Links between physical abuse in childhood and child neglect among adolescent mothers

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1. Introduction

Child neglect occurs more frequently than any other form of child maltreatment. In 2009, 78% of the 763,000 victims of child maltreatment in the U.S. experienced neglect (U.S. Department of Health and Human Services, Administration on Children, Youth and Families [USDHHS], 2010). The literature on child maltreatment increasingly suggests that neglect is the most harmful to children’s development (Hildyard & Wolfe, 2002), affecting multiple developmental domains (e.g., cognitive, socioemotional, physical, neurobiological) in ways that differ from the effects of abuse (De Bellis, 2005; Kim & Cicchetti, 2006). Nevertheless, it has been infrequently studied. Most studies to date conflate neglect and abuse, making it difficult to determine neglect’s unique etiology and how to focus efforts to prevent it from occurring in the first place (Dubowitz, 2007).

Parents comprise 80% of child maltreatment perpetrators (USDHHS, 2010), and children born to the youngest mothers are at especially high risk of being victimized when compared to children of older mothers (de Paúl & Domenech, 2000; Dixon, Browne, & Hamilton-Giachritsis, 2005; Sidebotham & Golding, 2001; Stier, Leventhal, Berg, Johnson, & Mezger, 1993). A longitudinal study conducted by Stier et al. (1993) found the rate of neglect to be 2.4 times higher among adolescent parents under age 18 than among parents between the ages of 19 and 34 years.

The precise nature of the association between maternal age and child neglect is not clear. Adolescent mothers tend to have limited cognitive maturity, emotional maturity, and knowledge of child development (Borkowski et al., 2007). In addition, adolescent mothers often live and raise their families in challenging social contexts. A disproportionate number experience childhood abuse, are socially isolated, are single parents, achieve low levels of education, and raise their children in impoverished neighborhoods (Leadbeater & Way, 2001; Meade, Kershaw, & Ickovics, 2008). In combination with more normative stress of navigating the developmental tasks of adolescence (e.g., identity, autonomy, peer acceptance) and adjusting to the demands of motherhood, these disadvantages may overwhelm a young mother’s personal resources and lead to insensitive or neglectful parenting (Noria, Weed, & Keogh, 2007). Indeed, young mothers often are less affectionate, flexible, patient, and sensitive with their children than are their older counterparts (Sommer et al., 1993).

Despite the personal, social, and financial challenges young parents encounter, early parenting does not always lead to poor outcomes for adolescents and their children (Borkowski et al., 2007; Easterbrooks, Chaudhuri, Bartlett, & Copeman, 2011). The life trajectories of teen mothers are highly variable, including positive adaptation to adversity, or resilience (Easterbrooks et al., 2011; Whitman, Borkowski, Keogh, & Weed, 2001). Research is needed to elucidate pathways of resilience in the context of high risk for child neglect. Given the salience of early child-bearing contexts to adolescent parenting, studies that use an ecological approach (Belsky, 1993; Bronfenbrenner & Morris, 2006; Cicchetti & Valentino, 2006) are well suited to identify factors that reduce a young
mother’s chances of neglectful parenting. The current study utilizes an ecological perspective to explore relationship based factors that contribute to risk and resilience among teen mothers.

2. Ecological perspectives

Ecological perspectives presume that ontogenetic development is shaped through transactions between an individual and his or her developmental contexts (Bronfenbrenner & Morris, 2006; Lerner, 1991). From this viewpoint, the ecology of early childbearing is an influential parenting determinant (Affifi, 2007; Gaudin, 2001). Furthermore, heightened risk for neglectful parenting is understood to be a consequence of multi-level forces that contribute to a mother’s inability to meet her child’s basic needs (Belsky, 1993; Cicchetti & Valentino, 2006).

For young mothers, proximal social contexts in general (e.g., child care, school, family), and relationships within the family of origin in particular, influence teen parenting and contribute to variation in parent-child interactions (Moore & Brooks-Gunn, 2002). This point is illustrated by a substantial empirical literature showing that the quality of care a mother receives in childhood, both positive (e.g., childhood care) and negative (e.g., childhood abuse), shapes her parenting style (Ainsworth, 1968; Belsky, 1993; Bowlby, 1977). Consequently, maternal childhood histories have particular relevance to research on the antecedents of neglect.

