Psychological Trauma: Theory, Research, Practice, and Policy

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Shame and Alienation Related to Child Maltreatment: Links to Symptoms Across Generations

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Objective: The current study investigated associations between appraisals of shame and alienation related to mothers' own experiences of child maltreatment and symptoms across generations—in mothers themselves as well as their toddler/preschool-aged children. ***Method:*** Mothers who survived maltreatment ($N = 113$) with a child between the ages of 2 and 5 were recruited to participate in an online study on Maternal Coping, Attachment and Health. Mother participants completed a series of questionnaires, including those that asked about posttrauma appraisals of their own maltreatment experiences as well as their child's and their own mental health symptoms. ***Results:*** When taking into account other posttrauma appraisals (e.g., fear, betrayal, anger, self-blame), maternal shame and alienation were both significantly associated with maternal trauma-related distress (a composite of anxiety, PTSD, dissociation, and depressive symptoms). Maternal shame was also significantly linked to child internalizing symptoms and externalizing symptoms. Lower levels of fear and higher levels of betrayal were associated with externalizing symptoms as well. Maternal trauma-related distress mediated the relationship between maternal shame and child externalizing symptoms, and partially mediated the relationship between shame and internalizing symptoms. ***Conclusion:*** This study is the first of its kind to examine the role of posttrauma appraisals among mother survivors of maltreatment as they relate to symptoms in their young children. Although additional research is necessary, findings suggest that mothers' posttrauma appraisals, such as shame, could be a relevant factor in the early social-emotional development of survivors' children.

Keywords: posttrauma appraisals, shame, alienation, intergenerational trauma, mother survivors of maltreatment

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Experiencing maltreatment during childhood can impact survivors' cognitions considerably, including how they think about themselves, their relationships with others and the world (Aakvaag et al., 2016; Babcock & DePrince, 2012; Foa, Ehlers, Clark, Tolin, & Orsillo, 1999). Posttrauma appraisals—one's assessment of their own thoughts, feelings, and behaviors related to the trauma they experienced (DePrince, Zurbriggen, Chu, & Smart, 2010)—are associated with increased psychological distress (e.g., posttraumatic stress disorder (PTSD), depression, anxiety, dissociation) among survivors of trauma (DePrince, Chu, & Pineda, 2011; Ehlers & Clark, 2000; Halligan, Michael, Clark, & Ehlers, 2003; Newman, Riggs, & Roth, 1997), including those who have survived maltreatment as children (Andrews & Hunter, 1997; Feiring & Taska, 2005; Kaysen, Scher, Mastnak, & Resick, 2005). In fact, posttrauma appraisals predict survivors' trauma-related distress beyond the characteristics of the trauma or the individual survivors themselves (e.g., Martin, Cromer, DePrince, & Freyd, 2013). Prior research has highlighted appraisals of shame, and more recently alienation, as particularly relevant to understanding psychological distress among child maltreatment survivors (Srinivas, DePrince, & Chu, 2015).

Despite literature documenting links between shame, alienation and several forms of trauma-related distress, research investigating posttrauma appraisals among populations of survivor *parents* is particularly sparse. Examining posttrauma appraisals among parent survivors of maltreatment is critical, not only to providing effective interventions to this population of adult survivors, but also to understanding whether posttrauma appraisals may influence their children's social-emotional development. The current study sought to address these gaps in the literature by exploring associations between maltreatment-related shame and alienation and psychological symptoms both in mothers whom have survived maltreatment and their toddler/preschool-aged children.

