invested in the raising of their children; this has a positive effect in terms of their children's developmental outcomes. Presumably under this finding, mothers who would prefer not to have had children may be less involved as parents. Because of this possible relationship, it is hypothesized in the current study that the level of salience a mother holds for the motherhood role will directly affect the parenting style she uses in terms of investment and quality.

Parenting Styles and Child Outcomes

It has also been suggested that mothers with appropriate expectations about their children's developmental level will engage in more constructive and more authoritative parenting styles, rather than demanding authoritarian styles. Specifically, Bonds and Burns (2006) examined a sample of 120 mothers of preschool children with regard to their beliefs about knowledge, child development, and communication strategies in an effort to better design future parenting programs. The results of this study indicate that mothers with constructivistic conceptualizations of learning (those that believe their children are entitled to form their own ideas and interpretations about the world) are more likely than mothers with concrete or absolute conceptualizations (those that believe their children must learn certain objective facts to truly understand the world) to engage their children in authoritative practices such as reasoning or modeling of appropriate skills. In

contrast, mothers who view knowledge as concrete and absolute tend to use strategies that involve control and power-oriented authoritarian practices. This suggests that mothers who possess an understanding of their young children's developing mental capabilities will maintain a positive level of emotional connection and engage in more beneficial styles of discipline (i.e. authoritative).

It is also worthwhile to understand the child discipline outcomes associated with Baumrind's (1967) parenting styles- authoritarian, permissive and authoritative. In her pivotal study, Baumrind (1967) noted that parents labeled "authoritative" demonstrated high levels of both control and nurturance, and had children who were self-controlled, content, and curious. Parents who showed high levels of control and low levels of nurturance were coined "authoritarian" and had children who were withdrawn and discontent. Finally, the term "permissive" was given to the style of parenting that had low levels of control and high levels of nurturance. Children raised under this style were noted in Baumrind's early study to be the least self-controlled and self-reliant.

Recent research has suggested that the children of parents who utilize an authoritative parenting style (characterized by warmth, monitoring and rule enforcement), show lower levels of behavioral problems, such as impulse control issues, and school misconduct (Barnes & Farrell, 1992). Children of authoritative parents have been shown to have a more positive level of emotional adjustment to life challenges (McKinney, Donnelly, & Renk, 2008) and have also been shown to have higher scholastic and goal-oriented achievement (Boon, 2007).

By contrast, an authoritarian parenting style is often characterized by overly harsh, demanding tactics. Specifically, this style has been associated with child outcomes

such as aggression (Smith, Slep, & O'Leary, 2007), decreased levels of empathy (Lopez, Bonenberger, & Schneider, 2001), conduct disorder (Jewell & Stark, 2003), sleep disturbances (Owens-Stively, Frank, Smith, Hagino, Spirito, Arrigan, & Alario, 1997), delinquency (Peiser & Heaven, 1996), anxiety (Gallagher & Cartwright-Hatton, 2008), as well as impaired moral reasoning and conscience development (Cornell, 2004; Olejnik, 1980).

Differences between Authoritarian parenting and Authoritative parenting styles are often noted in research. In one particular study (Baumrind, Larzelere, and Owen, in press), constructs common to both of these directive styles are examined in terms of their negative effects. The study found that Verbal Hostility, Psychological Control, Severe Physical Punishment, and Arbitrary Discipline are more common in an Authoritarian parenting style, and are also most strongly connected to negative outcomes in adolescence.

When parents use a permissive parenting style (the least directive of the three styles), children may experience low parental monitoring, which often leads to increased time with negative peer influences (Dishion & Loeber, 1985). A more recent study by Patock-Peckham and Morgan-Lopez (2006) notes that diminished monitoring and limit-setting on the part of permissive parents is often associated with increased impulsivity and more negative outcomes in offspring. Parents who use a permissive style often treat their children as peers and do not frequently enforce rules for behavior (Baumrind, 1971). When discipline is so inconsistently applied by a parent for a child's misbehavior, further misbehavior tends to result (Acker & O'Leary, 1996). Children raised by permissive

parents may also internalize a negative perception of their parents, possibly due to the lack of parental guidance in their lives (Tritt & Pryor, 2005).

The Motherhood Role and the Process of Discipline

Parenting style also has an effect on the mother-child relationship, due to its cyclical nature between the mother and child participants in disciplinary interactions. Research has indicated that as the mother-child relationship becomes strained due to misbehavior, mothers may question their efficacy in the role of caregiver (Day, Factor, & Szkiba-Day, 1994). They may also, therefore, employ harsher discipline tactics when they make negative attributions about their child's behavior (Slep & O'Leary, 1998). A negative attribution about a child's behavior might include, for example, the idea that a child is misbehaving merely to annoy a parent or because the child is intentionally trying to cause a scene in a crowded location.

Specific research within the field of family therapy suggests that positive and negative discipline experiences have a direct effect on the emotional connection a mother has with her child (Dombrowski, Timmer, Blacker, & Urquiza, 2005; Querido & Eyberg, 2005). When this connection is either strengthened or weakened by parent-child discipline experiences, the parenting style used by the mother may change in response to the young child's behavior. Besides being merely a reaction to the here-and-now experience of child discipline, however, a mother's way of interacting with her young child is often informed by a history of trauma in her own life.

Trauma and Motherhood Role Salience

Past interpersonal trauma also has been empirically connected with less enjoyment of the parental role. After analyzing assessments from a sample of 203 low-

income adolescent mothers, Milan, Lewis, Ethier, Kershaw, and Ickovics (2004) suggest that this lessened enjoyment may be related to feelings of incompetence as a parent, as well as disappointment in the child's responsiveness. The researchers noted that the population from which their sample was drawn is statistically more likely to become pregnant early in life, citing the risk factors of both trauma and challenges created by a low socioeconomic status (SES). Although limited to fairly unique population, this finding illustrates how the importance of the motherhood role may be affected by the woman's past maltreatment.

According to the developers of the Stressful Life Events Screening Questionnaire (SLESQ; Goodman, Corcoran, Turner, Yuan, & Green, 1998), trauma histories can include a variety of negative experiences, including being sexually assaulted, witnessing someone being severely maimed or killed, being held at gunpoint, and a variety of other events. A good working definition of trauma would include the key DSM-IV TR symptom of experiencing intense horror or helplessness in the face of a negative event (APA, 2000).

Mothers sometimes report having less energy to deal with their children, as well as sometimes becoming more irritated with their children as a result of interpersonal trauma (Levendosky, Lynch, & Graham-Bermann, 2000). With its impact on a mother's personal definition of motherhood, interpersonal trauma has also been shown to have a significant effect on the relationship between a mother and her child.

Women who have been battered may feel the need to somehow repair or undo the past by having children and raising them "right" (Buchbinder, 2004). From his (2004) qualitative study involving interviews with 20 mothers who had been battered by their

partners, Buchbinder specifically found that women with a history of domestic violence often describe constructing their definition of motherhood around the idea that they must compensate for their own abusive childhoods and provide emotional safety and nurturance for their own children. Summing up this immense undertaking, one of Buchbinder's participants eloquently stated, "What my mother did not give me, I will give these kids of mine" (2004, p. 311).

