



# Predicting Child Abuse Potential During Pregnancy

Kylene M. Bavers, B.A. and Alissa C. Huth-Bocks, Ph.D.  
Eastern Michigan University



## INTRODUCTION

Despite the well-known consequences of child abuse and the enactment of mandated reporting laws in all 50 states, the incidence continues to rise in the United States (Sedlak & Broadhurst, 1996; U.S. Department of Health and Human Services, 2005) especially in children 0 to 3 years of age (16.5 children per 1,000 are victims). Past research has identified connections between child abuse and numerous short (direct) and long-term (indirect) consequences. Child abuse potential has been found to be more complex than originally thought (Oakes & Bross, 1995), and an ideal prevention program has not yet been established. Researchers continue to explore antecedents which may help facilitate the design of optimal intervention programs. Perceptions of childhood relationships with parents is one area which has begun to be explored in this context. These perceptions have been found to influence self identification and parenting behavior. Expectations about being a mother have also been found to influence parenting behavior. Finally, perceptions of social support have been found to significantly influence parenting behaviors even more than actual available support. This poster examines the literature on how perceptions of childhood relationships with parents, expectations about being a mother, and perceptions of social support are related to child abuse potential.

## PERCEPTIONS OF CHILDHOOD RELATIONSHIPS WITH PARENTS

Parents' representations of their life history shapes their conceptualization of their own children and, in turn, influences their treatment of their children (Main, Kaplan, & Cassidy, 1985). For example, a history of being abused has a strong correlation with abusing one's own children (Milner, Robertson, & Rogers, 1990). The history of parents' relationships with their parents is especially important to consider because parenting styles repeat over generations (Crittenden, 1984; Jacobvitz, Morgan, Kretchmar, & Morgan, 1991). Perceptions of parental relationships have been found to correlate with current observable parent-child interactions such as harmonious relationship patterns and punitive parenting (Biringen, 1990; Crockenberg, 1987). These representations have also been found to exacerbate stressful cognitions about being a mother and perceptions of social support. Examination of pregnancy is an especially critical period because old psychological conflicts are revived, a woman's relationship with her own mother is reorganized, and attitudes toward and representations of her developing infant begin to emerge (Biringen, Dwyer, Huntington, & Valenstein, 1961).

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## EXPECTATIONS ABOUT BEING A MOTHER

The transition to parenthood is full of changes that are often approached with enthusiasm and excitement, but the experience is often very different from what many mothers are expecting (Coleman, Nelson, & Sundre, 1999; Lawrence, Nylen, & Cobb, 2007; Stattin & Klackenber-Larsson, 1991). An extensive amount of research has been done on those factors which impact the successful role transition to motherhood. A review of literature by Coleman et al. (1999) found some of these factors to be: maternal personality, social stress, social support, age, relationship with one's own mother, and self-efficacy. Mothers who find a larger discrepancy between what they were expecting and postpartum experiences typically have more difficulties adjusting to parenthood, especially if they were worse than anticipated (Kach & McGhee, 1982; Kalmuss, Davidson, & Cushman, 1992). This discrepancy results in less play, more perceived problems in the child, and a problematic mother-child relationship. A woman's ability to imagine herself as a mother also plays an important role in preparing for pregnancy (Coleman et al., 1999). There is evidence that being able to do so predicts positive mother-child relations after birth (Heinicke, 1984). Correlations between maternal expectations and infant temperament (Diener, Goldstein, & Mangelsdorf, 1995; Mebert, 1989; Wolk et al., 1992) and infant characteristics (Mebert & Kalinowski, 1986) have repeatedly been found. Unreasonable expectations about motherhood and subsequent struggles with adjustment and child temperament could result in a very frustrating situation for a new mother and could initiate or exacerbate child abuse potential.

## PERCEPTIONS OF SOCIAL SUPPORT

Maternal social support has been found to have a positive impact on mothers (Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983; Warren, 2004), as well as their children (Crnic et al., 1983; Glazier, Elgar, Goel, & Holzapfel, 2004; Heinicke, Goorsky, Levine, Ponce, Ruth, Silverman, & Sotelo, 2006; Kivijarvi, Haiha, Virtanen, Lertola, & Piha, 2004). Pascoe and Earp (1984) found that mothers reporting more social support provided a more stimulating home environment for their children while Langkamp, Kim, and Pascoe (1998) found a strong correlation between social support and both parenting satisfaction and infant temperament. Poorer outcomes have been identified even if the social support is actually in place, but is perceived as lacking (Kalmuss et al., 1992). Lack of social support has also been found to be a risk factor for child maltreatment (Bethea, 1999; Carter, 2005). For example, approximately 46% of the known living arrangements of substantiated cases are in single family households (U.S. Department of Health and Human Services, 2005). Social support has also been found to mediate life stress (Crnic et al., 1983; DePanfilis & Zuravin, 1999; Glazier et al., 2007; Kotch et al., 1995; Koverola, Papas, Murtaugh, Black, & Dubowitz, 2005), which decreases the quality of parenting behavior (Goldstein, Diener, & Mangelsdorf, 2006; Heinicke et al., 2006). Low social support has also been correlated with child abuse (Cowen, 2001; Gracia & Musitu, 2002; Humphreys, 2007; Oliver, Kuhns, & Pomeranz, 2006) and child abuse potential (Burrell et al., 1994; McCurdy, 2005). Greater social support has been found to assist in breaking the notorious cycle of child maltreatment over generations (Egeland, Jacobvitz, & Sroufe, 1988; Zuravin, McMillen, DePanfilis, & Risley-Curtiss, 1996), but more research in this area is needed to confirm these findings (Shaw, Levitt, Wong, Kaczorowski, and The McMaster University Postpartum Research Group, 2006).

## CLINICAL IMPLICATIONS

Since the postpartum period is often overwhelming with changes, emotions, and new activities, intervention programs may be more successful if conducted before birth, i.e., they can target women identified as high risk for child abuse potential. Therefore, more research on this unique period is necessary to facilitate the design of sufficient child maltreatment prevention programs. Additionally, many high-risk women do not visit health care professionals on a regular basis. Pregnancy is a time when these individuals are more likely to seek care, and therefore, is an ideal time to implement a universal screening and intervention program. This research may facilitate further insight into the constructs and empirical evidence needed in developing such programs as well as the ability to identify those who are at high risk for child abuse so services can be personalized and administered early for best results.