Shame, Alienation, and Trauma-Related Distress

Shame involves humiliation and/or mortification resulting from negative evaluations of oneself or one's experiences, while alienation involves the disconnection from self and others. Both shame and alienation are reported by survivors asked to evaluate or appraise their thoughts, feelings and behaviors related to the

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trauma they have experienced (e.g., DePrince et al., 2010). Shame has been studied extensively in terms of its influence on survivors' trauma-related distress (i.e., common psychological symptoms that present following trauma: depression, anxiety, PTSD, dissociation, among others; Briere, 1996). Shame among child maltreatment survivors has been associated with several forms of trauma-related distress, including: depression (Andrews & Hunter, 1997), PTSD (La Bash & Papa, 2014), dissociation (Feiring, Cleland, & Simon, 2010; Platt, Luoma, & Freyd, 2016), and anxiety (Aakvaag et al., 2016), with shame mediating relationships between child maltreatment experiences and trauma-related distress in some studies (Andrews & Hunter, 1997; Harper & Arias, 2004). Survivors with complex PTSD have endorsed higher levels of shame compared to those with PTSD only (Newman, Riggs, & Roth, 1997), thus shame may distinguish between levels of PTSD severity. Shame also predicts the persistence of PTSD over time (Andrews, Brewin, Rose, & Kirk, 2000; Feiring & Taska, 2005). These findings suggest that, when left untreated, shame may function to increase survivors' propensity to experiencing severe and/or unremitting trauma-related distress.

Although several studies have focused on elucidating the influence of shame on survivors' trauma-related distress, survivors' appraisals of alienation only recently began to receive attention within the empirical literature. Thus far, research has shown that alienation is also linked to several forms of trauma-related distress, including: depression, dissociation, PTSD, and Dissociative Identity Disorder (DID; DePrince et al., 2011; DePrince, Huntjens, & Dorahy, 2015; Hebenstreit, Maguen, Koo, & DePrince, 2015; Srinivas et al., 2015). Alienation may also function similarly to shame in terms of discriminating between more severe and/or complex trauma-related distress. For example, in a recent study by DePrince et al. (2015), trauma survivors with DID reported significantly more alienation than did survivors with PTSD only.

The present state of the literature on posttrauma appraisals indicates that shame and alienation are especially relevant to understanding trauma-related distress among survivors of child maltreatment. However, to our knowledge, appraisals of shame and alienation have yet to be examined in terms of their relationship to trauma-related distress among parent survivors of child maltreatment specifically. To date, only one study has examined shame as it relates to trauma-related distress among mother survivors of maltreatment. Muzik and colleagues (2016) found that maltreatment-related shame predicted suicidal ideation among mothers at 4, 12, and 18 months postpartum. The current study sought to replicate findings from adult clinical, adult community, college student, and adolescent child welfare samples (DePrince et al., 2011, 2015; Srinivas et al., 2015), by examining relationships between appraisals of shame, alienation and trauma-related distress among a sample of mothers whom experienced child maltreatment.

Maternal Shame, Alienation, and Child Symptoms

In addition to predicting trauma-related distress among adult survivors, could appraisals of shame and alienation predict mood and behavior symptoms in survivors' young children?

Although the intergenerational transmission of maltreatment and its associated psychopathology has been the subject of substantial theoretical discussion, the field has yet to empirically assess the role survivors' posttrauma appraisals may have in transmission. As new mothers attempt to establish their identity as a parent, distress related to their own experiences of maltreatment may reemerge or increase (O'Dougherty Wright, Fopma-Loy, & Oberle, 2012). Amos and colleagues (2011) theorized that mother survivors of maltreatment may project or misattribute the source of their distress onto their child, instead of recognizing that interacting with their child serves as a reminder of their own childhood experiences of maltreatment. These cognitive defenses/mistattributions may account for survivor mothers' increased likelihood for displaying negative behavior toward their children (e.g., Cohen, Hien, & Batchelder, 2008; Jacobvitz, Leon, & Hazen, 2006). In fact, research with mothers whom have survived interpersonal trauma shows that such mothers tend to have more disengaged and distorted mental representations of their children (Schechter et al., 2005) and make more negative attributions toward their children (Schechter et al., 2015). Moreover, Egeland and Susman-Stillman (1996) found that cognitive processes such as: dissociation, idealization and inconsistency in describing one's own childhood were higher among maltreatment-survivor mothers who abused their children compared to mother survivors whom did not abuse their children.