A 2002 article by Irwin, Thorne, and Varcoe (2002) suggests that the mother-child relationship can be a buffering factor in stressful or abusive situations; for example, the mother may realize she is watching out for not only herself, but for a helpless infant as well. The authors' interviews of five mothers who had experienced intimate partner violence outlined the experiences of stressors the mothers faced, marked by an intense resolve to persevere through adversity. In the words of one participant who relates her sense of empowerment following her abuse, "Nobody can kill my determination and nobody can kill my spirit (Irwin et al., 2002, p. 53).

The Irwin et al. (2002) article serves as an example of trauma or stress helping to activate the mother's desire to protect her child. However, an article by Carpiano (2002) further illustrated the fear and stressors that battered mothers undergo, including a distrust of men, discomfort with strangers, and a tendency to withdraw socially. Carpiano also points out that, due to a new mother's diminished emotional and physical resources during the birthing and initial parenting process, motherhood may also slow down the mother's own personal recovery after a significant stressor has occurred in her life; although recovery and healing may be possible, many battered mothers fear that the process with be a slow one (Carpiano, 2002). Many of these challenges, such as being

fearful of men or having diminished resources as a result of the birthing process, may be specific to the female gender, adding to the need for the current study.

Past traumas can also cause a variety of responses within the mother-child relationship, including responses such as fear, anxiety, and emotional over-involvement. Alexander, Teti, and Anderson (2000) note that this may particularly be the case with survivors of childhood sexual abuse. In their study of 90 mothers, they found that mothers who had been sexually abused as children were more likely than other mothers to accept beliefs incorporating a theme of emotional overdependence on their children. Schwerdtfeger and Goff (2007) further this notion in their study of 41 perinatal mothers. This study suggests that interpersonal trauma likely has a detrimental effect on the mother-child relationship as early as pregnancy and before childbirth. Due to their experience of interpersonal trauma, mothers' expectations for their unborn children are often inappropriate and overly dependent for their own emotional needs. Traumatized women may see their children as having adult capabilities (Stephens, 1999), which affects their ability to bond appropriately.

These many negative effects have significant ramifications with regard to a mother's use of discipline tactics. Just as the mother-child relationship can be affected through the experience of interpersonal trauma, parenting styles may also be a product of a mother's reaction to her difficult past.

Trauma and Parental Discipline

A history of interpersonal trauma may cause a mother to feel low efficacy in her ability to effectively discipline her child; because she has been harmed and ineffectively disciplined in her own childhood, the mother may lack an appropriate model for her own

parenting style. Kaitz, Levy, Ebstein, Faraone, and Mankuta (2009) submit that the overall aftereffects of trauma may cause mothers to have difficulty in providing sensitivity, emotional regulation, and enjoyment of social encounters, which can diminish the effectiveness of the parenting role.

Banyard's (1997) study of 518 women who were drawn from both a Child Protective Services program and a financial aid program found that women who have been sexually abused tend to hold more negative attitudes about themselves as mothers and endorse a more punitive parenting style than mothers who had not been sexually abused.

Incest is a specific form of child abuse that haunts the experiences of many mothers. Cole and colleagues (1992) studied a sample of 84 women who had either been sexually abused by an alcoholic father, had alcoholic fathers but were not sexually abused, or had fathers who had no known problems of either sort. Echoing the findings of Banyard (1997), this study suggests that sexually abused women have less confidence than nonabused women with regard to their parenting ability. In addition, sexually abused mothers reported that they struggle to be consistent and organized in their parenting, and make few maturity demands on their children.

Past interpersonal trauma is also related to hypersensitivity to stimuli, which may lead to the mother's perpetuation of further abuse in situations that cause the mother undue stress. Casanova, Domanic, McCanne, and Milner (1994) studied the skin conductance of mothers with and without abuse history, and found that women with abuse history showed higher skin conductivity, suggesting higher reactivity than other mothers in the non-abused sample. A study by Bauer and Twentyman (1985) that

involved participants from abusing, neglecting, and nonabusing mothers synthesizes these findings, noting that mothers who abuse their children seem to be more hyperresponsive to annoying events and tend to see their children as having malicious intent, and punish their children more intensely than women who do not abuse their children.

Past interpersonal trauma may also lead to the mother's psychological dissociation, which has been related to subsequent inconsistency in parenting (Collin-Vézina, Cyr, Pauzé, & McDuff, 2005). Because she has learned in childhood that abuse is a usable means of dealing with frustration, a mother may then resort to inappropriately harsh tactics when she is frustrated with her own children.

These findings suggest that hyperreactivity and dissociation that result from traumatic experiences may lead to a lower tolerance level for the stressors of parenting, which may then lead to the perpetuation of abuse. This relates to findings from several researchers who note that interpersonal trauma is often cyclical in nature; simply put, mothers may be at risk for perpetuating abuse merely by virtue of experiencing it in childhood, for a variety of reasons (Newcomb & Locke, 2001; Simons, Whitbeck, Conger, & Wu, 1991).

Purpose of the Current Research

In summary, there are multiple factors involved in the development of a mother's particular parenting style. With an understanding in the field of motherhood role salience and discipline, as well of the intergenerational effects of a traumatic past, researchers can better conceptualize the utilization of a parenting style. Given the advancements in the

other research fields, however, the desire for motherhood as it translates to the discipline experience remains to be explored at much length.

It can be gleaned from the aforementioned research that parents who have experienced interpersonal trauma often perpetrate such abusive processes themselves with their own children. However, taking Irwin et al.'s (2002) and Buchbinder's (2004) findings into account, the response to interpersonal trauma can also result in protective behaviors, such as a desire to protect a helpless infant or undo past wrongs. Seeing the disparity of responses that different mothers show following their abusive experiences, we can surmise that there is an additional process at work that has not been studied adequately in the current research.

The current study aims to understand the links between motherhood role salience, parenting style and interpersonal trauma. Given the variety of responses to similar instances of past interpersonal trauma, the current researcher believes that individual perception plays a large part in determining parenting behavior. The mother's decision to either pursue or avoid the motherhood role is likely informed by any traumatic experiences she has had. The present study is not likely to fully explain these gaps in the research, but strives to address some of these issues from a fresh perspective.

It is the hope of the researcher that this study will have clinical implications as well. For example, if work can be done to clarify some of the most critical elements of the intergenerational cycle of abuse, this cycle may be better addressed through clinical treatment. In terms of parenting, a clearer perspective is needed on the parenting characteristics of mothers who have been traumatized in order to know how they may

pass on elements of their traumatic experiences to their children. Once these mechanisms have been identified, treatment may be modified to fit this population in a beneficial way.

Hypotheses for the Current Study

The current study explores the hypothesized interrelationship between past interpersonal trauma and parenting style, as well as a potential explanation for the idea that motherhood role salience is an influential factor in the development of a particular style of parenting. Based upon a review of related literature, it is hypothesized that traumatized and non-traumatized mothers differ from one another in terms of their use of parenting styles. Specifically in this study, it is hypothesized that mothers who have the experienced interpersonal trauma during their lifetimes will be more likely than non-interpersonally traumatized mothers to use either authoritarian or permissive practices much more than non-traumatized mothers as a result of their traumatic experiences.

