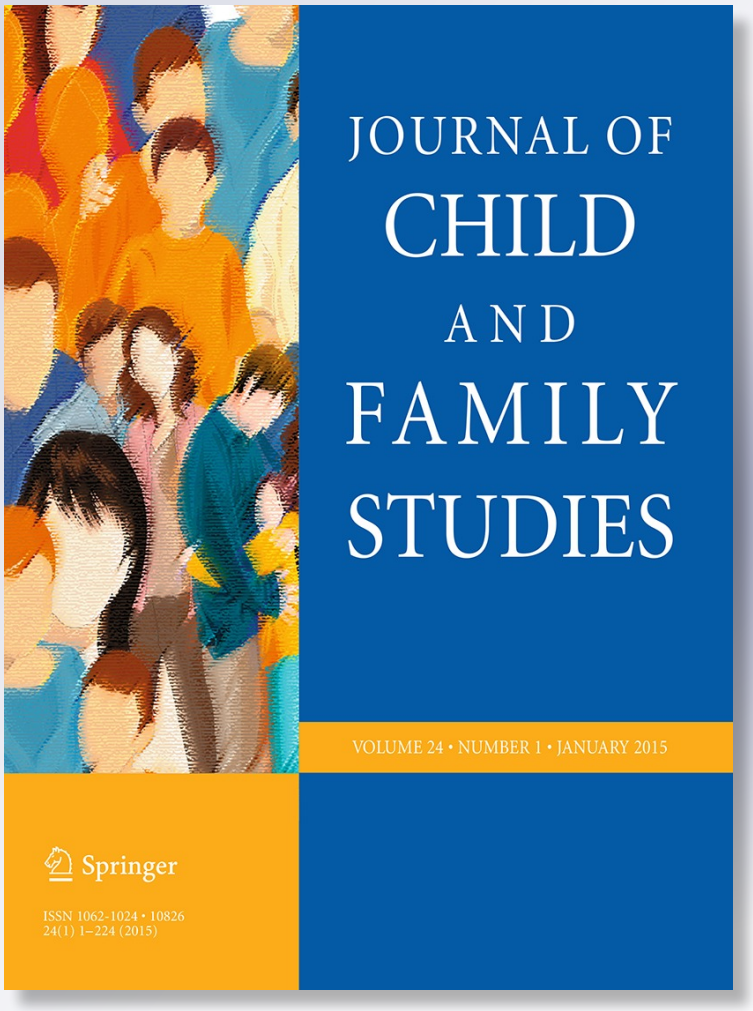
Attachment Security and Parental Perception of Competency Among Abused Women in the Shadow of PTSD and Childhood Exposure to Domestic Violence

Amiya Waldman-Levi, Ricky Finzi-Dottan & Naomi Weintraub

Journal of Child and Family Studies

ISSN 1062-1024
Volume 24
Number 1

J Child Fam Stud (2015) 24:57-65
DOI 10.1007/s10826-013-9813-3



Springer

J Child Fam Stud (2015) 24:57–65
DOI 10.1007/s10826-013-9813-3

ORIGINAL PAPER

Attachment Security and Parental Perception of Competency Among Abused Women in the Shadow of PTSD and Childhood Exposure to Domestic Violence

Amiya Waldman-Levi · Ricky Finzi-Dottan · Naomi Weintraub

Published online: 13 August 2013

Abstract This study examined whether low perceived parental competency of abused women was associated with previous exposure to violence during childhood, posttraumatic stress disorder (PTSD), and attachment security. The study included 54 women who were recruited from shelters for abused women. Results revealed that abused women with PTSD were anxiously attached and women who had been exposed to violence during childhood felt less satisfaction from mothering. These findings may imply that abused women are not a homogenous group; the repeated traumatic events throughout their lives may result in the formation of insecure attachment patterns and PTSD, which, consequently, may impact their perceived parenting.