These studies have advanced the field's understanding of mother survivors' thoughts about and behavior toward their own children, however, little is known about how mothers' thoughts about their own experiences of maltreatment may relate to their children's mood or behavior. Prospective studies in the field of attachment have shown that mothers with unresolved or disorganized Internal Working Models (IWM)s of their own abuse and loss are more likely to have infants with disorganized attachment (Hesse & Main, 2006) as well as children/adolescents with behavior problems (Zajac & Kobak, 2009). These findings regarding the nature of mother survivors' IWMs suggest that mothers' maltreatment-related thought processes may influence children's social-emotional development. Yet, research examining mothers' specific posttrauma appraisals is still just burgeoning. A recent study by Babcock Fenerci and DePrince (in press) found that higher levels of global posttrauma appraisals among maltreatment-survivor mothers were associated with more reported dysfunction in the mother-child relationship (as measured via the Parenting Stress Index) more so than mothers' trauma-related distress itself. An unpublished dissertation study that assessed mothers' appraisals of shame related to their own maltreatment specifically, found that shame predicted maternal hostility toward their infants (Menke, 2014).

Despite preliminary evidence linking maltreatment-related appraisals to mothers' parenting behavior and the quality of the mother-child relationship, it is still unclear whether shame and/or alienation also relate to early mood and/or behavior problems in survivors' children. Thus far, the field has focused primarily on investigating associations between parents' trauma-related distress and children's symptomology, with significant associations found across numerous studies (Lambert, Holzer, & Hasbun, 2014). One recent study found that higher levels of posttrauma appraisals among maltreatment-survivor mothers were linked to child internalizing symptoms, even when controlling for maternal trauma-related distress (Babcock Fenerci & DePrince, in press) although specific posttrauma appraisals were not examined. Understanding the relative contributions of shame, alienation and trauma-related distress as they relate to mood and behavior symptoms in the next

generation is crucial to providing targeted interventions to parent survivors of maltreatment and their young children. This empirical knowledge is also invaluable to informing strategies to prevent the intergenerational transmission of maltreatment itself, especially if prevention efforts can be provided to survivor mothers during their children's early stages of development-such as toddlerhood. The current study sought to provide initial evidence in this area by examining relationships between maternal shame, alienation and toddler internalizing and externalizing symptoms, and determining whether maternal trauma-related distress mediated those relationships.

Method

Procedures

Mothers whom experienced maltreatment during their childhoods were recruited for participation in an online study through online announcement boards as well as flyers distributed to local community agencies. Mothers e-mailed the project's e-mail address to request further information about participating in the study. Mothers were e-mailed back a description of the online study along with a unique link for them to click to complete the survey on Qualtrics.com. Upon clicking the link, mother participants were presented with a screen asking them the following eligibility questions: a) Are you age 18 or older? b) Do you have at least one child who is currently between 2 and 5 years old? c) Have you experienced any of the following when you were under the age of 18: been physically hurt by someone to the extent that it caused bruises or marks; experienced unwanted or forced sexual contact; witnessed domestic violence such as fighting between parents or family members; been frequently put down, insulted, or made to feel worthless by someone; been ignored or left alone as a child for so long that you felt scared or that your needs were not met? Mothers who marked yes to the first and second eligibility questions and yes to at least one item from the third eligibility question were transferred to a screen with the study's consent form. The consent form was followed by a consent quiz, in which mother participants were required to answer all yes-or-no questions correctly (e.g., "Will researchers share my personal information with others?") to be considered consented into the study. Mother participants completed study questionnaires that included questions about their posttrauma appraisals as well as their child's and their own mental health symptoms. Last, mother participants were asked about their experience participating in the survey using the Response to Research Participation Questionnaire (RRPQ; Newman & Kaloupek, 2001). Participants' RRPQ responses were evaluated throughout the data collection process to assess cost-benefit ratio for participation (DePrince & Chu, 2008). Participants were e-mailed a $25 PayPal or Amazon Gift Card for compensation. This study and its procedures were approved by the University of Denver's Institutional Review Board.