Additionally, the researcher expects a similar effect to be found between trauma history and motherhood role salience, hypothesizing that mothers who have been interpersonally traumatized will have lower motherhood role salience than those who have not been interpersonally traumatized. This potential disparity between groups will be measured with difference inferential statistics.

CHAPTER III

METHODOLOGY

Participants

105 mothers from a mixed suburban/rural area surrounding a large land-grant university in a Midwestern state were recruited for a large pilot study using flyers, presentations at various parent/teacher conferences, a snowball technique, and local media announcements. Local recruitment media included the community newspaper and the student newspaper at the university. Child care centers were the primary formal contact through which prospective participants were contacted (using flyers left by graduate students involved in the study); permission to leave these flyers and sign-up sheets at the different centers was requested and documented. Once mothers had participated in the study, they were given business cards to distribute to peers who may have had children of an eligible age for participation.

Qualifications for participation were that women must be 18 years of age or older, and the mother of a child between the ages of 18 and 30 months. The 105 participants in the study ranged in age from 19 to 41, with a median age of 30. The majority of the mothers (*n* = 56, 53%) were between the ages of 27 and 33. Additionally, a majority of the participants (*n* = 56, 55.4%) reported incomes of $30,000 or above, while 22.8% (n= 24) of participants reported incomes of $18,000 or below. The remainder of participants (n= 25, 21.8%) scored between these ranges. The ethnic distribution of the

participants was 83.8% Caucasian (n= 88), 4.8% African American (n= 5), 7.6% Native American (n= 8), 2.9% Asian (n= 3), and 1% classified as "Other" (n= 1). A large majority of participants (n= 93, 91.4%) reported having at least some college education, 4.8% (n= 5) reported that they had completed technical/trade school, 4.8% (n= 5) listed high school as their highest degree of education, and 1.9% (n= 2) had less than a high school education. The most common education level was Bachelor's degree (n= 32, 30.5%). Finally, the relational statuses represented in the study were as follows: 79% (n= 83) of the participants classified themselves as married, 4.8% (n= 5) as separated, 2.9% (n= 3) as cohabitating, and 13.3% (n= 14) as single.

Interview Procedures

A series of questionnaires and a semi-structured, face-to-face interview were completed by the participants in the presence of two researchers. The current study is based on the data of a larger study being conducted at a university in the Midwest. Of interest to the current study are the responses for three key questionnaires that measure trauma, mother role salience, and parenting style. The variables being analyzed in the study focus on whether or not trauma has been experienced in a mother's lifetime, the presence of interpersonal trauma events, and the cumulative total of trauma events, as well as a self-report measure of a mother's feelings about her parenting role and a questionnaire that scores overall parenting practices, using subscales based on Baumrind's (1971) primary parenting styles (authoritarian, authoritative, and permissive). The questionnaire about parenting styles was completed prior to the interview, and the final two questionnaires were completed in the presence of a researcher during the in-person interview.

The interviews were conducted either in the mothers' homes or in an observation laboratory on the university campus, based on the participants' preference. The complete face-to-face interviews lasted for approximately 90 minutes, and consisted of standardized questionnaires, open-ended questions, and a series of cooperative tasks between the mother and the child. The mother interviews were conducted by one researcher as another co-researcher interacted with the child during the interview.

Measures

Parenting style. The Parenting Styles and Dimensions Questionnaire (PSDQ; Robinson, Mandleco, Olsen, & Hart, 2001) is a 32-item, validated instrument that yields scales indicating the extent to which parents are Authoritarian, Authoritative, and Permissive in their parenting practices, as well as subscales that constitute each of these larger scales. With this self-report instrument, parents indicate their agreement with the items using a 1 to 5 Likert scale with regard to certain parenting behaviors. Parenting styles are then measured on a continuous scale, with scores being reported for subscales based on each parenting style. In the initial validation of this instrument, a Cronbach's alpha of .91 was found for the Authoritative subscale, an alpha of .86 for the Authoritarian subscale, and an alpha of .75 for the Permissive subscale using a sample of 1251 parents (Robinson, Mandleco, Olsen, & Hart, 2001), denoting a high level of internal consistency overall. An overall alpha of .65 was calculated in the current study. Mothers who have had interpersonal traumatic experiences were hypothesized to score higher than mothers without a trauma history on the Authoritarian and Permissive scales, and the subscales of each larger scale were utilized to add clarity to these findings.

The Authoritarian scale of the PSDQ includes subscales such as verbal hostility (i.e., “I yell or shout when my child misbehaves”), corporal punishment (i.e., “I grab my child when he/she is being disobedient”), nonreasoning/punitive strategies (i.e., “I use threats as punishment with little or no justification”), and directiveness (i.e., “When my child asks why he/she has to conform, I state: because I said so, or I am your parent and I want you to”). Scores for this scale have a possible range of 15 to 75.

The Authoritative scale included primary subscales such as warmth and involvement (i.e., “I have warm and intimate times together with my child”), reasoning (i.e., “I give my child reasons why rules should be obeyed”), and democratic participation (i.e., “I encourage my child to freely express himself/herself even when disagreeing with parents). Scores for this scale have a possible range of 12 to 60.

Finally, the Permissive scale focused on the constructs of lacking of follow-through (i.e., “I find it difficult to discipline my child”), ignoring misbehavior (i.e., “I allow my child to annoy someone else”), and lack of self-confidence (i.e., “I am concerned that disciplining my child for misbehavior will cause the child to not like his/her parents”). Scores for this scale have a possible range of 5 to 25.

Experience of past trauma. Participants responded during the interview to the Stressful Life Events Screening Questionnaire (SLESQ; Goodman, Corcoran, Turner, Yuan, & Green, 1998), which is a 13-item measure that covers a variety of stressful events that a person may have experienced over his or her lifetime. The minimum possible score on this measure is 0, with a maximum possible score of 13. The SLESQ is intended to assess the presence of events that fit Criteria A1 (the experience of events that involve actual or threatened death or injury of self or others) of the diagnosis for post-

traumatic stress disorder, per the DSM-IV-TR (APA, 2000). Since traumatic events may be difficult to discuss openly, the researcher offered the participants the opportunity to fill this measure out privately, rather than having the researcher verbally administer and record the questions. The SLESQ has been reported to have a test-retest reliability of .73 and convergent validity of .64 after two weeks during original testing procedures (Goodman et al., 1998). A Cronbach's alpha of .65 was calculated for the current study.

Of particular interest to the current research were the participant responses to items of interpersonal trauma, such as abuse, robbery, or rape; this interest is due to the fact that interpersonal trauma (as opposed to non-interpersonal trauma) has been most closely connected to later parenting outcomes in previous literature. Questions in this instrument that relate to interpersonal trauma include items such as, "Was physical force or a weapon ever used against you in a robbery or mugging?", "At any time, has anyone (parent, other family member, romantic partner, stranger, or someone else) ever physically forced you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?", "Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes?", "When you were a child, did a parent, caregiver, or other person ever slap you repeatedly, beat you, or otherwise attack or harm you?", "As an adult, have you ever been kicked, beaten, slapped around, or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?" Participants who answered "Yes" to any of the SLESQ questions were categorized according to their level of trauma.

