Parenting after a history of childhood maltreatment

Background
Child maltreatment is a global health priority, affecting up to half of all children worldwide. It can cause significant and ongoing impacts on physical, social and emotional wellbeing.

For parents with a history of childhood maltreatment, the experience of becoming a parent can ‘trigger’ past trauma. However, this time can also be an important opportunity for parents to heal through bonding and nurturing their child.

What is the aim of this research project?

We looked at the research evidence about parenting after experiencing childhood maltreatment (*see definition). Our aim was to ‘map’ the evidence across the perinatal period (from pregnancy to child age two). This included evidence about:

- Theories of parenting after child maltreatment;
- Intergenerational pathways;
- Parents’ views;
- Interventions to support parents;
- Assessment tools to identify parents who have experienced of childhood maltreatment.
What did we do?
We used research databases to identify relevant research articles. We screened 6,701 articles and located 74 that were relevant across 57 different studies. Each article was independently evaluated by two researchers. Most of the studies were conducted in the United States and involved only mothers. Together, the studies included over 20,000 parents.

What did we find?
After reviewing the 57 studies, we found:

- 14 studies outlined 16 theoretical perspectives which help us to understand parenting after a history of childhood maltreatment (e.g. attachment, social learning, and post-traumatic growth).
- 11 studies described strategies or interventions to support parents, with some benefits for parent wellbeing.
- 22 assessment tools for identifying parental childhood maltreatment history or impact.

What can help families to heal, or make healing more difficult?
38 studies described a range of helpful or unhelpful factors when it comes to healing from a history of child maltreatment.

- **Helpful factors** included: positive parent-child interactions, parental perception of healing, secure attachment, resilience, social/family support, parent training, self-care activities, and positive attitudes towards parenting.
- **Unhelpful factors** included: social isolation or poor social functioning, young parental age, substance use, poor mental health, stress, poor parenting practices, low parental warmth, insecure attachment and bonding, low birth weight and preterm birth.

Location of Studies

- USA: 76%
- UK: 6%
- Canada: 5%
- Australia: 6%
- Europe: 7%

Photo by Lisa Johnson on Burst
Becoming a parent offers a unique life-course ‘window of opportunity’ for healing from the past and for nurturing your child.

**What are parents’ experiences?**

11 studies describing parents’ experiences suggested that:

- Becoming a parent can involve re-traumatising experiences, such as a lack of validation of their past, or unexpected triggering of trauma responses.

- Becoming a parent can also provide an opportunity for healing and growth after childhood maltreatment (‘post-traumatic growth’).

- Telling others about childhood sexual assault can be more difficult because of perceived stigma, limited time with service providers, or fear of child protection agencies.

- Parents can experience reduced self-worth and lack of trust in relationships.

- Barriers to seeking support can include access issues, lack of services, lack of transport, opening hours of services, waiting time and lists, inconsistent staff contact and a lack of alternate treatment options.

- Strategies to break the ‘cycle of trauma’ can include ‘storying’ and ‘meaning making’, as well as reducing isolation, increasing social support, spirituality, self-care, and helping others.

**Where are the gaps?**

We identified some ‘gaps’ in current evidence:

- There are no specific support programs to help parents with a history of childhood maltreatment.

- There is little knowledge about the experiences and support needs of fathers and Indigenous parents.
What are our recommendations?

Overall, this work suggests that:

- Perinatal care services should be ‘trauma-informed’ (aware) to minimise the risk of ‘triggering’ trauma responses.
- Public health professionals have an important role in supporting parents to heal from past trauma and to develop a nurturing relationship with their child.
- Support strategies should be developed in collaboration with families and communities.

*What do we mean by ‘child maltreatment’?*

In this review, we have used the WHO (World Health Organization) definition of child maltreatment: “abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

Suggested citation


For more information


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