3. Links between maternal childhood histories and parenting

Fundamental conceptions of parenting are learned from early relational experiences in the family of origin (Ainsworth, 1968; Bowlby, 1977), and mothers who received warm and responsive care as children are more likely to be empathetic and sensitive parents than mothers who received insensitive care (Bretherton & Munholland, 2008; van Ijzendoorn, 1995). A maternal history of childhood abuse is associated with abusive and neglectful parenting (Kaufman & Zigler, 1987; Lansford et al., 2007). However, childhood experiences are often multi-dimensional and intergenerational transmission processes are not straightforward. For some individuals, a childhood history consists of both disturbances within the parent-child relationship and experiences of sensitive, responsive caregiving (Lieberman, Padrón, van Horn, & Harris, 2005). Because maternal backgrounds commonly involve contradictory experiences of care and maltreatment, studies using unidimensional descriptions of early relationships are likely to yield reductionist explanations of intergenerational processes. More nuanced characterizations of maternal childhood histories are essential to differentiating among parents who do and do not break cycles of maltreatment.

Selma Fraiberg introduced the term “ghosts” to describe parents’ enactment with their children of punitive or neglectful experiences from childhood (Fraiberg, Adelson, & Shapiro, 1975). This description of intergenerational processes fails to account for parents who break cycles of maltreatment. Accordingly, Lieberman et al. (2005) proposed the complementary metaphor of “angels,” representing the repetition of benevolent influences from the past in parent-child interactions in the present. The authors postulated that in families wracked by violence, “Ghosts and angels coexist in dynamic tension with each other, at times actively struggling for supremacy…” (p.506). From this standpoint, even troubled childhoods involve paradoxical experiences that, if incorporated into research, may provide important insights into cycles of maltreatment.

3.1. Intergenerational cycles of maltreatment

A history of childhood physical abuse is more common among mothers who maltreat their children than among nonmaltreating mothers. Kaufman and Zigler (1987) estimated the transmission rate to be 30% (±5%). Despite methodological flaws of the intergenerational maltreatment literature (Ertem, Leventhal, & Dobbs, 2000), there is general consensus among maltreatment researchers that most parents with a history of abuse do not maltreat their own children (Dixon, Browne, & Hamilton-Giachritsis, 2009; Kaufman & Zigler, 1987).

Few studies have explored this phenomenon among adolescent parents. Crockenberg (1987) found that parents between the ages of 17 and 21 years who experienced childhood rejection by caregivers showed angry and punitive parenting with their children. Another study by de Paúl and Domenech (2000), comparing adolescent mothers (<21 years) to adult mothers, found that teen mothers with a history of abuse had the highest risk of maltreating children. Neither study examined antecedents of neglect or provided findings for younger mothers (i.e., <17 years). We identified only one study that investigated relations between an adolescent mother’s childhood history and neglect of her own children; the researchers found that neglectful mothers (<18 years) were not more likely than nonmaltreating mothers to have a history of childhood abuse (Zuravin & DiBlasio, 1992). Additional research is needed to reconcile disparate findings on intergenerational continuity and discontinuity in cycles of maltreatment, and to identify processes that allow adolescent mothers to overcome the odds against them and parent effectively.

Most studies of intergenerational transmission of maltreatment do not distinguish among types of maltreatment. The majority of research either utilizes a single construct (e.g., maltreatment) or focuses exclusively on abuse. This is problematic for several reasons. First, use of the umbrella term “child maltreatment” fails to account for the heterogeneity of children’s maltreatment experience (Heller, Larrieu, D’Imperio, & Boris, 1999). Second, such approaches do not clarify the unique etiology of neglect (Dubowitz, 2007). Third, intergenerational cycles often involve different forms of maltreatment in each generation, yet we do not yet understand how these different patterns unfold. Parents who neglect their children, for example, may have experienced abuse in childhood, but there is little research examining type-specific transmission processes (Kim, 2009). The present study aims to address some of these gaps.