Keywords PTSD · Abused women · Exposure in the past · Parental competency

Introduction

Domestic violence is a widespread phenomenon that cuts across cultures and social strata and has broad social, medical, psychological and educational significance (Romito et al. 2003; Ross et al. 2004; Wenzel et al. 2004). Awareness of this phenomenon has increased dramatically, as is evident in the number of prevalence studies undertaken in 2008 (Garcia-Moreno and Watts 2011). Violence against women is defined as any violent action that causes or may cause a woman pain, physical, sexual and/or psychological injury and includes threats of actions (such as those mentioned above) that occur in public or in one's private life (WHO 2002). Exposure to domestic violence has been found to affect women's physical and emotional wellbeing (Woods and Wineman 2004). This situation, most often, creats an extremely stressful context for the women, and consequently affects their parenting (Levendosky and Graham-Bermann 2000; Levendosky et al. 2003; Osofsky 2003; Prinz and Feerick 2003).

Several hypotheses have been presented in the relevant literature which explains the impact of exposure of women to domestic violence on their parental functioning. One explanation for the stress placed on their parenting is the lack of marital and social support (Levendosky et al. 2003), and posttraumatic stress disorder (PTSD) common among abused women (Chemtob and Carlson 2004; McCaw et al. 2002; Ross et al. 2004; Woods and Wineman 2004). Another factor that has been identified is the women's exposure to abuse during their childhood, that is, their own history of abuse as children (Banyard et al. 2003; Cohen et al. 2008).

One of the leading theories that seek to explain the influence of domestic violence on parenting is the "attachment theory" (e.g., Banyard et al. 2003). This theory presents a more profound view on parenting in general, and specifically in relation to abused women's trauma and parental functioning. Attachment theory suggests that deficient experience and inadequate attachment relationships can lead to difficulty in forming intimate

A. Waldman-Levi (✉) · N. Weintraub
School of Occupational Therapy of Hadassah, the Hebrew University, Jerusalem, Israel
e-mail: amiyawl@gmail.com

N. Weintraub
e-mail: msnwei@mscc.huji.ac.il

R. Finzi-Dottan
School of Social Work, Bar Ilan University, Ramat-Gan, Israel
e-mail: rikifnz@biu.013.net.il

relationships throughout a person's life cycle (Feeney 2008; Mikulincer and Shaver 2012). Studies investigating the relationship between attachment patterns and parenting have indicated that secure mothers' parental behavior differ from those of non-secure mothers (Belsky 1999). Thus, it is possible that the parenting behavior of abused women is affected both by their exposure to domestic violence in childhood and by their traumatic experiences in later years. Yet, this issue was not sufficiently explored.

Parenting is often measured by the parents' perception of their ability to perform in their role as parents. This perception is based on past experiences, their actual performance and social norms related to parenting performance (Langer and Parker 1990). In the current study parental perception of competency examination was based on Bandura's Social Learning Theory. According to this theory parents' perception of their competency includes two components: self-efficacy (SE) and satisfaction. SE relates to the self-perception, expectations and judgment of parents as to their ability to cope with, and react to, various scenarios that occur as part of their parental role in various interactions with their children. Satisfaction relates to the parents' quality of effect associated with parenting (Johnston and Mash 1989).

Several studies have shown that exposure to domestic violence impacts the parenting skills of abused women (e.g., Buchbinder 2004; Levendosky and Graham-Bermann 2000; Levendosky et al. 2003; Osofsky 2003; Peled 1997; Prinz and Feerick 2003). These effects are caused by stress (Levendosky et al. 2003) that results from the abusive relationships the women experience and their lack of marital and social support, as well as psychopathological symptoms such as anxiety or PTSD (Chemtob and Carlson 2004). For example, abused women were found to demonstrate higher rates of aggressive behavior and neglect towards their children (Banyard et al. 2003; Jones et al. 2001), tended to show lower levels of emotional availability (Levendosky, Lynch, & Graham-Bermann 2000), and parental responsiveness (Casanueva et al. 2008), as well as lower parental satisfaction (Banyard et al. 2003) and efficacy (Levendosky et al. 2003). In addition, these women had more negative representations of their infants and of themselves as mothers, perceived their children as being more difficult to handle and were characterized as being less flexible or open to change (Huth-Bocks et al. 2004). In contrast, several studies have shown that abused women were just as affectionate, proactive and capable of providing structure to their children as mothers who had not been abused (Buchbinder 2004; Letourneau et al. 2007; Levendosky et al. 2000). A possible explanation for these conflicting findings is the differences between the study populations, specifically, their past exposure to domestic violence, (history of abuse). This hypothesis is based on finding showing that past exposure to domestic violence may jeopardize the parenting abilities of abused women (Banyard et al. 2003; DiLillo and Damashek 2003).