Participants were divided into four categories for the purpose of this study (Sexual Interpersonal Trauma, Nonsexual Interpersonal Trauma, Non-Interpersonal Trauma, and No Trauma). This was done with the knowledge through research that the traumatic experiences that have the most detrimental effect on relationships are ones of the interpersonal type. The most harmful interpersonal traumas appear to be those that are sexual in nature, thus leading to sexual trauma's place at the top of the hierarchy. Data were coded such that participants were sorted into these four groups based on their responses. For example, if a participant reported a car accident (an incident of non-interpersonal trauma), a mugging (an incident of interpersonal trauma) and a rape (an incident of sexual trauma), she would be sorted into the "Sexual Interpersonal Trauma" group, as this was coded by the researcher to be the most detrimental trauma she reported.

Motherhood role salience. The Importance of Motherhood questionnaire (McQuillan, Greil, Shreffler, & Tichenor, 2008) is a 4-item instrument that allows mothers to describe their feelings about motherhood and the motherhood role using a 4-point Likert scale (0 = strongly agree, 3 = strongly disagree). The minimum possible score for this measure was 0, and the maximum possible score was 12. For the purposes of coding this data in a more instinctive way, data was reverse scored such that higher scores indicated higher motherhood role salience. This instrument has not been fully validated, but has been used in other studies (McQuillan et al., 2008) to provide a rapid assessment of mothers' emotions surrounding the motherhood role.

Mothers rated their level of agreement with the following four items on the scale: "Having children is important to my feeling complete as a woman," "I always thought I

would be a parent," "I think my life will be or is more fulfilling with children," and "It is important for me to have children." McQuillan et al.'s (2008) initial factor analyses noted a high Cronbach's alpha (α = .86). A Cronbach's alpha of .85 was found in the current study. For the purpose of this study, mothers' responses were treated as being on a continuous scale, with higher scores corresponding to high levels of motherhood role salience.

Key Analyses

To test the previously stated hypotheses regarding the negative effects of interpersonal trauma on parenting style and motherhood role salience, the following plan of analysis was conducted.

Correlations between all continuous variables (parenting style scale and subscale scores, motherhood role salience items, and trauma experiences) were calculated initially to detect areas of possible significance. These were done to provide additional clarity to other analyses and findings.

In an analysis of group differences, cumulative past trauma events and motherhood role salience were compared to mother's parenting styles (using both scales and subscales) using a one-way ANOVA to test the hypothesis that the presence of one or more interpersonal trauma events is associated with the use of increased authoritarian parenting practices. The researcher hypothesized that authoritarian parenting scores would be higher in mothers that have been interpersonally traumatized (either sexually or non-sexually) than those who have not been interpersonally traumatized. The researcher also hypothesized that mothers who experienced interpersonal trauma would score lower than mothers who were not interpersonally traumatized on the construct of motherhood

role salience. Following this ANOVA, post-hoc tests were administered to more closely examine any differences between groups that were observed.

In order to intentionally investigate the differences between trauma groups, the researcher analyzed the data using a priori orthogonal contrasts to compare the parenting practices of mothers in each of the four groups. This was done to supplement the ANOVA, as well as to efficiently recognize any differences between groups that may have been present.

The a priori orthogonal contrasts used in this study compared participants on the basis of their traumatic experience grouping and parenting style scales. There are many precedents for this model of analysis, including Hays' (1973) text that depicts the methodology involved in determining group comparisons by their respective means. Other studies that have utilized this approach include a (1999) study by Tori that examined the differences in psychological scores following religious retreats. Tori's (1999) study placed participants into three groups, based on their religion (Buddhist, Roman Catholic, and a control group that did not attend a retreat). Significant differences in terms of change on the psychological measures of the study were reported and discussed. Another precedent for this method of analysis was a recent study by Wildschut, Insko, and Pinter (2007), which explored the differences in decision-making processes as influenced by group interactions. The researchers in the latter study grouped participants into four groups (Group-on-Group, Group-on-One, One-on-Group, and One-on-One) to consider the classic "prisoner's dilemma" as it describes the effect the group dynamics have on decision-making processes.

CHAPTER IV

FINDINGS

Results

Descriptive statistics were run for all key variables in the study. These included the cumulative total of traumatic events reported, scales and subscales for the three parenting styles, and the measure of motherhood role salience. Descriptive statistics of study measures can be found in Table 1.

In terms of trauma experience, mothers in the sample reported an average of approximately two experiences each (M = 1.88). The maximum number of traumas reported by a single participant was 10, with a standard deviation of 1.98. These figures suggest a wide range of experience with trauma, with the typical participant in the study experiencing around two traumas over the course of their lifetime.

Of the parenting styles measured in this study, participants scored the highest on the Authoritative parenting scale, which is made up of subscales such as Warmth/Support and Regulation (M = 48.92, SD = 5.19). This range of scores on this scale suggests a fairly wide variation among participants in the use of warmth and regulation-based practices, suggesting that while the sample overall scored high on this scale, the individual participants varied in the specific practices they used. Authoritative practices included showing physical affection, attending to a child's needs, and providing verbal encouragement for positive behaviors.

Authoritarian parenting practices were reported at lower levels (M = 19.00, SD = 3.47). This scale is made up the subscales of Physical Coercion, Verbal Hostility, and Non-Reasoning/Punitive tactics. The participants again showed a wide range of response to these items that include yelling, shaming, or punishing without explanation.

Mothers in the study scored the lowest on the Permissive parenting scale (M = 10.77, SD= 2.57), partially due to this scale being the smallest of the three scales in the measure. Once again, there was a wide variation of responses to these items that include allowing the child to do as he or she wishes, and the avoidance of punishing one's child.

Table 1
Descriptive Statistics of Study Variables

	Minimum	Maximum	*M*	*SD*
Continuous Trauma	0.00	10.00	1.88	1.98
Authoritative Parenting	36.00	59.00	48.92	5.19
Warmth/Support	13.00	20.00	18.23	1.53
Regulation	10.00	20.00	16.34	2.57
Autonomy Granting	8.00	20.00	14.20	2.67
Authoritarian Parenting	12.00	27.60	19.00	3.47
Physical Coercion	4.00	14.00	6.72	1.75
Verbal Hostility	4.00	11.00	6.51	1.74
Non-Reasoning	4.00	13.00	5.74	1.71
Permissive Parenting	6.00	20.00	10.77	2.57
Motherhood Role Salience	0.00	3.00	2.28	.74

Correlations. Preliminary correlations were run on all continuous variables in the current study. No significant relationship was found between total numbers of trauma events experiences and any of the parenting style scores. This lack of correlation is further noted in the discussion section.