4. Overview of the current study

The current study investigates links between the maternal care-receiving histories of very young mothers (<17 years) and their risk for child neglect. We hypothesized that: (a) a childhood history of physical abuse would increase the risk of neglect, (b) a childhood history of positive care would decrease the odds of neglect, (c) some adolescents would experience both positive care and physical abuse in childhood relationships with their mothers, and (d) positive care-receiving experiences would moderate the relation between a maternal childhood history of abuse and risk for child neglect (i.e., mothers with history of abuse who received good care from their mothers would be less likely to neglect their children than mothers with a history of abuse who did not receive good care).

5. Method

5.1. Sample and procedure

Participants were 92 adolescent mothers enrolled in an evaluation of a universal statewide prevention home visiting program for first-time young parents (<21 years). Mothers participating in the program were interviewed and completed questionnaires in their homes shortly after program enrollment and every six months thereafter for a period of 18 months. Data collection commenced in 1998 and was completed in 2006, when cumulative records of child maltreatment were obtained from state child protective services. Participants under 17 years old at
first childbirth \((n = 92)\) were selected for the study from the 361 young mothers in the evaluation sample.

Mothers averaged approximately 16 years old \((range = 14.0 \text{ to } 16.9 \text{ years, } SD = .65)\) at childbirth. At the end of data collection, the mean age of children in mothers’ care was 7.9 years old \((range = 6.6 \text{ to } 9.4 \text{ years, } SD = .63)\). According to self-report, 48% of mothers were Latina, 29% White, 11% Black, and 12% “other.” Approximately 85% of mothers were in school or a GED program \((15\% \text{ discontinued their education})\). Participants’ socioeconomic status was established using neighborhood per capita income. The average national per capita income in the year 2000 was $21,776 and the state average was $27,170 \((U.S. \text{ Census Bureau}, 2000)\). The mean per capita income of participants’ communities \((M = 17,060)\) fell below these rates.

### 5.2. Measures

#### 5.2.1. Maternal history of childhood care

The Parental Bonding Instrument (PBI) \((Parker, Tupling, & Brown, 1979)\) assessed adolescent–mother bonds from birth to age 16. Positive care/parental involvement was measured using the Care subscale \((12 \text{ of } 25 \text{ items})\). Participants indicated the extent to which their descriptive care was measured using a scale from 0 to 3 \((0 \rightarrow \text{very neglectful})\). Participants’ care scores were positively associated with maternal care scores \((Matsuoka et al., 2006)\). The Care subscale has adequate test–retest reliability \((r = .78 \text{ for } 90 \text{ months})\) for up to 20 years in nonclinical samples \((Wilhelm, Niven, Parker, & Hadzi-Pavlovic, 2005; Wilhelm & Parker, 1990)\).

#### 5.2.2. Maternal history of childhood physical abuse

Mothers’ histories of childhood maltreatment were measured using the 22-item self-report Conflict Tactics Scale–Parent–child version \((CTSPC)\) \((Straus, Hamby, Finkelhor, Moore, & Runyan, 1998)\). The measure was adapted minimally to allow for retrospective reporting \((versus \text{ current parenting})\) and to indicate whether they had ever experienced abuse \((yes/no)\). Mothers completed one or two questionnaires, depending on the number of primary caretakers they identified. The “severe physical abuse” subscale was used in this study, representing behaviors widely acknowledged to be abusive \((e.g., \text{ “hit me with a fist or kicked me hard,” “threw or knocked me down”})\). The measure has adequate test–retest reliability, discriminant and construct validity \((Straus et al., 1998)\), and is used frequently in epidemiological maltreatment research \((Dumont et al., 2008)\).

#### 5.2.3. Program involvement

To control for adolescents’ participation in a parenting program, we calculated the number of home visits each participant received as a measure of program dosage.

#### 5.2.4. Child neglect

Neglect was assessed via CPS agency \((Massachusetts Department of Children and Families [DCF])\) records of supported cases of maltreatment for all children in the participants’ care. Data were gathered from June, 1999 to July, 2006, the period during and immediately after program participation. Identity of the perpetrator(s) and maltreatment subtype(s) were coded. Cases that did not involve neglect by children’s mothers were excluded from the study.