There are two leading theories that seek to explain the impact of history of abuse on parenting: the social learning theory and the attachment theory (e.g., Banyard et al. 2003). The social-learning theory proposes that parents who experienced maltreatment or were exposed to domestic violence or abusive behavior in their childhood, model their parents' behaviors and thus, are more likely to display abusive behavior patterns as parents (Banyard et al. 2003; Cohen et al. 2008). According to the attachment theory, in the parent–child relationship, the role of the parent is to provide protection for the baby in situations that arouse his/her attachment response. As stressful situations stimulate a baby's attachment response, the parent is aroused as well, and he/she decides whether, and how, to respond to his/her child. The parent's reaction is dependent on his/her conscious and unconscious interpretation of the clues provided by the child as well as the parent's perception of the threat involved (Belsky 1999). Children's early experiences with their parents are internalized as working models, which are often transformed into the caregiving behavioral system that guides them as they become parents themselves (Banyard et al. 2003; Shaver et al. 2010). Thus, children who were exposed to abuse are often characterized by insecure attachment which may impact their own parenting (Goldenson et al. 2007; Rodriguez 2006). For example, as parents, these individuals often may have difficulty being empathetic and sensitive to their own children's needs (Möhler et al. 2009). Moreover, (Rodriguez 2006) studied predictors of child abuse among abused women, and found that a mothers' insecure attachment style was moderately associated with child abuse potential.

An additional factor that seems to play a significant role in influencing the parenting styles of abused women is the trauma that they experienced not only in childhood but throughout their entire lives (Courtois 2004; Ehrensaf et al., 2003; Sacks et al. 2008; Seedat et al. 2005). Many of these women who were exposed to abuse during their childhood as well as throughout the course of their life, may suffer from PTSD (Johnson and Benight 2003; Jones et al. 2001; Woods and Wineman 2004) or even Complex PTSD (Courtois 2004). The re-occurring of trauma throughout the women's life is manifested in a number of psychological problems which have multiple repercussions, such as depression, anxiety, dissociation, attempts at self-destruction and addiction as well as intimacy issues (including parenting difficulties). These symptoms are often exacerbated in situations where women live in abusive environments in which they experience ongoing trauma (Goldenson et al. 2007; Herman 1992; Jones et al. 2001).

The effects of PTSD on women's parenting may be manifested in various forms. Schechter et al. (2005), in a sample of traumatized mothers, found that the severity of

maternal PTSD might be a risk factor for intergenerational transmission of violent behavior and consequently, for negative parenting. Abused women with PTSD have been found to have decreased involvement with their infants (Lyons-Ruth and Block 1996), a poorer ability to contain their children's negative emotions (e.g., anger and sadness; Johnson and Lieberman 2007), and higher rates of child neglect and use of physical punishment (Banyard et al. 2003; DiLillo and Damashek 2003). In addition, the quality of mother-children relationships (Lieberman et al. 2005) and the mothers' parenting satisfaction (Banyard et al. 2003) may be affected.

Although it appears that some abused women with PTSD demonstrate negative parenting (Levendosky and Graham-Bermann 2000), it appears that the parenting of other such women is not negatively affected. Thus, it is not clear what factors determine women's parenting behavior. As stated earlier, one of the factors that may be related to the formation of PTSD symptoms and to negative parenting is the women's attachment system (Mikulincer et al. 2006). Scott and Babcock (2010) tested attachment style as a moderator in the abuse–trauma link among a community sample of women in violent and non-violent relationships. Both attachment anxiety and dependency were found to moderate the relation between intimate partner violence and PTSD symptoms. The researchers claim that differences in attachment may help to explain why certain victims of domestic abuse may be more susceptible to experiencing PTSD symptoms.

An additional factor that may play an important role in determining the parenting of abused women is the physical environment (Haj-Yahia and Cohen 2009; Peled 1997). Often abused women have difficulty using their internal resources and/or experience such grave danger from their partners, that they are forced to escape to a hiding place such as a shelter. These shelters generally provide protection, care and interventions for the abused women and their children (Haj-Yahia and Cohen 2009). Unfortunately however, the forced relocation to the shelter adds to the stress and the demands placed on women who reside in domestic violence shelters (Jarvis et al. 2005), and concomitantly to their feelings of loss and anger. Being forced to share their new residence with the other families, they lose their own space and sense of privacy and, simultaneously, their children often experience adaptation difficulties. Consequently, the women's performance in all areas of life, including parenting is negatively affected.