Participants

One hundred and 24 mothers e-mailed requesting further information about the study. All of these mothers were sent a link via e-mail that directed them to online survey: two participants never began the survey, one did not meet eligibility criteria for the study, eight did not finish the majority of the survey, and 113 completed the survey. Mothers' ages ranged from 23 to 47 years old (M = 30.2 years). Regarding total number of children, mothers reported a range of one to three children (M = 1.4), and 3% of mothers reported being pregnant. The vast majority of mother participants were married (93.8%). Mothers' racial/ethnic backgrounds were as follows: 68.1% White/Caucasian, 19.5% Black/African American, 6.2% Hispanic/Latino, 3.5% Asian/Asian American, and 2.7% Native American/Native Alaskan/American Indian. Mothers' reported levels of education were: 7.1% some high school, 17.7% high school diploma or GED, 23.0% some college, 16.8% Associates degree, and 35.4% bachelor's degree or beyond. Mothers self-identified as belonging to the following socioeconomic classes: 29.2% working class, 54.0% middle class, 15.0% upper-middle class, and 1.8% upper class. All of the children that mothers reported on during the survey were of toddler/preschooler age (range from 2 to 5; M = 3.4 years). Toddlers/preschoolers were 50.4% (n = 57) male and 49.6% female (n = 56). Mothers reported their toddler/preschoolers' racial/ethnic backgrounds as the following: 63.7% White/Caucasian, 19.5% Black/African American, 5.3% Hispanic/Latino, 3.5% Asian/Asian American, 2.7% Native American/Native Alaskan/American Indian, and 5.3% Multiracial.

Measures

Posttrauma appraisals. The Trauma Appraisal Questionnaire (TAQ; DePrince et al., 2010), a 54-item self-report questionnaire, was administered to assess mothers' posttrauma appraisals of their child maltreatment experiences. The TAQ assesses six posttrauma appraisals: betrayal, self-blame, fear, alienation, anger, and shame, and has strong psychometric properties (DePrince et al., 2010). Mean scores were calculated for each posttrauma appraisal subscale: shame, alienation, betrayal, self-blame, fear, and anger. Cronbach's alphas for this sample were: shame = 0.78; alienation = 0.85; betrayal = 0.82; self-blame = 0.88; fear = 0.88; anger = 0.87.

Maternal trauma-related distress. Mothers' levels of trauma-related distress were assessed using the 40-item Trauma Symptom Checklist-40 (TSC-40; Briere, 1996). The TSC-40 is a self-report questionnaire that measures the following symptom clusters common among survivors of trauma: depression, PTSD, dissociation, anxiety, sleep disturbance, and sexual problems. The TSC-40 has strong psychometrics (Briere, 1996). The TSC-40 total score was utilized to measure mother participants' trauma-related distress; Cronbach's alpha was 0.96.

Child internalizing and externalizing symptoms. Children's mood and behavioral symptoms were assessed using the Internalizing and Externalizing domains of the Child Behavioral Checklist, Pre-School Version (CBCL; Achenbach & Rescorla, 2000), a widely used parent-report questionnaire that assesses child social-emotional and behavioral problems. The CBCL Preschool version evaluates social-emotional/behavioral problems in children ages 1.5 to 5 years of age; the measure has good internal consistency, validity and reliability (Achenbach & Rescorla, 2000). T scores from the Internalizing and Externalizing domains were used to assess children's internalizing and externalizing symptoms. Cronbach's alphas were 0.93 for internalizing and 0.89 for externalizing.

Data Analysis

Imputation. Seventy-two (64%) of the 113 mother participants had complete data for all measures used in analyses, and 36% had at least one item missing on one or more measure. Preliminary analyses indicated that data was not missing at random. For example, mothers with missing trauma-related distress data (TSC-40) reported significantly *lower* child internalizing symptoms than mothers with complete TSC data [$t(106) = -3.41$, $p < .001$]. Per statistical guidance by Rubin (1987), multiple imputation was used to impute missing values for all key variables to avoid bias associated with case-wise deletion and optimize power for analyses (TAQ subscale scores, TSC total and subscale scores, CBCL Internalizing *T* score, CBCL Externalizing *T* score). Multiple imputation was conducted using the WinMICE software program using a linear mixed model approach with 10 iterations. The WinMICE program uses a chained equation process where imputation values are updated at each iteration allowing the 10th or final cycle values to be retained as one final dataset (Azur, Stuart, Frangakis, & Leaf, 2011).