A Priori Orthogonal Contrasts. In the current study, the four groups (No Trauma, Non-Interpersonal Trauma, Nonsexual Interpersonal Trauma, and Sexual Interpersonal Trauma) were compared with three contrasts. The first contrast compared the differences between mothers in the No Trauma group against the mothers in all three trauma groups. The second contrast in the analysis compared mothers in the Non-Interpersonal Trauma group against the Nonsexual Interpersonal Trauma and Interpersonal Sexual Trauma group. Finally, the third contrast compared the two interpersonal trauma groups (Nonsexual Interpersonal Trauma and Sexual Interpersonal Trauma). Significance was tested at the .05 alpha level. Prior to these contrasts being run, cross-tabular statistics for demographic variables were calculated, revealing no significant differences between participants across trauma groups.

Table 2
Orthogonal Contrasts Between Trauma Groups

Contrast	No Trauma	Non-Interpersonal Trauma	Nonsexual Interpersonal Trauma	Sexual Interpersonal Trauma
1	-3	1	1	1
2	0	-2	1	1
3	0	0	-1	1

Combined Findings. The overall *F* test indicated that there were significant differences among the four trauma groups on Authoritarian parenting, F (3, 100) = 2.76, $p < .05$. The orthogonal contrasts indicated that the three trauma groups had higher authoritarian scores than the no-trauma group, t (100) = 2.53, $p < .05$, but that the trauma groups did not differ from each other on the other two contrasts. Less focused pairwise comparisons (based on Tukey's HSD test) detected one significant difference, showing that Authoritarian scores were higher for the Nonsexual Interpersonal Group than the No Trauma Group ($p < .05$).

One-way ANOVAs indicated that the group differences on Authoritarian parenting were especially due to group differences on the Physical Coercion, F (3, 100) = 4.04, $p < .01$); and Verbal Hostility subscales, F (3, 101) = 4.37, $p < .01$, but not the Punitive subscale, (F (3, 98) = 0.50, n.s. The largest orthogonal contrast showed that Physical Coercion was higher for the Nonsexual Interpersonal Group than for the Interpersonal Sexual Trauma Group, t (100) = -2.85, $p < .01$. In addition, the three trauma groups averaged higher Physical Coercion than the No Trauma Group, t (100) = 2.22, $p < .05$. Consistent with this, Tukey's HSD showed that Physical Coercion was higher for the Nonsexual Interpersonal Group than for each of the other three groups ($p < .05$).

The orthogonal contrasts showed that the overall group differences on Verbal Hostility occurred because all three Trauma groups averaged higher on that score than the No Trauma Group, t (101) = 3.01, $p <.01$. In addition, Verbal Hostility was marginally higher for the two Interpersonal Trauma groups than for the Non-Interpersonal Trauma Group, t (101) = 1.86, $p <.10$. Consistent with this pattern, Tukey's HSD indicated that

each of the interpersonal trauma groups were significantly higher than the No Trauma Group on Verbal Hostility ($p < .05$).

F tests did not indicate significant differences in the overall Authoritative scale for any of the trauma groups, F (3, 100) = .45, n.s., but significant differences were found regarding the Warmth/Support subscale of the Authoritative parenting style, F (3, 101) = 3.55, $p < .05$, with the interpersonal trauma groups scoring lower on Warmth/Support than the Non-Interpersonal Trauma group. The orthogonal contrasts revealed that these overall group differences were due to specific differences between the Non-Interpersonal Trauma group and the two interpersonal trauma groups, t (101) = -3.26, $p < .01$. Less-focused post hoc pairwise comparisons confirmed this significant difference ($p < .05$) between the Non-Interpersonal and Interpersonal Trauma groups, but not between the Sexual Interpersonal Trauma group and the Non-Interpersonal Trauma group, suggesting that the largest difference in Authoritative parenting scores was due to the interpersonal nature of some trauma experiences.

Significant results were also found for the motherhood role salience variable. Specifically, F tests revealed that there was a significant difference, F (3, 101) = 3.42, $p < .05$) among the four trauma groups on their respective levels of motherhood role salience. Orthogonal contrasts added clarity to this result, showing that there were significant differences between the No Trauma group and the three trauma groups, t (101) = -2.25, $p < .05$, as well as between the Non-Interpersonal Trauma and the two Interpersonal Trauma groups, t (101) = 2.12, $p < .05$. These contrasts suggest that motherhood role salience is higher for mothers in the No Trauma group than all three trauma groups, and is lower for mothers in the Non-Interpersonal Trauma group than the two Interpersonal

Trauma groups. Less focused, post hoc pairwise comparisons detected the significant difference between the Non-Interpersonal Trauma group and the No Trauma group ($p < .05$) , but not the difference between the Non-Interpersonal Trauma group and the two Interpersonal Trauma groups.

Table 3
Overall Mean Scores of Key Variables[*]

	No Trauma	Non-Interpersonal Trauma	Nonsexual Interpersonal Trauma	Sexual Interpersonal Trauma
Sample size[**]	31	24	15	35
Authoritarian Parenting Style	17.75[abc] (3.39)	18.78[a] (3.32)	20.47[bd] (4.02)	19.61[cd] (3.11)
Physical Coercion	6.27[abc] (1.56)	6.62[a] (1.60)	8.07[b] (2.49)	6.59[c] (1.37)
Verbal Hostility	5.74[abc] (1.45)	6.29[a] (1.68)	7.13[b] (1.68)	7.07[c] (1.80)
Non-Reasoning/ Punitive	5.72 (1.84)	5.81 (1.74)	5.27 (1.33)	5.91 (1.75)
Authoritative Parenting Style	48.50 (5.00)	49.72 (4.28)	47.93 (6.56)	49.16 (5.38)
Warmth/Support	18.19 (1.49)	19.03 (1.09)	17.60 (1.92)	18.00 (1.48)
Regulation	16.06 (2.48)	16.29[ab] (2.54)	16.00[a] (2.82)	16.76[b] (2.59)
Autonomy Granting	14.18 (2.86)	14.09 (2.18)	14.29 (3.07)	14.25 (2.73)
Permissive Parenting Style	10.69 (2.24)	11.04 (2.22)	11.00 (2.70)	10.57 (3.05)
Motherhood Role Salience	2.52[abc] (.57)	1.[91a] (.93)	2.24[b] (.57)	2.35[c] (.72)

[*]*Standard deviations in parentheses*
[**]*Due to missing responses, groups sizes were as small as 28, 22, 15, and 35 respectively.*
[abcd] *Denote in each row which scores were significantly different according to orthogonal contrasts*

Table 4
Orthogonal Contrast Significance for Trauma Groups and Parenting Style

Scale/Subscale	Contrast	df	Sig. (2-Tailed)
Authoritarian	1	100	.013*
Physical Coercion	1	100	.028*
	3	100	.005**
Verbal Hostility	1	101	.003**
Authoritative			
Warmth/Support	2	101	.002*
Motherhood Role Salience	1	101	.027**
	2	101	.037**

*p < .05
** p < .01

CHAPTER V

CONCLUSION

Discussion

Key conclusions of this study focus on the various hypotheses regarding the effects of past trauma on parenting styles, as well as the effect that trauma has on the developing concept of motherhood role salience. The conclusions of this study are strengthened by the fact that there was no association between demographic information and parenting style. This suggests that key differences found through statistical analysis were not due to demographic factors such as marital status, income, race, or education. Further, the lack of correlation between the total number of traumatic events and parenting style suggests that there does not appear to be a "pile-up" effect of trauma, but instead it may be the type of trauma a mother experiences that has the most influence on her parenting tactics.

