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## Research article

# Transformational change in parenting practices after child interpersonal trauma: A grounded theory examination of parental response



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## ABSTRACT

Child interpersonal trauma is associated with a host of negative outcomes, both concurrently and in adulthood. Parental responses following trauma can play an important role in modulating child responses, symptoms, and post-trauma functioning. However, parents themselves are also impacted after their child experiences trauma, reporting distress, psychopathology, concerns about the child's safety, changes in discipline and protectiveness, and feelings of blame. Most of this previous research, however, suffers from methodological limitations such as focusing on description and correlations, providing static “one shot” assessments of parenting after trauma, and relying mainly on results related to child sexual abuse. This project developed a comprehensive, explanatory theory of the dynamic process by which parenting changes in response to a range of child trauma, using a sample of parents whose children had experienced a range of interpersonal trauma types. Grounded theory analyses revealed a three-phase dynamic model of discontinuous transformation, in which parents experienced destabilization, recalibration, and re-stabilization of parenting practices in response to child trauma. Parents were focused on Protecting and Healing the child victim, often at the expense of their own needs. Most parents reached a phase of posttraumatic growth, labelled Thriving Recovery, but processes that hindered this recovery are also discussed. This study provides the first evidence that dynamic systems of change as well as vicarious posttraumatic growth can apply to parents of child trauma victims. Generating an explanatory theory provides important avenues for future research as well as interventions and services aimed at families who have experienced child trauma.

## 1. Introduction

Child interpersonal trauma (i.e., trauma perpetuated by another human, such as sexual abuse, physical abuse, or witnessing domestic violence) occurs with concerning frequency (see [Felitti et al., 1998](#)). As demonstrated by a longstanding body of research, child victims of interpersonal trauma are at risk for many negative outcomes, both in childhood and adulthood ([Green et al., 2010](#); [Kessler et al., 2010](#)), including poor physical health ([Elkit & Shevlin, 2010](#)), depression, suicidality, posttraumatic stress disorder (PTSD), academic difficulties, delinquency, and substance abuse ([Burnam et al., 1988](#); [Ford, Elhai, Connor, & Frueh, 2010](#); [Greeson et al., 2014](#); [Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995](#); [Nelson et al., 2002](#); [Steinberg et al., 2014](#)), as well as revictimization and intimate partner violence ([Fletcher, 2003](#); [Molnar et al., 2001](#); [Noll, 2005](#)). Early exposure to violence and childhood adversity is even associated with accelerated aging, chronic inflammation, and early mortality ([Kiecolt-Glaser et al., 2011](#); [Shaley et al., 2013](#)).

Nonoffending parents<sup>1</sup> can serve as important modulators of child responses and functioning ([Charuvastra & Cloitre, 2008](#);

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Fromuth, 1986; Johnson & Kenkel, 1991; Tremblay, Herbert, & Piche, 1999) and are an important predictor of child outcomes post-trauma (Alisic, Jongmans, van Wesel, & Kleber, 2011; Godbout, Briere, Sabourin, & Lussier, 2014; Trickey, Siddaway, Meiser-Stedman, Serpell, & Field, 2012). Maternal support following child sexual abuse is associated with less child distress (Conte & Schuerman, 1987; Morrison & Clavenna-Valleroy, 1998) and fewer symptoms (Hazzard, Celano, Gould, Lawry, & Webb, 1995; Mannarino & Cohen, 1996), whereas parental rejection or guilt for the trauma has detrimental influences (Deblinger, Steer, & Lippman, 1999). Withdrawn, overprotective, and frightening parental responses can also exacerbate child symptoms (Scheeringa & Zeanah, 2001) and parental variables have been shown to significantly impact how children respond to therapy for interpersonal trauma (Yasinski et al., 2016). Consistently, research has demonstrated that parents' and children's responses post-trauma are related. Specifically, parents of trauma victims report helplessness, frustration, depression, anxiety, and symptoms of PTSD, all of which influence the wellbeing of their children (for a review see Appleyard & Osofsky, 2003).