Mediation analysis. To examine whether maternal trauma-related distress mediated the relationships between maternal shame, alienation, and toddler internalizing and externalizing symptoms, the bias-corrected bootstrapping method developed by Preacher and Hayes (2004) was used. This method estimates a sampling distribution by resampling the distribution of the original sample (with replacement) 5,000 times, generating point estimates of indirect effects at a 95% confidence interval. If a zero is not included in the confidence interval, the indirect effect is considered significant. This mediation analysis was conducted using the PROCESS macro for SPSS (Preacher & Hayes, 2004). The bias-corrected bootstrapping method for testing mediation reduces the likelihood of Type I error in that it allows for the testing of indirect effects without first needing to determine significant direct effects (Hayes, 2009).

Results

Prior to conducting analyses testing study hypotheses the distributions of continuous variables were assessed for skew, kurtosis and outliers; skew and kurtosis values were satisfactory to proceed with analyses. Preliminary analyses were conducted to determine whether key variables varied significantly according to demographic characteristics, such as: maternal age, race/ethnicity, number of children, maternal education, or socioeconomic levels. One-way ANOVA results indicated significant differences in maternal trauma symptoms and child externalizing symptoms according to race/ethnicity $F(4, 108) = 2.64$, $p < .05$ and $F(4, 108) = 2.60$, $p < .05$, respectively]. Post hoc comparisons between racial/ethnic groups using Tukey's HSD ($p < .05$) indicated that Black/African American mothers reported significantly higher levels of trauma symptoms ($M = 47.49$, $SD = 15.84$) than White/Caucasian mothers ($M = 33.03$, $SD = 21.96$) along with significantly higher externalizing symptoms in their children ($M = 81.83$, $SD = 13.21$ vs. $M = 73.46$, $SD = 11.63$). No other significant differences in key variables according to demographic characteristics were found. Table 1 displays descriptive statistics for all key variables. Table 2 displays the results of bivariate correlations performed to explore relationships between all variables included in the analyses: shame, alienation, self-blame, betrayal, fear, anger, maternal trauma-related distress, child internalizing symptoms, and child externalizing symptoms. Multicollinearity statistics were assessed for all predictor variables; all VIF values were less than five and sufficient for conducting regression analyses. Bivariate correlations were particularly high between maternal trauma symptoms and child internalizing symptoms ($r = .83$) and externalizing symptoms ($r = .80$). Maternal shame and alienation were also significantly related ($r = .77$).

Table 1
Descriptive Statistics for All Key Variables (N = 113)

Key variables	Mean (*SD*)	Range	%
Shame	2.35 (0.83)	.48–4.00	—
Alienation	2.51 (.86)	.22–3.82	—
Fear	2.24 (.90)	.07–4.00	
Self-Blame	2.28 (.93)	.00–3.91	
Anger	2.21 (.95)	.00–4.00	
Betrayal	2.55 (.90)	.08–4.14	
Maternal Trauma Symptoms	36.79 (20.72)	4.13–84.10	—
Internalizing Symptoms (T Score)	63.16 (13.47)	29.00–86.00	—
Clinical	—	—	54%
Non-Clinical	—	—	46%
Externalizing Symptoms (T Score)	75.74 (12.19)	50.33–100.00	—
Clinical	—	—	82.3%
Non-Clinical	—	—	17.7%

Table 3 displays a series of three simultaneous multiple regression analyses conducted to evaluate whether maternal shame and alienation were significantly linked to maternal trauma-related as well as child internalizing and externalizing symptoms when other posttrauma appraisals were included in the models. The predictor variables were: shame, alienation, betrayal, fear, anger, self-blame, and the outcome variables: maternal trauma-related distress, child internalizing symptoms, and child externalizing symptoms. All three models were significant overall Maternal Trauma Symptoms: $R^2 = 0.61$, $F(6, 106) = 27.79$, $p < .001$; Child Internalizing Symptoms: $R^2 = 0.57$, $F(6, 106) = 23.26$, $p < .001$; Child Externalizing Symptoms: $R^2 = 0.46$, $F(6, 106) = 15.24$, $p < .001$]. Results from the maternal trauma-related distress model showed that, consistent with hypotheses, maternal shame and alienation significantly predicted maternal trauma-related distress. In terms of associations between maternal posttrauma appraisals and child symptoms, maternal shame was significant in both the internalizing symptoms and externalizing symptoms models. 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.