### 5.3. Missing data

Participants’ dropout and scale nonresponse were the most common explanations for incomplete data in the current study. These data were deleted listwise from analysis \((see \text{ Widaman, 2006})\). See \text{ Jacobs, Easterbrooks, Brady, and Mistry (2005)} for a discussion of sample differences related to attrition in the full evaluation study sample. In the present study, percent missingness was 1.1% for program involvement, 6.5% for child neglect by mothers, 27.2% for maternal self-report of positive care in childhood, and 41.0% for maternal self-report of a childhood history of physical abuse.

### 6. Results

According to CPS records, every supported case of maltreatment in the sample was substantiated for neglect—either as the only form of maltreatment, or in combination with physical abuse. One out of four mothers \((26\%; n = 24)\) neglected their children; neglect was the only form of maltreatment perpetrated by participants, with the exception of one mother, who also was physically abusive. In 70% \((n = 17)\) of families in which a mother was neglectful, her child also was victimized by at least one other caretaker \((e.g., \text{ biological father, mother’s partner, relative, institution})\).

A considerable number of adolescents had, themselves, experienced childhood maltreatment; the rate was especially high among neglectful mothers. Table 1 shows the intergenerational cycle of maltreatment in the sample. Nearly half \((45\%, n = 27)\) of adolescents who completed the CTSPC \((n = 60)\) reported a history of childhood physical abuse. Just under half \((44\%, n = 12)\) of these mothers were neglectful. Comparatively few \((9\%, n = 5)\) adolescents who were not physically abused as children neglected their children. A Chi-square test for independence was significant, \(\chi^2(1, n = 60) = 7.45, p = .006, \text{ phi } = .41\), which represents a large effect size \((Cohen, 1988)\).

Over three-quarters \((78\%, n = 52)\) of participants who completed the PBI \((n = 67)\) scored at or above the cutoff for positive care in childhood \((M = 29.69, SD = 5.40, Range = 13.00–36.00)\). Approximately 15% \((n = 10)\) of mothers with a childhood history of positive care neglected their children, and 58% \((n = 39)\) of mothers without a history of positive care. The results of a logistic regression indicated that a maternal history of positive care was negatively associated with neglect by mothers \((Table 2)\). Mothers who reported a history of positive childhood care were slightly less likely than mothers without a history of positive childhood care to neglect their children \((OR = .90 (.05), p = .039 (.05), 95\% CI = .81–.96)\).

More than one-quarter \((27\%, n = 15)\) of mothers who completed the PBI and CTSPC \((n = 55)\) reported concurrent histories of abuse and positive care. Participants’ mothers were both the perpetrators of physical abuse and providers of positive care in all but two cases. The relation between mothers’ reports of childhood physical abuse and their reports of receiving positive care in childhood was statistically significant, \(\chi^2(1, n = 55) = 3.80, p = .05, \text{ phi } = .31\), representing a medium effect size \((Cohen, 1988)\). Most mothers \((73\%, n = 11)\) with both a history of physical abuse and positive care did not neglect their children. We tested to see whether number of home visits received was related to child neglect; there was no statistically significant association.

<table>
<thead>
<tr>
<th>Maternal history of maltreatment</th>
<th>Child maltreatment by mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>No neglect</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>12</td>
</tr>
<tr>
<td>No physical abuse</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
</tr>
</tbody>
</table>
mothers prior to age 16. As hypothesized, fewer of these mothers

