The Impact of Post Traumatic Stress Disorder and Domestic Violence on Maternal Reflective Functioning

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INTRODUCTION

Past literature has shown associations between maternal reflective functioning and quality of mental representations (Schechter et al., 2005), infant attachment security (Fonagy et al., 2002) and child mentalizing capacity (Fonagy, Steele, & Holder, 1997). Therefore, it is important to know what factors influence a mother’s capacity for reflective functioning.

Though some predictors of reflective functioning have been found, there are many potential variables which have not been investigated, including maternal trauma. Though links have been found between maternal trauma and reduced parent-child quality (Reid-Cunningham, 2009), as well as parenting outcomes (Coen et al., 2008), there are no known studies which directly investigate the relationship between exposure to trauma and reflective functioning. The few studies which have investigated the relationship between Post-Traumatic Stress Disorder (PTSD), a possible outcome of trauma exposure, and maternal reflective functioning have surprisingly found few associations between these variables (Schechter et al., 2005, 2008).

Research Aim:

- To determine if maternal trauma, specifically exposure to Domestic Violence (DV), is related to maternal reflective functioning.
- To determine if symptoms of PTSD are related to maternal reflective functioning.
- It is hypothesized that higher endorsements of experienced DV and PTSD symptoms will be related to lower maternal reflective functioning capacities.

METHOD

PROCEDURE:

A community sample of pregnant women (N = 120) was recruited from public locations, programs, and agencies primarily serving low-income families. As part of a larger investigation, interviewers surveyed the women in their homes when their children turned 1 year old (T1), 6 participants were lost or withdrew at this time, and again when their children turned 2 (T2); due to ongoing investigation, these results are based on 77 participants who have completed the latter portion of the study.

PARTICIPANTS:

- Age: Mean = 26 (Range = 18 – 42, SD = 5.7)
- Race/Ethnicity: 47% = African American, 36% Caucasian, 18% = Other Ethnic Groups
- Education: 20% = High School Diploma/ GED or less, 44% = Some College/Trade School, & 36% = College Degree
- Monthly Income: Median = $1,500.
- Family Status: 64% = Single Parents, 30% = First Time Mothers

MEASURES:

Collected at T3

Domestic Violence. The Revised Conflict Tactics Scales (CTS-2; Straus et al., 1979, 1990) is a self-report questionnaire used to assess the frequency of experienced domestic violence. This measure consists of 33 items which are rated on a 4-point frequency scale (never, once, twice, 3-5 times, 6-10 times, 11-20 times, and more than 20 times, not during the indicated time periods but it did happen in lifetime). Total frequency of endorsed items during pregnancy and the year after birth were used in this investigation. Higher scores indicate more frequent domestic violence experiences.

Symptoms of Post-Traumatic Stress Disorder. The Posttraumatic Stress Disorder Checklist (PCL; Weathers et al., 1993) is a 17 item self-report questionnaire for assessing the 17 DSM-IV symptoms of PTSD. Each item is rated on a 1-5 frequency scale (Never at all, A little bit, Moderately, Quite a bit, Extremely) based on problems experienced in the past month. Higher scores indicate higher levels of PTSD symptoms.

Collected at T4

Maternal Reflective Functioning. The Parental Reflective Functioning Questionnaire – 1 (PRFQ-1, Luyten et al., 2009) is a 39 item self-report questionnaire used to assess levels of parental mentalization. Participates rate items on a 7-point scale (1 = strongly disagree to 7 = strongly agree). Higher scores indicate higher levels of parental mentalization.

RESULTS

Table 1. Descriptive Data for Study Variables

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Possible Range</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflective Functioning</td>
<td>5.06</td>
<td>.38</td>
<td>4.15</td>
<td>6.00</td>
<td>1 - 7</td>
<td>.58</td>
</tr>
<tr>
<td>DV during pregnancy</td>
<td>16.25</td>
<td>28.34</td>
<td>0</td>
<td>149</td>
<td>0 - 825</td>
<td>.76</td>
</tr>
<tr>
<td>DV first year after birth</td>
<td>22.19</td>
<td>40.09</td>
<td>0</td>
<td>230</td>
<td>0 - 825</td>
<td>.84</td>
</tr>
<tr>
<td>PTSD (PCL)</td>
<td>28.30</td>
<td>10.75</td>
<td>17</td>
<td>63</td>
<td>17 - 85</td>
<td>.91</td>
</tr>
</tbody>
</table>

Table 2. Correlation Matrix for Study Variables

<table>
<thead>
<tr>
<th></th>
<th>RF</th>
<th>DV Pregnancy</th>
<th>DV 1st Year</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DV Preg.</td>
<td>-.18</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DV 1st Year</td>
<td>-.07</td>
<td>.78**</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>-.01</td>
<td>.33**</td>
<td>.34**</td>
<td>1.000</td>
</tr>
</tbody>
</table>

** p < .01

Table 1 displays descriptive data for all study variables.

Table 2 shows the correlations between all study variables. Neither PTSD nor DV during either time period was related to maternal reflective functioning. However, PTSD was significantly correlated with DV at both time periods, and DV during pregnancy was significantly correlated with DV during the year after birth.

DISCUSSION

Surprisingly, results from this investigation indicate that there is no association between domestic violence and maternal reflective functioning, which are somewhat consistent with past research, although this area of research is very sparse.

Though there may not be a relationship between domestic violence and reflective functioning or PTSD and reflective functioning, these results may be impacted by a lack of range and reliability in the reflective functioning scores in this sample. Participants in this investigation may have felt a need to answer in a socially desirable manner in this investigation which was initially presented to them as a study about parenting.

The relationship between DV at two different time periods support a known characteristic of domestic violence; once present, it tends to prevail. In addition, the relationship between DV and PTSD support the understanding that greater exposure to domestic violence is associated with greater symptoms of PTSD.

Together these results indicate the need to further investigate factors which influence maternal reflective functioning and how maternal traumatic experiences may influence parenting representations and behaviors. In addition, since previous literature has found that experiencing DV and PTSD negatively influences parenting, these results indicate the need to support mothers suffering from these experiences and symptoms as they indicate DV and PTSD are related to each other and DV tends to be somewhat stable without intervention.