Figure 1 depicts the results of two mediation models conducted examining whether maternal trauma-related distress mediated the relationships between maternal shame and child internalizing symptoms (Model 1) and child externalizing symptoms (Model 2). Indirect effects were significant in both models (i.e., 95% confidence interval estimates did not include zero) suggesting that maternal trauma-related distress did mediate the associations between maternal shame and child internalizing symptoms and externalizing symptoms. However, in Model 1 the direct effect between maternal shame and child internalizing symptoms remained significant even after maternal trauma-related distress was added to the model, indicating partial mediation. In Model 2, the

Table 2
Bivariate Correlations Among Variables Used in Regression Analyses

Key variables	1	2	3	4	5	6	7	8	9
1. Shame	—	.77	.81	.78	.83	.64	.71	.70	.58
2. Alienation			.79	.86	.81	.79	.74	.70	.57
3. Fear				.80	.90	.64	.63	.66	.41
4. Self-Blame					.82	.70	.71	.66	.54
5. Anger						.68	.67	.71	.53
6. Betrayal							.64	.60	.57
7. Maternal Trauma Sx								.83	.80
8. Child Internalizing Sx									.77
9. Child Externalizing Sx									—

Note. $p < .05$ Bonferroni-adjusted: $p = .00138$. All bivariate correlations were significant per Bonferroni correction.

direct effect was no longer significant once maternal trauma-related distress was included in the model, thus maternal trauma-related distress fully mediated the relationship between maternal shame and child externalizing symptoms.

Discussion

Mothers' appraisals of alienation and shame related to their experiences of child maltreatment were significantly associated with their trauma-related distress. These findings replicate those from previous studies with adult clinical, adult community, college student, and adolescent child welfare samples (DePrince et al., 2011, 2015; Srinivas et al., 2015) in demonstrating significant associations between appraisals of shame, alienation and higher levels of trauma-related distress, even when taking into account other posttrauma appraisals common among trauma survivors (i.e., betrayal, anger, fear, self-blame). These results highlight the particularly salient relationships between shame, alienation and trauma-related distress among a wide-range of interpersonal trauma survivors, including those who are also parents. Shame and alienation may be especially important cognitions for clinicians to consider targeting for restructuring as part of interventions that work to alleviate maltreatment survivors' trauma-related distress. Some evidence-based interventions, such as Skills Training in Affect and Interpersonal Regulation (STAIR; Cloitre, Cohen, & Koenen, 2006) incorporate assessment and restructuring of shame appraisals as part of its treatment model. However, alienation has received substantially less focus in evidence-based treatments for trauma survivors. Although additional research is necessary, longitudinal assessment and targeting of shame and alienation appraisals associated with survivors' traumatic memories during treatment could show promise in optimizing the efficacy of interventions with survivors of child maltreatment or other forms of interpersonal trauma.

In addition to replicating associations between shame, alienation, and trauma-related distress among a community sample of maltreatment-survivor mothers, the current study also investigated associations between mothers' posttrauma appraisals and symptoms in the next generation. Maternal posttrauma appraisals, including alienation and shame (but also fear, betrayal, self-blame, anger) were significantly correlated with both child internalizing symptoms and externalizing symptoms, with especially strong associations found between posttrauma appraisals and child internalizing symptoms. Considering the persistent, transactional relationship between individuals' maladaptive cognitions and emotions (e.g., Beck, 1971), mothers' appraisals may not only influence their own mood, but their children's mood as well. On the other hand, child behavioral symptoms may also be influenced by noncognitive processes such as operant conditioning or social learning.