The primary hypothesis of the current study was that mothers who reported some sort of interpersonal trauma would be significantly more likely than mothers with no reported interpersonal trauma history to use Authoritarian or Permissive parenting practices. This hypothesis was supported on several levels, specifically with regard to the Authoritarian parenting style scale and subscales. The results of this study suggest that, in general, traumatized mothers are more likely than non-traumatized mothers to use Authoritarian parenting practices, particularly in the realms of physical coercion (e.g.,

spanking, grabbing, slapping, forced compliance) and verbal hostility (e.g., derogatory statements, shaming, yelling).

In terms of trauma typology, mothers with non-interpersonal (but not interpersonal or sexual) trauma backgrounds showed the most noteworthy differences from non-traumatized mothers in the area of overall Authoritarian parenting. With regard to the specific subscales of Authoritarian parenting, results suggest that mothers who have been interpersonally traumatized in a nonsexual nature utilize more physically coercive tactics than mothers who have been sexually traumatized.

Verbal hostility was found in the current study to be used more often by mothers with all three trauma backgrounds than non-traumatized mothers. Further, it was suggested by the results of this study that mothers who have experienced either sexual or non-sexual interpersonal trauma use verbally hostile tactics more often than those who have been non-interpersonally traumatized.

Although no significant results were found for the overall Authoritative scale, the results regarding the warmth/support subscale of this parenting style merit further discussion. Mothers in this study who had been interpersonally traumatized indicated using fewer tactics that created a warm, supportive relationship for their toddlers than non-traumatized mothers. This finding suggests that the experience of being interpersonally traumatized is qualitatively different from other experiences of trauma, especially with regard to a mother's ability to connect relationally with her children.

Finally, the unique focus of this study on motherhood role salience proved valuable as well. The current study's findings suggest that motherhood role salience is lower among women who have been traumatized, particularly those that have

experienced non-interpersonal trauma in their lifetimes. This may be due to the fact that non-interpersonal traumas are largely unpredictable (e.g. tornadoes and car accidents), and mothers may feel unable to protect their children from such experiences.

Mothers in this study who had experience no significant traumas in their past reported the highest motherhood role salience, suggesting a detrimental effect of trauma overall on this construct. This finding adds to the relatively sparse research on the developing concept of motherhood role salience, as it depicts a diminished desire for children among mothers who have been traumatized in their lifetimes. This may be partially explained by the earlier assertions by other researchers (Alexander, Teti, & Anderson, 2000; Schumacher, 2008), who noted that traumatized mothers may have unrealistic expectations of their children to meet their emotional needs; when then needs are continually unmet, diminished motherhood role salience may result. Diminished motherhood role salience may also result from feelings of incompetence as a result of traumatic experiences (Milan, Lewis, Ethier, Kershaw, & Ickovicx, 2004), suggesting that traumatized mothers may feel unable to serve as an adequate protector for their children after a traumatic event.

The finding that interpersonally traumatized mothers are more likely to use Authoritarian parenting tactics has been continually supported by past literature. Newcomb and Locke (2001), as well as Simons, Whitbeck, Conger, and Wu (1991) have noted that women who have been subject to violence in childhood often perpetuate violence in their own parenting as adults. One of the reasons that Authoritarian tactics are higher among traumatized mothers may be because of decreased ability to experience sensitivity, appropriate emotional regulation, and enjoyment of the parenting role (Kaitz,

Levy, Ebstein, Faraone, & Mankuta, 2009). As pointed out by Slep and O'Leary (1998), this may be because traumatized mothers interpret their children as having malicious intentions, and therefore respond more harshly in their discipline. Traumatized mothers may also experience more dissociation and irritability towards their children as a results of having been traumatized (Collin-Vézina, Cyr, Pauzé, & McDuff, 2005; Levendosky, Lynch, & Graham-Bermann, 2000). Finally, these findings appear to complement Banyard's (1997) finding that abused mothers may hold negative attitudes about themselves as parents, and may therefore endorse more punitive parenting styles. The current study's finding that verbal hostility and physical coercion are higher among women who have been traumatized helps to explain some of these past findings, as this effect may also be the result of a mother using similar tactics to those used towards her by her own parents..

The current study offers support for the past assertion that interpersonal trauma is qualitatively different from other forms of trauma in terms of the experience of the victim, due to the violation of social norms (Herman, 1992). This was linked to parenting with the finding that mothers in the study who had experienced interpersonal trauma used fewer warmth and support-based tactics with their children, possibility due to a diminished ability to relate with others.

Along these lines, an interesting note with regard to the results of this study is that more detrimental effects varied between sexual and nonsexual trauma, with these two group alternating for the highest score on various subscales. This occurred despite the researcher's assumption that sexual trauma is the most detrimental form of trauma. These differing results suggests that the effects of sexual trauma may vary by situation, severity,

and a variety of other factors, but the effects of interpersonal trauma are generally more detrimental than those of non-interpersonal trauma.

Strengths and Limitations

There were a number of strengths in the current study, including the fairly large sample size overall. Within the sample of 105 participants, approximately 75% of these mothers had experienced some sort of traumatic event in their lifetimes. This relatively large number of traumatic experiences in the sample allows for greater overall power, and more ability to develop generalized findings for other populations. Additionally, the sample was fairly equally divided among high and low-income participants, such that this diversity among socio-economic status may serve as a strength factor for the study's findings. The participants were found not to vary in their parenting style when taking all measured demographic variables into account, which helps to clarify that significant results are likely due to the experience of trauma and not a lack of income or education.

There were also some limitations to this study, some relating to the study sample. Mothers in this study were fairly well-educated overall, with over 90% attending at least some college. This suggests a high level of literacy, and likely exposure to helpful knowledge that has had a positive effect on the sample's parenting styles overall. Although it is a good thing that these mothers have likely had access to research and parenting interventions, this high education level serves as a limitation with regard to being able to generalize the study's findings. Another limitation with regard to the participants was that the key questionnaires all relied on maternal report, which may or may not be fully accurate, depending on a variety of variables such as fear of imminent harm, discomfort with questions, or worry about being "judged" by the researcher.

In terms of measurements, one limitation was the use of the fairly new and untested construct of motherhood role salience. This construct has been sparsely used, and there was therefore little information available to the researcher for the application to other variables. Given the significant results in the current study, however, it is the hope of the researcher that this area continues to gain strength in future research.

The measurement of trauma was limited in some respects, most notably the fact that trauma groups were not necessarily mutually exclusive. For example, mothers who reported experiencing two types of trauma were grouped with the assumption that sexual trauma was the most detrimental, followed by other interpersonal trauma and non-interpersonal trauma. The result is that one form of trauma serves as the representative for the participant's entire trauma experience, although she may have experienced more than one type of trauma. Additionally, this study focused on the number and types of trauma, but not necessarily the severity of traumatic experiences. Future research would like benefit by increased attention to the respective severity of participants' experiences.