6.1. Logistic regression analyses

Logistic regression was used to analyze the combined effects of childhood care and physical abuse on the dichotomous outcome variable, neglect versus nonmaltreatment (Table 1). The two predictor variables were entered in a single block, along with the variables for home visit frequency. The interaction between childhood care and abuse was not related to neglect, and was excluded from further analysis. With an alpha level of .05, the final model significantly predicted neglect. Holding the two other variables constant, mothers who received more positive care were less likely (OR = 0.88, p = 0.03) to perpetrate neglect than those who received less positive care. The odds of being neglectful were more than four times greater for mothers with a history of abuse than for mothers without a history of abuse, holding other variables constant (OR = 4.36, p = 0.04). The 3-predictor model (−2LL = 51.35) was a statistically significant improvement over the constant-only model, χ²(3, n = 53) = 11.80, p = 0.01, correctly classifying 77% of cases. The Pseudo R² statistic indicated that the model explained 29% of the variance in child neglect.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>df</th>
<th>95% Confidence intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program involvement</td>
<td>0.01</td>
<td>0.01</td>
<td>1.36</td>
<td>1</td>
<td>0.99–1.04</td>
</tr>
<tr>
<td>History of childhood abuse</td>
<td>1.48</td>
<td>0.72</td>
<td>4.23</td>
<td>1</td>
<td>1.07–17.71</td>
</tr>
<tr>
<td>History of childhood care</td>
<td>-0.13*</td>
<td>0.06</td>
<td>4.55</td>
<td>1</td>
<td>0.79–0.99</td>
</tr>
<tr>
<td>Constant</td>
<td>1.31</td>
<td>1.75</td>
<td>0.56</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Note: Model pseudo R² = 0.29 (Nagelkerke).

*p < .05.

7. Discussion

Our findings add to the extant literature in several ways. First, we examined the etiology of child neglect, which has received little empirical attention, despite the potentially serious consequences. Second, we investigated intergenerational transmission of maltreatment leading to neglect. Most studies on intergenerational cycles have not distinguished findings for neglect from abuse (Kim, 2009). Third, we utilized a sample that is seldom studied despite high risk for neglect—mothers under age 17. Finally, we explored the impact of childhood history by examining how both positive and negative aspects of childhood relationships (history of positive childhood care, history of childhood physical abuse) contribute to adolescent parenting, offering a more nuanced characterization of mothers' early caregiving experiences than is typically provided in studies on child maltreatment.

The finding that one-quarter of very young mothers neglected their children is consistent with prior research identifying a link between maternal age and child neglect (e.g., Stier et al., 1993). Moreover, the odds that adolescents neglected their children increased by a factor of four when they had a childhood history of abuse. Multiple studies corroborate the finding that a maternal history of physical abuse in childhood is implicated in the etiology of child maltreatment (see Ertem et al., 2000 for review).

The overwhelming majority of adolescents who neglected their children were victims of abuse in childhood, and the intergenerational transmission rate in our sample (44%) exceeds the widely cited estimate of 30% proposed by Kaufman and Zigler (1987). This suggests that a maternal history of physical abuse is a key risk factor for neglect, and that cycles of maltreatment may be especially common among very young mothers. Continuity was far from inevitable, however, as evidenced by the fact that transmission in the sample was incomplete.

The literature is fairly devoid of explanations of how young mothers "break" these cycles, but our study begins to address the gap. A number of adolescents reported positive care from their own mothers prior to age 16. As hypothesized, fewer of these mothers neglected their children. The finding is consistent with research on the protective effect of having a supportive caretaker (Werner, 2000). In most studies, the scenario described is that one supportive caretaker buffers against the effects of abuse by another. In this study, both the abuser and supportive caregiver were the same person—the adolescent’s mother.

Overall, childhood abuse and childhood care explained 29% of the variance in child neglect, supporting the notion that early relational contexts make important contributions to the quality of parenting in the next generation (Rutter, 1989). The mechanisms of transmission are not entirely clear. The finding that positive care reduces a young mother’s odds of neglect is consistent with the idea that mothers draw upon benevolent care experiences from childhood in order to formulate more adaptive parenting strategies, thereby interrupting cycles of maltreatment (Lieberman et al., 2005). Fraiberg et al. (1975) suggested also that mothers who recall their own painful experiences in childhood feel driven to provide a better experience for their own children; a “conscious resolve” not to repeat patterns of child abuse and neglect (Kaufman and Zigler, 1989). Attachment research (Hesse, 2008; van IJzendoorn, 1995) suggests that when parents who had challenging childhood relationships with their own parents can reflect on their childhood experiences in a way that allows empathic perspective-taking toward their caregivers (e.g., autonomous/secure states of mind regarding attachment), rather than dismissing negative experiences or being preoccupied with them, their children are more likely to form secure attachments. Moreover, resilience research (Rutter, 2000) affirms the role that cognitive reframing of negative experiences may play in “overcoming the odds” of adversity. Certainly, parenthood can represent an important “turning point” toward positive developmental trajectories, even for the youngest mothers (Rutter, 1987).