Higher levels of shame related to mothers' maltreatment experiences were not only significantly associated with maternal trauma-related distress, but also with higher levels of both internalizing and externalizing symptoms in mothers' toddler/preschool-aged children. In fact, maternal maltreatment-related shame was the only posttrauma appraisal significantly linked to toddler internalizing symptoms in multiple regression analyses, whereas higher levels of betrayal but lower levels of fear were also significantly linked to toddler externalizing symptoms. From a theoretical standpoint, 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. If mother survivors are indeed more likely to experience these self-deprecating appraisals while interacting with their young children, shame could potentially influence a mother's behavior toward her child, and subsequently lead the child to develop early mood and/or behavior symptoms. Substantial additional research is needed to assess the plausibility of this theoretical explanation. Nevertheless, this investigation serves as an initial step toward empirically comprehending relationships between maternal maltreatment-related appraisals like shame and the social-emotional development of survivors' children.

Table 3
Regression Coefficients for Simultaneous Multiple Regressions of Maternal Posttrauma Appraisals, Maternal Trauma-Related Distress and Child Symptoms

Outcome Measure	Predictor variable	*B*	*SE* B	β	R^2
Maternal Trauma Sx					$.78^{***}$
	Shame	8.34	2.96	$.33^{**}$	
	Alienation	7.21	3.46	$.30^{*}$	
	Fear	−4.26	3.43	−.19	
	Self−Blame	4.37	2.92	.20	
	Anger	1.77	3.50	.08	
	Betrayal	2.71	2.30	.12	
Internalizing Sx					$.57^{***}$
	Shame	4.35	2.03	$.27^{*}$	
	Alienation	3.80	2.37	.24	
	Fear	−.99	2.35	−.07	
	Self−Blame	−.08	2.00	−.01	
	Anger	4.21	2.40	.30ˆ	
	Betrayal	1.25	1.58	.08	
Externalizing Sx					$.46^{***}$
	Shame	6.23	2.05	$.43^{**}$	
	Alienation	2.23	2.39	.16	
	Fear	−8.30	2.37	$-.61^{***}$	
	Self-Blame	1.13	2.02	.09	
	Anger	4.48	2.42	.35ˆ	
	Betrayal	3.64	1.59	$.37^{*}$	

ˆ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

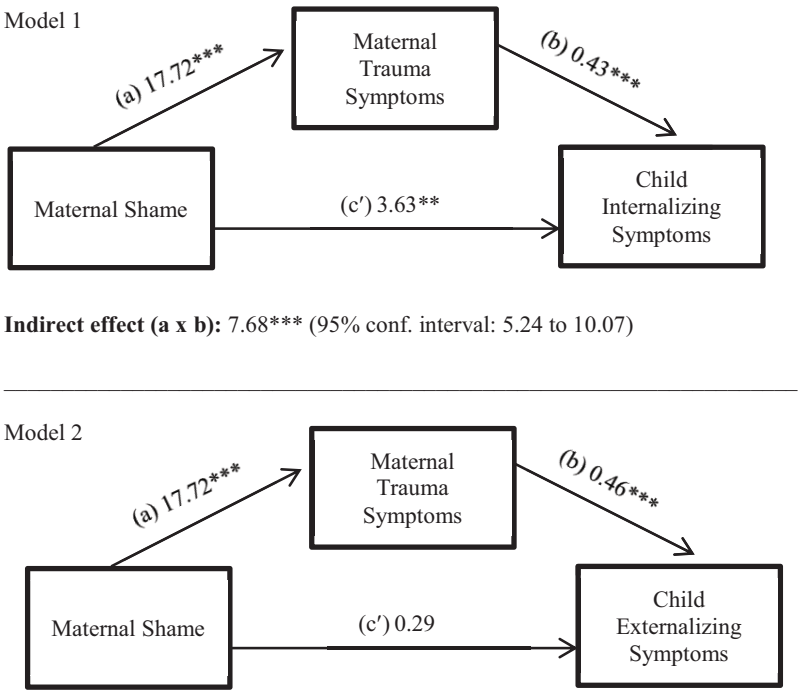

Figure 1. Mediation models examining maternal trauma-related distress as mediator between maternal shame and child symptoms. ** $p < .01$. *** $p < .001$. Unstandardized coefficients displayed. a = effect of IV on M; b = effect of M on DV; c′ = direct effect with M in model.