Clinical Application

Many of the findings of this study have immediate clinical relevance. Specifically, given the suggestion of this study that verbal hostility and physical coercion are higher in traumatized mothers than non-traumatized mothers, clinicians should consider a thorough assessment of traumatic experiences when working with parents. In addition, knowing that the family environment of traumatized parents may be more hostile overall, special attention should be given to the assessment of child abuse, particularly verbal and physical forms.

The current study also has treatment ramifications for those involved in clinical work. Taking into account the finding that a mother's ability to use warm and supportive tactics with her young child may be jeopardized by the experience of trauma, clinical work that focuses on positive reinforcement and emotional connection would likely be useful for this specific population. This level of clinical intervention may be effective in teaching a mother more adaptive alternatives to her current approach to parenting, which may then lead to an interruption in the trans-generational cycle of abuse and trauma.

Future Research Implications

Given the many findings in this study and others that link traumatic experiences to negative parenting outcomes, future research should strive to clarify these effects. In addition to providing clarity to the findings of this study, the field as a whole would likely benefit from increased research in terms of causal links between specific experiences and related parenting outcomes.

The results of this study would also likely be strengthened with a larger sample size, as well as a more diverse population. Most of the participants in the study were Caucasian, and resided in a suburban area of a Midwestern state. Future studies should strive to assess similar outcomes with a more racially and geographically varied sample.

Summary

This study has served to connect many important areas of research, finding most notably that mothers with trauma backgrounds are more likely than non-traumatized to employ harsh parenting tactics with their children. The findings of this study are important for clinical work, as they offer several key areas of intervention. For instance, given the significant findings with regard to diminished motherhood role salience

following traumatic experience, clinicians can provide individualized treatment that focuses on this concept. By facilitating therapeutic discussions with traumatized mothers about what being a mother means to them, therapists can assist these mothers to identify expectations and struggles within the relationship between mother and child.

Specific findings related to parenting styles are also relevant to clinical work. Knowing that verbal hostility and physical coercion are higher among mothers who have been traumatized, clinicians should be aware of the necessity to constantly assess for verbal and physical abuse when they are aware that a trauma history is present. Above all, it is the hope of the researcher that focused assessment and treatment may help to disrupt the intergenerational cycles of trauma and abuse.

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APPENDICES

Appendix A: Demographic Form

First Name: _____ Age: _____ Date of Birth: _____

1. What is your current relationship status, e.g., marital status?

   Married Separated Cohabitating Single

2. If married or cohabitating, how long have you been living together? _____ years

3. How many children under 18 live in your home at least 50% of the time? _____

4. What race do you consider yourself? Please circle all that apply.

   White Black Native American Asian Other: _____

5. Do you consider yourself to be Hispanic? Yes No

6. What is the highest level of education you have completed?

   Less than high school diploma

   Circle highest grade you completed: 5 6 7 8 9 10 11

   High school diploma or GED

   Some College

   Technical or Trade School

   Associate Degree

   Bachelor Degree

   Some Graduate School

   Master's Degree

   Doctoral or Professional Degree

7. Are you currently working in a job for pay? Yes No [go to #9]

8. [If yes] How many hours do you work at your paid job in a typical week? _____

9. What type of job do you currently have or most recently had?

_____

(over)

10. What is or was your job title?

_____

11. Please describe your main job duties:

_____

_____

_____

12. What is your total household income per month?

Under $500

$500 to $1,000

$1,000 to $1,500

$1,500 to $2,000

$2,000 to $2,500

$2,500 to $3,000

Over $3,000

Thank you.

Appendix B: Parenting Styles and Dimensions Questionnaire

REMEMBER: Make one rating for each item - how often you use this behavior with your child.

I USE THIS BEHAVIOR:
1 = Never
2 = Once In Awhile
3 = About Half of the Time
4 = Very Often
5 = Always

_____ 1. I am responsive to my child's feelings and needs.
_____ 2. I use physical punishment as a way of disciplining my child.
_____ 3. I take my child's desires into account before asking the child to do something.
_____ 4. When my child asks why he/she has to conform, I state: because I said so, or I am your parent and I want you to.
_____ 5. I explain to my child how I feel about the child's good and bad behavior.
_____ 6. I spank when my child is disobedient.
_____ 7. I encourage my child to talk about his/her troubles.
_____ 8. I find it difficult to discipline my child.
_____ 9. I encourage my child to freely express himself/herself even when disagreeing with parents.
_____ 10. I punish by taking privileges away from my child with little if any explanations.
_____ 11. I emphasize the reasons for rules.
_____ 12. I give comfort and understanding when my child is upset.
_____ 13. I yell or shout when my child misbehaves.
_____ 14. I give praise when my child is good.
_____ 15. I give into my child when the child causes a commotion about something.
_____ 16. I explode in anger towards my child.
_____ 17. I threaten my child with punishment more often than actually giving it.
_____ 18. I take into account my child's preferences in making plans for the family.
_____ 19. I grab my child when he/she is being disobedient.
_____ 20. I state punishments to my child and do not actually do them.
_____ 21. I show respect for my child's opinions by encouraging my child to express them.
_____ 22. I allow my child to give input into family rules.
_____ 23. I scold and criticize to make my child improve.
_____ 24. I spoil my child.

(over)

_____ 25. I give my child reasons why rules should be obeyed.

_____ 26. I use threats as punishment with little or no justification.

_____ 27. I have warm and intimate times together with my child.

_____ 28. I punish by putting my child off somewhere alone with little if any explanations.

_____ 29. I help my child to understand the impact of behavior by encouraging my child to talk about the consequences of his/her own actions.

_____ 30. I scold or criticize when my child's behavior doesn't meet my expectations.

_____ 31. I explain the consequences of the child's behavior.

_____ 32. I slap my child when the child misbehaves.

Appendix C: Stressful Life Events Questionnaire

The items listed below refer to events that may have taken place at any point in your entire life, including early childhood. **If an event or ongoing situation occurred more than once, please record all pertinent information about additional events on the last page of this questionnaire. (**Please print or write neatly).

1. Have you ever had a life-threatening illness?

No _____ Yes _____ If yes, at what age? _____

- Duration of Illness _____
- Describe specific illness _____

2. Were you ever in a life-threatening accident?

No _____ Yes _____ If yes, at what age? _____

- Describe accident_____
- Did anyone die? ____ If yes, who? (Relationship to you)_____
- What physical injuries did you receive? _____
- Were you hospitalized overnight? No_____ Yes _____

3. Was physical force or a weapon ever used against you in a robbery or mugging?

No _____ Yes _____ If yes, at what age? _____

- How many perpetrators?_____
- Describe physical force (e.g., restrained, shoved) or weapon used against you.

  _____
- Did anyone die? _____
- If yes, who?_____
- What injuries did you receive? _____
- Was your life in danger? _____

4. Has an immediate family member, romantic partner, or very close friend died because of accident, homicide, or suicide?

No _____ Yes _____ If yes, how old were you? _____

- How did this person die? _____
- Relationship to person lost _____
- In the year before this person died, how often did you see/have contact with him/her? _____
- Have you had a miscarriage? No _____ Yes _____ If yes, at what age?_____

(over)

5. At any time, has anyone (parent, other family member, romantic partner, stranger or someone else) ever <u>physically forced</u> you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated?