A closer look at current studies reveals that they vary in terms of the populations being studied (e.g., women who were recruited through community agencies versus women who were referred by hospitals or physicians) (Alexander 2009; Jones et al. 2001). Only a few studies examined women who reside in shelters for abused women. The current study focused on the implications of domestic violence in adulthood, the diagnosis of PTSD and the women's own exposure to domestic violence in childhood, on their current attachment security and the parental perception of competency. We hypothesized that attachment security and parental competency will differ between women who were and were not exposed to domestic violence during their childhood and between women with and without PTSD symptoms.

Method

Participants

The study sample included 54 women (9 women drop out from the study since they left the shelter after several days), of whom 25 who reported being exposed to domestic violence in childhood, hereby referred to as 'exposed' and 29 who reported not having been exposed to abuse, hereby referred to as 'not exposed'. The women were mothers of children between the ages of 6–72 months. If mothers had more than one child in this age range, they completed the questionnaires in relation to the oldest child. The women in the study met the following criteria: (a) were at the shelter no less than 1 week and no more than one month prior to joining the study; and (b) their child did not have a diagnosis of neurological and/or sensory deficits such as, cerebral palsy, developmental delay, hearing or vision deficits, etc. The mothers' ages ranged from 18 to 43 years ($M = 28.2$, $SD = 5.3$). The study recruited a convenience sample from 8 of 13 shelters for abused women in Israel. The women were admitted to the shelter due to a life threatening situation. For 35 (72.9 %) of the women, this was their first time in the shelter, while for the others, it was their second (22.9 %) or third (4.2 %) time.

The demographic characteristics of the sample are described in Table 1. As can be seen in the table, most of the women in both groups had 10–12 years of education, however a greater variance in education level was found in the 'not exposed' group. The cultural identity of the women in both groups varied, but most of them originated from Asian countries, including those who were born in Israel. This cultural distribution is quite similar to what was reported on the Israeli National Survey (Eiskovits et al. 2004). As for the marital status, in the 'exposed' group there were more single women as compared to the women in the 'not exposed' group. Furthermore, the women in both groups had a similar number of children. Finally, according to the Post Traumatic Diagnostic Scale (PTDS) (described in the Measures section) there were 13 (24.1 %) women who had PTSD, while 41 who did not have PTSD.

Place Measures

Demographic Questionnaire

This questionnaire was developed for the purpose of the study and includes demographic information related to the mother and her child in (for example): mother's education, number of children in the family, child's development, the exposure of the mother and her child to domestic violence at present and in the past. Regarding the women's past exposure to domestic violence, we asked "Have you been exposed to domestic violence as a child".

Post Traumatic Diagnostic Scale (PTDS; Foa et al. 1997)

The PTDS is a widely used, reliable and a valid self-report measure of Post Traumatic Syndrome Disorder (PTSD). The PTDS yields both a diagnosis of PTSD, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; APA 1994) criteria, and measures PTSD severity. Respondents rate the presence of each of the 17 symptoms of PTSD (five relating to re-experiencing, seven to avoidance and five to hyper arousal) on a 4-point Likert-type scale, representing the degree to which each symptom has bothered them in the past month (from 0 = not at all; to 3 = five or more times a week/almost always).

Table 1 Descriptive data of study sample by exposure to violence in childhood (N = 54)

	Were exposed (n = 25)		Were not exposed (n = 29)	
	n	%	n	%
Education				
No Schooling			2	6.9
7–9 grades	3	12	6	20.7
10–12 grades	21	84	14	48.3
Graduate studies	1	4	7	24.1
Mother origin				
Asia	15	60	12	41.4
Europe	4	16	7	24.1
Africa	5	20	10	34.5
America	1	4		
Marital status				
Married	10	40	19	65.5
Separated	5	20	4	13.8
Divorced	3	12	3	10.3
Single	7	28	3	10.3
No. of children				
1 child	5	20	5	17.2
2 children	10	40	9	31.0
3 children or more	10	40	15	51.8

Symptom severity, which ranges from 0–51, is calculated by summing up the scores of each of the symptoms. Following the DSM-IV criteria, PTSD exists if participants reported at least one re-experiencing symptom, three avoidance symptoms, two arousal symptoms, and impairment in at least one life area. The developer of the measure reported that the PTDS demonstrates high internal consistency $\alpha = .92$ and medium test re-test reliability $r = .74$. Agreement between the PTSD diagnosis obtained from the PTDS and a structured clinical interview for PTSD was 82 %. The results of Cronbach's α analysis for the data in the current study were good: Re-experiencing, $\alpha = .82$; Avoidance, $\alpha = .71$; and Arousal, $\alpha = .82$.