Furthermore, parenting is impacted and possibly changed by child trauma. In a comparison of mothers of sexually abused children and mothers of nontraumatized children, Kim, Noll, Putman, and Trickett (2007) reported that mothers of sexually abused children provided less structure and were more punitive. Up to 53% of mothers of sexually abused children, in one sample, reported that their feelings and behavior toward the victimized child changed after learning of the abuse (Leifer, Kibane, & Grossman, 2001). Parents of child trauma victims across multiple studies report negative emotions (e.g., guilt, anger, fear, and shock), distress, changes in protectiveness, worries regarding safety, interpersonal changes, poorer family functioning, decreased satisfaction with parenting, and feeling blamed (Carter, 1993, 1999; Davies, 1995; Elliot & Carnes, 2001; Hiebert-Murphy, 2000; Manion & McIntyre, 1996; Regehr, 1990).

Qualitative research has provided further evidence of distressed parental reactions following child trauma. Parental responses after the Beslan, Russia school siege of 2004 indicated that they felt increased concern for their children and worry regarding the general safety of their family (Moscardino, Axia, Scrimm, & Capello, 2007). Furthermore, 88% of caregivers in that study reported concerns regarding their role as parents and experienced particular difficulty imposing rules and discipline. A more recent thematic analysis of parental experiences following disclosure of child sexual abuse by Bux, Cartwright, and Collings (2015) sorted caregivers' experiences into five core themes: distress, concern for the child, alienation from community and family, coping styles, and grief. Similar thematic work reported that being aware of the child's needs and acting upon those needs were crucial components of responsive parenting after trauma (Alisic, Boeije, Jongmans, & Kleber, 2012).

Despite this array of consistent results, covering decades of studies, research on parenting and child trauma suffers from a number of limitations. First, most previous research has been primarily descriptive of common parental reactions, giving a static one-time account of these reactions. Second, much of this research focuses on correlations between parent and child symptoms (e.g., depression, anxiety, PTSD) only, rather than a fuller range of experiences, such as changes in parenting strategies. As noted by Alisic et al. (2012) much of this previous research has only studied parental negative responses. Fourth, most previous research focuses solely on child sexual abuse victims and it is unclear if these results can be generalized to other types of child interpersonal trauma. Fifth, and perhaps most importantly, this area is substantially hindered by the lack of a unifying theory of parenting responses to child interpersonal trauma.

This lack of comprehensive theory generates substantial problems for both researchers and clinicians. First, a lack of unifying theoretical framework stifles the ability for research advances in this area. Whereas description "tells us about an event or happening," theory, in contrast, "offers explanations for why events or happenings occur." (Corbin & Strauss, 2015, p. 12). Whereas description and theory both involve examining common aspects of a phenomenon across participants, theory also establishes linkages explaining how those aspects relate to one another and how they are experienced as phases over time (Corbin & Strauss, 2015). Second, this lack of a cohesive model results in an inability to develop empirically informed, theoretically-based interventions and support services aimed at parents. That is, theory allows one to test hypotheses and evaluate an ensuing intervention for effectiveness. Last, this represents a lost opportunity to maximize health outcomes for child trauma victims, by supporting and leveraging parent response in an empirically based manner.

## 2. Current study: grounded theory approach to parenting after trauma

The purpose of this project was to address these concerns and develop a cohesive theory of how parenting strategies change following child trauma, using grounded theory (GT), a qualitative approach to generating a theory of a human experience (Charmaz, 2003; Corbin & Strauss, 2015; Glaser & Strauss, 1967). Grounded theories are inductive (i.e., "grounded in the data") instead of deductive (i.e., applying already known results and theories to a set of data). GT is an iterative process, where researchers analyze and collect data simultaneously (Charmaz, 2006). Early coding is used to separate, sort, and synthesize the data as well as generate hypotheses for further data collection, a process known as *theoretical sampling*. During coding, *constant comparison* is used to repeatedly check ideas against data (Schwandt, 2001) in order to avoid confirmation bias. This cycle of coding, constant comparison, and theoretical sampling (i.e., recruiting new participants or re-interviewing previous participants) continues in an iterative, non-linear fashion until no new concepts, categories, or ideas are generated (i.e., *saturation* is reached).

GT was considered most appropriate for this project for multiple reasons. First, GT approaches are helpful when little previous research exists from which to generate a theory, consistent with the lack of previous models for parental adjustment following child trauma. A deductive approach to generating a theory of parenting after trauma is not possible given the lack of previous models in this area. Second, as mentioned, GT is designed to develop an explanatory theory of a *process*, which was the purpose of this project. Development of a unified theory of how parents respond to child trauma (with a range of outcomes) has potential implications for both future research in this area as well as clinical work with families impacted by interpersonal trauma.

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