No _____ Yes _____ If yes, at what age? _____

- If yes, how many times? □ 1 □ 2-4 □ 5-10 □ more than 10
- If repeated, over what period? □ < 6 months □ 7 months-2 years
  □ 2-5 years □ 5+ years
- Who did this? (Specify stranger, parent, etc.) _____
- Has anyone **else** ever done this to you? No_____ Yes_____

6. Other than experiences mentioned in earlier questions, has anyone ever touched private parts of your body, made you touch their body, or tried to make you to have sex against your wishes?

No _____ Yes _____ If yes, at what age? _____

- If yes, how many times? □ 1 □ 2-4 □ 5-10 □ more than 10
- If repeated, over what period? □ < 6 months □ 7 months-2 years
  □ 2-5 years □ 5+ years
- Who did this? (Specify stranger, parent, etc.) _____
- Has anyone **else** ever done this to you? No_____ Yes_____

7. When you were a child, did a parent, caregiver or other person ever slap you repeatedly, beat you, or otherwise attack or harm you?

No _____ Yes_____ If yes, at what age _____

- If yes, how many times? □ 1 □ 2-4 □ 5-10 □ more than 10
- If repeated, over what period? □ < 6 months □ 7 months-2 years
  □ 2-5 years □ 5+ years
- Describe force used against you (e.g., fist, belt)_____
- Were you ever injured? _____ If yes, describe _____
- Who did this? (Relationship to you) _____
- Has anyone **else** ever done this to you? No _____ Yes _____

(over)

8. As an adult, have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, stranger, or someone else?

No _____ Yes _____ If yes, at what age? _____

- If yes, how many times? □ 1 □ 2-4 □ 5-10 □ more than 10
- If repeated, over what period? □ < 6 months □ 7 months-2 years □ 2-5 years □ 5+ years
- Describe force used against you (e.g., fist, belt)_____
- Were you ever injured? _____ If yes, describe _____
- Who did this? (Relationship to you) _____
- If sibling, what age was he/she_____
- Has anyone **else** ever done this to you? No_____ Yes _____

9. Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down, ignored you, or told you were no good?

No _____ Yes _____ If yes, at what age? _____

- If yes, how many times? □ 1 □ 2-4 □ 5-10 □ more than 10
- If repeated, over what period? □ < 6 months □ 7 months-2 years □ 2-5 years □ 5+ years
- Who did this? (Relationship to you) _____
- If sibling, what age was he/she_____
- Has anyone **else** ever done this to you? No_____ Yes _____

10. Other than the experiences already covered, has anyone ever <u>threatened</u> you with a weapon like a knife or gun?

No _____ Yes _____ If yes, at what age? _____

- If yes, how many times? □ 1 □ 2-4 □ 5-10 □ more than 10
- If repeated, over what period? □ < 6 months □ 7 months-2 years □ 2-5 years □ 5+ years
- Describe nature of threat _____
- Who did this? (Relationship to you) _____
- Has anyone **else** ever done this to you? No_____ Yes _____

11. Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted?

No _____ Yes _____ If yes, at what age? _____

- Please describe what you witnessed _____
- Was your own life in danger? _____

(over)

12. Have you ever been in any other situation where you were seriously injured or your life was in danger (e.g., involved in military combat or living in a war zone)?

No_____ Yes_____ If yes, at what age? _____

- Please describe. _____

13. Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless, that you haven't reported?

No_____ Yes_____ If yes, at what age? _____

- Please describe. _____

Appendix D: Importance of Motherhood Questionnaire

Please circle whether you strongly agree, agree, disagree, or strongly disagree with the following statements.	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
1. Having children is important to my feeling complete as a woman.	0	1	2	3
2. I always thought I'd be a parent.	0	1	2	3
3. I think my life will be or is more fulfilling with children.	0	1	2	3
4. It is important for me to have children.	0	1	2	3

Appendix E: IRB Approval Form

Oklahoma State University Institutional Review Board

Date: Wednesday, November 04, 2009

IRB Application No HE0962

Proposal Title: The Influence of Trauma on Parenting Style and Motherhood Role Salience

Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved **Protocol Expires: 11/3/2010**

Principal Investigator(s):

Christopher L. Peters	Kami L. Schwendtfeger
4599 N. Washington, Apt. 23L	233 HES
Stillwater, OK 74075	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

☒ The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

The reviewer(s) had these comments:
Analysis of de-identified archival data.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTeman in 219 Cordell North(phone: 405-744-5700, beth.mcteman@okstate.edu).

Sincerely,

Sheila Kennison, Chair
Institutional Review Board

VITA

Christopher L. Peters

Candidate for the Degree of

Master of Science

Thesis: THE INFLUENCE OF TRAUMA ON PARENTING STYLE AND MOTHERHOOD ROLE SALIENCE

Major Field: Human Development and Family Science, Marriage and Family Therapy

Biographical:

Education:

- M.S. in Human Development and Family Science at Oklahoma State University
  - Stillwater, Oklahoma- December, 2009.
- B.A. in Family Psychology at Oklahoma Baptist University
  - Shawnee, Oklahoma- May, 2007

Experience:

- Therapy Intern at Center for Family Services, Oklahoma State University
- Employee Assistance Provider Therapy Intern, Focus Institute
- Graduate Teaching Assistant for Oklahoma State University
- Graduate Research Assistant for Oklahoma State University

Professional Memberships:

- Student Member of the American Association for Marriage and Family Therapy
- Student Member of the Oklahoma Association for Marriage and Family Therapy

Leadership Experience:

- Cohort Representative
  - Marriage and Family Therapy Program, Class of 2009.

Name: Christopher L. Peters Date of Degree: December, 2009

Institution: Oklahoma State University Location: Stillwater, Oklahoma

Title of Study: THE INFLUENCE OF TRAUMA ON PARENTING STYLE AND MOTHERHOOD ROLE SALIENCE

Pages in Study: 61 Candidate for the Degree of Master of Science

Major Field: Human Development and Family Science; Marriage and Family Therapy

Scope and Method of Study: The present study examined the relationship between past trauma experiences and its effects on mother's parenting styles with their young children (18 to 30 months). Participants (N=105) were grouped by trauma (No Trauma, Non-Interpersonal Trauma, Interpersonal Trauma, and Sexual Interpersonal Trauma) and were compared using orthogonal contrasts, t-tests, and ANOVA's. Significant differences were found between these groups, and were clarified by post hoc analyses.

Findings and Conclusions: Significant findings were that mothers with traumatic experiences scored higher on Authoritarian parenting practices, particularly in the areas of verbal hostility and physical coercion. Traumatized mothers also scored significantly lower than non-traumatized mothers on their practices involving warmth and connection. Motherhood role salience, or the importance with which a mother holds her parenting role, was significantly lower among women with trauma histories, particularly those with non-interpersonal trauma experiences. Given these findings, it was concluded that clinical attention should be given to providing traumatized women with special attention, as well as interventions that encourage warm connection with their children through positive discipline practices.

ADVISER'S APPROVAL: Dr. Kami L. Schwerdtfeger