Experiences in Close Relationships Measure of Adult Attachment (ECR; Brennan et al. 1998)

The ECR is a 36-item self-report measure of adult attachment security containing two 18-item subscales that assess two dimensions (Anxiety and Avoidance) underlying adult attachment organization. Respondents rate each item on a 7-point scale (1 = *disagree strongly*, 7 = *agree strongly*) in terms of how well it describes their typical feelings in romantic relationships. The Anxiety subscale taps fears of abandonment and rejection (e.g., "I worry about being alone"), while the Avoidance subscale assesses discomfort with dependence and intimate self-disclosure (e.g., "I prefer not to show a partner how I feel deep down"). Low scores on both dimensions characterize secure attachment, whereas insecure attachment is defined by high scores in one or both dimensions. High scores on the Anxiety versus the Avoidance dimension have been explained as expressing different strategies in the attempt to cope with insecurity. Brennan et al. (1998) reported high internal consistency, Cronbach's $\alpha = .91$ and .94, on the Anxiety and Avoidance scales, respectively. Shaver et al. (2000) reported test–retest reliability (with a 3-week period in between) of $r = .70$ for both subscales. The Cronbach's α scores in the present study were .86 for the Avoidance scale and .82 for the Anxiety scale.

The Parenting Sense of Competence Scale (PSOC; Johnston and Mash 1989)

The PSOC is a 16-item scale which was developed to assess parenting self-esteem. The PSOC includes two subscales: (a) Satisfaction scale—which reflects the degree to which the parent feels frustration or low motivation in the parenting role; and (b) Efficacy scale—which reflects the parents' perception of their skills and familiarity in the parenting role. Respondents rate each of the items on a 6-point scale, ranging from *strongly disagree (1)* to *strongly agree (6)*. Higher scores indicate greater

self-efficacy and satisfaction. Scores are calculated for each sub-scale and for the final scale. The authors of the PSOC report that the internal consistency is as follows: Total score $\alpha = .79$, Satisfaction scale $\alpha = .75$ and Efficacy scale .76. In the present study, coefficient alpha for the Satisfaction and Efficacy scales were .73 and .66, respectively.

Procedure

Permission for the study was attained from the University IRB committee. In addition, the organization in charge of the shelters granted permission to approach the women. First, mothers were provided with an explanation regarding the study, and those who agreed were asked to sign a consent form. The questionnaires were completed by the mothers in the shelter via an interview conducted by the first author or assistants who were trained in administering the questionnaires. The interview lasted 90–120 min and was completed over a period of one to three meetings.

Results

Two separate 2×2 multivariate analysis of variance (MANOVA) were employed to examine differences in attachment security and parental competency between women who were or were not exposed to violence in their childhood, and between women with and without PTSD, as well as the interaction effect of these variables. The means and standard variations of attachment security scales and parental competency by exposure to violence in childhood and PTSD are presented in Table 2. Differences between the groups are presented in Table 3. As can be seen in Table 3, the MANOVA results indicate that there is an interaction effect of exposure to violence in childhood and PTSD on the Anxiety scale of the ECR ($F(1,54) = 3.89$, $p = .05$, $Eta^2 = .07$); women who were exposed to violence in childhood and encountered PTSD were more characterized by anxiety than women who were exposed to violence in childhood but did not have PTSD, and than women who were not exposed to violence in childhood (both with and without PTSD; see Tables 2 and 3). Yet, there was no interaction effect on parental competency (see Table 3). Next, we examined the separate (main) effects of exposure to violence in childhood and PTSD on the two dependent variables.

