

A quarterly newsletter for our community partners...

# Research Notes

...from the Traumatic  
Stress Studies Group



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## Director's Note

As 2016 draws to a close, I want to extend my sincerest thanks to the many people who have made our research possible this year – from participants and victim service providers to colleagues, friends and students. On behalf of our TSS Group team, we continue to be honored and humbled as we learn with and from you. Thank you for all you do on behalf of victims and survivors.

Warmest wishes for a peaceful holiday season,

*Anne*

Anne P. DePrince, Ph.D., Professor

## Examining Mother's Own Abuse Experiences

Rebecca Babcock Fenerci, Ph.D. '16

Children of parents who have survived trauma are at greater risk of experiencing negative outcomes, including: disrupted attachment to caregivers (Bosquet Enlow, Egeland, Carlson, Blood, & Wright, 2014), altered responses to stress (Bierer et al., 2014), abuse and neglect (Lieberman, Chu, Van Horn, & Harris, 2011; Milner et al., 2010), and early mood and behavioral problems (Leen-Feldner, Feldner, Bunaciu, & Blumenthal, 2011; Zajac & Kobak, 2009). This phenomenon has been referred to as the “intergenerational transmission of trauma” (e.g. Dekel & Goldblatt, 2008; Schwerdtfeger, Lazelere, Werner, Peters, & Oliver, 2013). Although children of parents who have experienced child abuse and/or parents who have trauma symptoms (like PTSD and depression) are more likely to have mood or behavior symptoms themselves (Babcock Fenerci, Chu, & DePrince, 2016; Lambert, Holzer, & Hasbun, 2014), it is unclear how this “transmission” actually occurs across generations. Better understanding the “how” of intergenerational trauma is important, in that it can provide information to clinicians about which parent factors or parent-child relationship dynamics can influence/perpetuate symptoms in the children of abuse-survivor parents.

For my dissertation project, I was interested in posing a research question that could contribute to the field's understanding of how trauma and its negative mental health consequences are transmitted from parents to their children. I decided to build upon the TSS group's work with trauma-related appraisals by investigating whether maternal trauma-related cognitions (i.e. the way mothers think about or process their own child abuse) were linked to mood and behavior symptoms in their toddler/preschool-aged children. First, we predicted that abuse-survivor mothers who had higher levels of negative appraisals (i.e. fear, shame, self-blame, alienation, betrayal, anger) related to their own abuse (referred to as “child abuse-related appraisals”) or mothers whose memories of abuse were disorganized or intrusive would be more likely to have toddlers with mood and behavior symptoms. Second, we predicted that these links

between mothers' trauma-related cognitions and toddlers' mood and behavior symptoms would be explained by more dysfunction in the mother-child relationship.

To test these predictions, we collected data from 113 mothers from the Denver Metropolitan area. Mother participants completed an online survey as part of the "Maternal ATtachment, Coping & Health" (MATCH) project. All mothers who participated in the MATCH project were age 18 or older, had at least one child between the ages of 2 and 5, and had experienced at least one type of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, witnessing domestic violence).

Our preliminary results showed that mothers' child abuse-related appraisals, disorganized memory and trauma symptoms were associated with more mood symptoms in their toddlers. In terms of toddlers' behavior problems, mothers' intrusive memory and trauma symptoms showed significant associations with toddlers' behavior symptoms. Mothers' child abuse-related appraisals and disorganized memory were also linked to more dysfunction in the mother-child relationship, whereas mothers' trauma symptoms were not significantly linked to mother-child dysfunction. We also looked further into mothers' specific appraisals and found that mothers with higher levels of shame were more likely to have toddlers with both mood and behavior symptoms. Moreover, mothers who felt more betrayal but less fear related to their own child abuse were more likely to have toddlers with behavior problems.

It is important to note that the methods and design of the MATCH project prevent us from being able to conclude that mothers' trauma-related cognitions in fact *caused* toddlers mood and behavior problems, or dysfunction in mothers' and toddlers' relationships with one another. Nevertheless, we hope these research findings are useful in providing new, initial evidence about how the way mothers think about and remember their own child abuse histories could potentially influence their children's mood and behavior as well as their relationships with their children, even in their youngest years of life.

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## Meeting our New Team Member: Naomi Wright

*Q: Welcome to the TSS Group, Naomi! Tell us about yourself, please!*

Hello! I am coming to Denver from Oregon: I grew up in Central Oregon, did my undergraduate work at UO in Eugene (go ducks!), and most recently worked at a research hospital in Portland. I love biking and fixing bikes and exploring new ways to ferment food, such as kimchi, yoghurt, and sour dough starter. I hear that many of the outdoor adventures in Colorado are similar to Oregon, but I'm excited to explore how the Rockies compare to the Cascades.

*Q: As a first year graduate student in the Clinical Psychology program, what are your current research interests.*

I am interested in the way contextual factors (e.g., social and cultural messages, qualities of social networks, actions and attitudes of trauma-responding individuals and institutions, etc.) affect how people respond to traumatic experiences, how likely they are to seek treatment, and how they are able to heal or be resilient following traumatic exposure. I am also interested in how this knowledge can be used to prevent trauma exposure and mitigate its negative effects.



***Welcome Naomi!***

*Q: What drew you to the TSS group?*

The TSS Group is like no other academic group I've come across. The group's commitment to collaborating with trauma survivors and larger community shows a humility and commitment to social justice that I feel is vital to trauma research and academia more broadly. I am so excited to work alongside and learn from this team!

*Q: What do you hope to accomplish in the TSS group?*

I want to soak up as much as I can from my fellow TSS Group members and our community partners. I'm hoping to build a strong understanding of how to approach trauma-related challenges, as well as to better determine my role in addressing them.

### TSS Group Accomplishments

Since we last wrote, new papers from the TSS Group are now available! As always, please visit our [website](#) to access full-text articles or email [anne.deprince@du.edu](mailto:anne.deprince@du.edu) if you can't find what you're looking for.

**Anne DePrince** received the [Vision 21 Crime Victims Research Award](#) by Attorney General Loretta Lynch in April and was a keynote speaker at the [COVA Conference](#) in October.

**Tejas Srinivas** (6<sup>th</sup> year) completed the Dalmas A. Taylor Summer Minority Policy Fellowship from the Society for the Psychological Study of Social Issues in Washington DC this summer. She also received several University of Denver awards, including the 2016 Interdisciplinary Research Incubator for the Study of (In)equality Research/Professional Development Grant, 2016 Graduate Studies Dissertation Fellowship, and 2016 Lawrence Miller Graduate Fellowship.

Alum **Rebecca Babcock Fenerci, Ph.D.** is now a Postdoctoral Fellow at the Center for the Protection of Children, Penn State Hershey Children's Hospital.

Alum **Claire Hebenstreit, PhD** is now Psychology Staff at the VA Palo Alto Health Care System.