We do not know why some adolescent mothers would be able to reframe negative experiences or recapitulate positive experiences from childhood when others cannot, but there are likely conditions that enhance these parental skills and buffer against the adversity of childhood maltreatment. Our own findings suggest that these intergenerational processes need further exploration, and that a history of abuse is a major risk factor for child neglect. This may be especially true for very young mothers. Accordingly, prevention programs that target young mothers may gain important information by inquiring about maternal histories when assessing risk for neglect. Because understanding the etiology of neglect necessitates strengths-based modes of inquiry alongside risk assessment, systematic methods for uncovering beneficial aspects of relationships in childhood are as important to successful intervention with young mothers as identifying childhood trauma (Lieberman et al., 2005). Identifying protective, or buffering, relationships (e.g., positive bonds with adults) or contexts within young parents’ proximal social ecologies may be particularly useful for informing programs and policies aimed at reducing the occurrence of child neglect and promoting successful early childbearing outcomes. These programs could support and leverage the positive characteristics of mothers, their social networks and their family and community contexts in order to foster thriving of mothers and their children.

The conclusion that positive early bonds help to counteract adversities faced by adolescent mothers should be interpreted with caution, however. Although young mothers who were physically abused and received positive care had low rates of neglect, the study did not confirm our moderation hypothesis; namely, that mothers with history of abuse but received good care would be less likely to neglect their children than mothers with a history of abuse who did not receive good care. Perhaps the sample size was too limited (and the missing data on maternal history variables too high) to provide adequate statistical power to find a significant interaction effect. In addition, there may be other interceding factors that play an important role in adolescent parenting outcomes, including
other maternal characteristics (e.g., mental health, education), relationships (e.g., intimate partners, fathers), and ecological conditions (e.g., socioeconomic status [SES], social support) (Borkowski et al., 2007; Whitman et al., 2001) that we were not able to address in the current study. Future investigations with larger sample sizes and more variability in characteristics such as SES, maternal education, mental health, and other maternal characteristics would allow examination of the role of these factors in parenting among samples with various histories of abuse and positive care.

A limitation of the study pertains to the measurement of child maltreatment. We measured child neglect using CPS data, which is less subjective than other methods (e.g., observation, self-report) but misses many instances of maltreatment (Sedlak & Broadhurst, 1996); however, surveillance by home visitors in the early months likely may have increased reports. Our use of maternal self-report for a childhood history of physical abuse introduces the possibility of memory distortion and socially desirable answers (DeVoe & Kantor, 2002), but maternal perceptions of childhood may be the most salient to parenting outcomes (Gaudin, 2001). Also, we did not have access to data on adolescents’ childhood histories of neglect and were not able to examine neglect transmission. Further research on intergenerational cycles delineating different forms and combinations of maltreatment in each generation might increase our understanding of how to tailor interventions to specific maltreatment experiences.

Despite these shortcomings, this study provides empirical findings with implications for theory and for maltreatment prevention. Child neglect is by far the most commonly occurring form of maltreatment (USDHHS, 2010), and the high rate among very young mothers in our sample (26%) is consistent with prior research suggesting that children of adolescent parents are more likely to be neglected compared to older parents (e.g., Dixon et al., 2005). Furthermore, the likelihood of neglect increased considerably when mothers reported physical abuse in childhood. Thus, our study highlights two early risk factors for neglect (i.e., young maternal age and childhood abuse) worthy of attention by experts in child neglect prevention. In addition, the current study shows that continuity in intergenerational cycles of child maltreatment is not inevitable, even in high risk parent groups. Finally, young mothers’ perception of having had a positive bond—even with an abusive parent—appeared to be an important mechanism of protection against continuity in cycles of maltreatment by reducing the odds of neglect. This finding is consistent with Lieberman et al.’s (2005) assertion that positive caregiving experiences “…can hasten recovery from trauma by placing the traumatic cues within the larger perspective of nurturing and growth-promoting experiences” (p.507). A future challenge for researchers, practitioners, and policymakers alike will be to determine the best methods for using positive relationships to support resilience among maltreated parents and their children.

References