Differences Between Women Who were and were not Exposed to Abuse in Childhood in Attachment and Perceived Parental Competency

The MANOVA showed no statistically significant effect on attachment security in general and on each of the attachment scales (Anxiety and Avoidance) separately (see Table 3). In comparing women who were and were not exposed to violence in childhood on their perceived parental competency, we found that the general effect was not significant ($F(2,49) = 2.60$, $p = .08$, $Eta^2 = .10$). In contrast, women who were not exposed to violence were found to be significantly more satisfied compared to the other women ($F(1,54) = 4.55$, $p = .04$, $Eta^2 = .08$). However, these differences were not found with respect to self-efficacy ($F(1,54) = 2.83$, $p = .1$, $Eta^2 = .00$).

Differences Between Women With and Without PTSD in Attachment and Perceived Parental Competency

The MANOVA showed no statistically significant effect of PTSD on attachment security, in general. However, in examining the main effects we did find that women who had PTSD exhibited higher scores on the Anxiety attachment scale compared to women who did not have PTSD ($F(1,54) = 5.91$, $p = .02$, $Eta^2 = .11$). Yet this difference was not found with respect to avoidance ($F(1,54) = 1.62$, $p = .21$, $Eta^2 = .03$). Finally, women with and without PTSD did not differ with respect to their perceived parental competency ($F(2,49) = 3.03$, $p = .06$, $Eta^2 = .11$), in general, nor on the main effects; satisfaction ($F(1,54) = .53$, $p = .47$, $Eta^2 = .01$) and SE ($F(1,54) = 3.43$, $p = .07$, $Eta^2 = .06$).

Discussion

This study's objectives were to examine whether women who were or were not exposed to violence in their childhood and did or did not have PTSD differed with respect to their attachment security and perceived parenting competency. We also examined whether there was an interaction effect between these factors on the women's attachment security and perception of their parenting competency. Of the 54 women who were included in the study sample, 25 (46.3 %) reported that they were exposed to domestic violence during their childhood. These women were found to have less secure attachments than the women who were not exposed to domestic violence (29, 53.7 %). Similar findings were found in Cramer and Kelly (2010) sample of abusive parents, in which those with a history of abuse were less likely to be securely attached. Using a different type of sample Rodriguez (2006) reported similar results among women who had a history of abusive relationships, namely, that they experienced insecure attachment patterns. In Rodriguez's study, the women were mostly classified as being fearful, resembling both the avoidant and the anxious types assessed in the current study. Furthermore, (Godbout et al. 2009) found that there was a

Table 2 Mean and standard deviation of attachment and parental competency of study population

	Exposure			
	Yes		No	
	PTSD n = 6 M (SD)	No PTSD n = 19 M (SD)	PTSD n = 7 M (SD)	Non PTSD n = 22 M (SD)
Attachment				
Anxiety	4.66 (.91)	3.30 (.99)	3.54 (1.23)	3.40 (.89)
Avoidance	4.00 (.92)	3.49 (1.01)	3.22 (1.08)	3.22 (1.08)
Parental competency				
Satisfaction	32.50 (11.06)	35.68 (7.03)	39.14 (7.33)	39.54 (7.16)
Efficacy	32.67 (5.28)	30.68 (5.28)	36.00 (1.29)	32.41 (4.68)

Exposure exposure to violence in childhood, *PTSD* posttraumatic stress disorder

N = 54

Table 3 Effects of exposure to violence in childhood and PTSD on attachment style and perceived parental competency

	Exposure between-group effects F(1,54)	Eta^2	PTSD between-group effects F(1,54)	Eta^2	Exposure and PTSD F(1,54)	Eta^2
Attachment						
Anxiety	2.54	.05	5.91*	.11	3.89*	.07
Avoidance	.36	.01	1.62	.03	.02	.00
Parental competency						
Satisfaction	4.55*	.08	.53	.01	.32	.01
Efficacy	2.83	.00	3.43	.06	.29	.01

Exposure exposure to violence in childhood, *PTSD* posttraumatic stress disorder

N = 54, * $p < .05$

relationship between adult avoidant attachment and exposure to psychological domestic violence in childhood (witnessing). Focusing on participants with lower exposure to violence, (Coe et al. 1995) reported that they found higher levels of secure attachment in this population. Looking at this issue from a different perspective, Zeanah et al. (1999) reported on a sample of 72 low-income mothers and their 15-months-old infants, who were evaluated at home and in the laboratory to determine whether mothers' reports of distress and partner violence were associated with infant–mother attachment. Their results exemplified that mothers who experienced more serious partner violence were more likely to have infants with disorganized attachments.

