



## Parenting stress mediates between maternal maltreatment history and maternal sensitivity in a community sample<sup>☆</sup>

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### ABSTRACT

**Objective:** Maternal maltreatment history and current parenting stress are associated with parenting difficulties. However, researchers have not investigated the mechanism by which these variables are interlinked. We hypothesized that parenting stress mediates the relation between history of maltreatment and parenting behavior.

**Methods:** We assessed a community sample of 291 mothers as they interacted with their 16-month old infants in the home. Maternal history of maltreatment and parenting stress were assessed via self-report inventory; maternal sensitivity toward the infant was assessed with 2 h of direct behavioral observation.

**Results:** Mothers who reported more maltreatment in childhood were less sensitive with their infants; mothers who reported more current parenting stress were also less sensitive. Parenting stress mediated between maternal maltreatment history and current parental behavior.

**Conclusions:** Findings are consistent with an interpretation of parenting stress as a pathway through which maternal history of maltreatment may be linked to decreased maternal sensitivity.

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### Introduction

Central to the construct of stress is the perception that pressures exceed coping ability. Distinct from other domains (Deater-Deckard, 1998), parenting stress involves the perspective that caregiving demands surpass available resources. Parenting stress is related to less nurturing behavior, less pleasure in parent-child interactions, more parent-infant conflict, and frank abuse (Abidin, 1995; Gutermuth Anthony et al., 2005; Huth-Bocks & Hughes, 2008; Rodgers, 1998; Taylor, Guterman, Lee, & Rathouz, 2009). However, the research typically targets high-risk samples (e.g., low income, single parent, high unemployment; Rodgers, 1998; Taylor et al., 2009) with a single research methodology, self-report (Deater-Deckard & Scarr, 1996; Taylor et al., 2009).

No study has simultaneously assessed maltreatment history and parenting stress as they relate to parenting in a low-risk sample. We hypothesized that parenting stress mediates the relation between maternal maltreatment history and parenting. We reasoned as follows: (1) childhood maltreatment is an extreme stressor that deleteriously affects subsequent coping,

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as manifested in long-term stress physiology (MacMillan et al., 2009) and increased health risk behaviors and medical and psychiatric difficulties (Watts-English, Fortson, Gibler, Hooper, & De Bellis, 2006). (2) The transition to parenthood can be challenging (Perren, Von Wyl, Burgin, Simoni, & Von Klitzing, 2005), with declines in marital satisfaction and quality of spousal interaction (Bradbury, Fincham, & Beach, 2000), particularly for those who have experienced child maltreatment (Deater-Deckard, 2004). (3) Increased parenting stress is related to parenting difficulties (as discussed above). Therefore, we hypothesized that maternal history of childhood maltreatment influences stress reactivity, which, in turn, influences parenting. To our knowledge, there has been no *empirical* demonstration of a mechanism linking maltreatment history to subsequent parenting in humans.

## Methods

### Participants

Following Research Ethics Board approval, we recruited 291 mother-infant dyads from community centers, mother-infant activity centers, and consumer baby shows across an urban and suburban area. Mothers signed a statement of informed consent on the home visit. Mothers were 18 years or older at childbirth, with no known psychiatric disorder and with sufficient English to complete questionnaires. They were an average of 33.38 years old ( $SD = 4.35$ ). Most were Caucasian (67.2%), though the sample included Asian (13.2%), Hispanic (5.6%), East Indian (3.8%), mixed ethnicity (3.8%), African (2.8%), Native North American (.6%), and self-identified “Other” (3.1%) participants. Most (94.8%) women were currently in a relationship. The median family income was \$114,000–149,999 Canadian, with 25th and 75th percentiles of \$92,000–113,999 and \$150,000–199,999. Infants were full term and healthy. They were an average of 15.98 months ( $SD = 1.37$ ); about half (50.9%) were male. Most (57.2%) had no siblings, 17.1% had 2 or 3, and .9% had 3 or 4 siblings. Demographically, the sample is low risk.

### Measures

*Childhood Trauma Questionnaire (CTQ)*. The CTQ (Bernstein & Fink, 1998) is a 28-item self-report inventory assessing history of childhood maltreatment. The CTQ is psychometrically sound in community samples, with good internal and test-retest reliability (Paivio & Cramer, 2004) and convergent and discriminant validity (Bernstein et al., 1994). The CTQ total score, which we used here to encompass varied forms of maltreatment, had good internal reliability in the current sample,  $\alpha = .93$ .

*Parenting Stress Index-Short Form (PSI-SF)*. The PSI-SF (Abidin, 1995) is a 36-item self-report inventory assessing degree of stress experienced in parenting. The PSI-SF provides a total parenting stress score based on the sum of subscales that comprehensively encompass multiple aspects of parenting stress, such as Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. The PSI-SF has adequate internal consistency (Abidin, 1995; Gutermuth Anthony et al., 2005; Reitman, Currier, & Stickle, 2002) and retest reliability (Abidin, 1995; Haskett, Ahern, Ward, & Allaire, 2006). In the current sample, total PSI-SF  $\alpha = .88$ .

*Maternal Behavior Q-Sort, Version 3.1 (MBQS)*. The MBQS (Pederson, Moran, & Bento, 1999; Pederson et al., 1990) is an observational coding instrument for assessing maternal sensitivity. The MBQS assesses caregiver responsiveness, warmth, and timeliness to infant cues. Observers sort 90 cards, each describing a particular behavior, into 9 piles of 10, with piles denoting “most like” to “least like” mother. A single score is derived from the MBQS, ranging from  $-1.00$  to  $+1.00$ , depending on how the sort for a particular mother correlates with a prototypically ideal sort. The MBQS is reliably linked to infant socioemotional (Atkinson et al., 2000) and cognitive (Tarabulsy et al., 2009) development.

In the current study, 2 observers, blind to other measures, made a 2-h visit to the home for MBQS observation. Mother was instructed to carry out her usual routine and interact with her baby as she typically would for most of this time. A 6-min toy frustration procedure was embedded in the observation period (the mother alternately gave and deprived her infant of a toy), as was a 20-min period wherein mother responded to questionnaires while her infant was present. These procedures were intended to introduce some stress into the interaction, important given our focus on the mediating role of parenting stress. The MBQS observers attained inter-observer total score agreement of  $r = .88$ .

## Results

### Descriptive statistics and study variables

CTQ total scores ranged from 25 to 112 ( $M = 35.68$ ,  $SD = 12.99$ ). Most mothers reported none to minimal maltreatment across the 5 subscales (see Table 1).

PSI-SF total scores ranged from 41 to 110 ( $M = 65.97$ ,  $SD = 13.84$ ). Only 5.16% ( $n = 15$ ) of mothers had total stress scores in the clinical range (raw score  $> 90$ ; Abidin, 1995).

MBQS scores ranged from  $-.69$  to  $.90$  ( $M = .47$ ,  $SD = .34$ ). We log transformed to reduce skew.

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