Maternal trauma-related distress was evaluated as a potential mediator between maternal maltreatment-related shame and toddlers' internalizing and externalizing symptoms. Trauma-related distress fully mediated the relationship between maternal shame and child externalizing symptoms, but only partially mediated the relationship between shame and child internalizing symptoms. Given well-established links between maladaptive cognitions and mood disorders (dating back to Beck, 1971), maternal appraisals such as shame may exert more of a direct influence on children's development of early negative mood states as mothers may communicate these cognitive interpretations to their children; whereas child behavioral problems may be primarily accounted for by mothers' external displays of posttraumatic distress (presumed to influence mother and child interactions). However, longitudinal studies are needed to determine whether maternal shame can indeed directly influence the development of child mood symptoms. Beyond maternal shame, empirical studies should also evaluate whether high levels of betrayal and/or low levels of fear contribute to punitive or hostile-intrusive parenting behaviors found among some maltreatment-survivor parents (Cohen, Hien, & Batchelder, 2008; Moehler, Biringen, & Poustka, 2007) that can lead to child behavior problems. These results address gaps in the literature by demonstrating links between maternal maltreatment-related shame, maternal trauma-related distress and internalizing and externalizing symptoms in survivors' children.

Limitations and Future Research

The current study is cross-sectional in design and utilized maternal-report for all measures. Thus, causation cannot be inferred from these findings, nor can the possibility of mothers' reporting bias and/or inaccurate recall be excluded as potential influences on the current findings. Prospective research is necessary to establish temporal precedence of maternal posttrauma appraisals and trauma-related distress as they relate to the development of toddler/preschooler mood and behavioral symptoms. Future research should incorporate cross informant reports (e.g., teacher, other caregivers) and/or behavioral observation in assessing children's mood and behavior symptoms. Since the vast majority of mother participants in the sample were married (94%), generalizability of results are limited in terms of application to single, separated, or divorced mother survivors of maltreatment. Since only mothers were surveyed, it is unclear whether similar findings would be found among fathers or other primary caregivers who survived child maltreatment. Mother participants were not asked to indicate whether their toddlers/preschoolers had been maltreated themselves, therefore toddler/preschooler experiences of maltreatment is a plausible alternative explanation for the significant associations found. We recommend future research utilize multiple methods/reporters, prospective, longitudinal designs, and/or assessments of parenting behavior in order to further understand the relationships between parent survivors' posttrauma

appraisals, trauma-related distress and the development of child mood and behavior problems.

Conclusion

The current investigation surveyed a community sample of mothers residing in a metropolitan area within the continental United States who had survived maltreatment in order to elucidate potential associations between mothers' posttrauma appraisals of shame and alienation and psychological distress across generations. Replicating findings from previous studies with diverse samples of adolescent and adult interpersonal trauma survivors- this study documents significant links between posttrauma appraisals of shame and alienation and higher levels of trauma-related distress among a sample of mothers with histories of child maltreatment. These findings suggest that posttrauma appraisals of shame and alienation may be particularly relevant to understanding trauma-related distress among diverse samples of interpersonal violence survivors, while also highlighting the potential importance of targeting these cognitions as part of evidence-based treatment with survivors. The study is the first of its kind to evaluate relationships between maternal shame and alienation and internalizing and externalizing symptoms in mothers' children, with shame being significantly related to higher levels of both child internalizing and externalizing symptoms. Maternal trauma-related distress also mediated these relationships- fully for externalizing symptoms- and partially for internalizing symptoms. Although additional research is warranted, investigating appraisals of shame among mother survivors of maltreatment may prove useful in better comprehending how child maltreatment and its associated psychological distress can influence the social-emotional development of survivors' children.

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