However, the differences in these women attachment security, in the current study, were not significant. One of the explanations for this lack of significance might stem from the sample size or the fact that individual's attachment patterns can change, subtly or dramatically, depending on the context and on more recent, salient experiences as Mikulincer et al. (2006) claim. Interestingly, (Sternberg et al. 1994) investigated the effects of various types of domestic violence on children's perceptions of their parents. Their sample included four groups of children, aged 8 to 12-years-old, of whom 33 had been physically abused by their parents within the last 6 months, 16 had witnessed spouse abuse, 30 had been both victims and witnessed domestic violence, and 31 of the children did not experience domestic violence. They found that experiencing abuse in early childood and/or witnessing spousal abuse was not related to these adolescents' current perceived attachment to mother or father. Sternberg et al. findings may stand as a possible explanation for the insignificant differences in attachment security between women who were and were not exposed/witnessed domestic violence in their childhood.

Our results also showed that 24.1 % of the women had PTSD. These women were found to have a higher rate of insecure attachment than women who did not have PTSD, yet the difference was significant only in association with anxious attachment. Women who were exposed to abuse in their childhood and had PTSD were more anxiously attached. These results suggest that a long history of abuse, in itself, is often not a strong enough factor to predict attachment insecurity. Yet, when this factor is combined with PTSD, these women have a higher risk of having insecure attachments. These findings are congruent with results reported by (Pierrehumbert et al. 2012), showing

that subjects with a history of abuse and unresolved responses in the Adult Attachment Interview (AAI), presented a suppressed stress response, similar to the way in which avoidant people might act in relation to stressful events in their lives. In a high-risk sample of adults who were exposed to past and present trauma, (Steele et al. 2012) also found that those classified with unresolved responses according to the AAI had flattened responses to a stress evoked condition. A possible explanation for these findings may be that exposure to violence during childhood may lead to the development of insecure attachment (Finzi et al. 2000, 2002). This, in turn, may affect the individual's self-regulation, and by doing so intensifies distress and exacerbates the risk for PTSD (Finzi-Dottan et al. 2006). Similarly, Mikulincer et al. (2006) proposed that individual variations in attachment system functioning, play a crucial role in determining the extent to which PTSD ensues from exposure to trauma.

An additional purpose of our study was to examine whether women who were and were not exposed to domestic violence during childhood and those who did or did not have PTSD, differed with respect to their parental competency. We found that women who were exposed to violence in their childhood felt less satisfied as parents. Similar findings were reported by Banyard et al. (2003), in which higher rates of childhood sexual trauma events were related to decreased parental satisfaction.

One explanation for these findings may be drawn from attachment theory. It has been posited that children who experience abusive or insensitive caregiving are likely to develop negative representations of their caregivers and corresponding negative representations of themselves (Toth et al. 2000; Wilson et al. 2008). These negative representations of themselves and/or others affect caregiving behaviors, and may cause impairment in parental competence (Chang et al. 2003; Söderström and Skårderud, 2009).

In relation to SE, we only found a tendency towards significant differences between women who were and were not exposed to domestic violence in their childhood, with the former having lower SE scores. These findings are consistent with previous findings showing that abused mothers, who were exposed to domestic violence in childhood reported lower SE feelings as a caregiver (Huth-Bocks et al. 2004). For example, Coleman and Karraker (1997) suggested that parenting SE can directly impact the degree of enjoyment derived from the parenting experience. Additionally, in a qualitative study, Buchbinder and Eisikovits (2003) found that abused women's feelings of shame and guilt decreased their sense of security, self-esteem and confidence and, therefore, had limited their sense of SE in relationships.

In summary, the current study results revealed that abused women with PTSD were anxiously attached and women who had been exposed to violence during childhood felt less satisfaction from mothering. These findings reinforce the harsh implications of exposure to domestic violence in childhood and having PTSD on abused women's functioning within intimate relationships due to the continuous stress they suffer throughout their lives.

Study Limitation and Further Research

This cross section study has several limitations, partially related to the small sample size and the sampling method. The small sample size resulted from the difficulty in recruiting women who fit the study's inclusion criteria (i.e., residing in shelters for the period specified) and have young children. Each shelter housed approximately 10 women, many of whom stayed only briefly and not all of whom had young children. These circumstances necessitated convenience sampling and resulted in a small sample size, which in turn impacted the results obtained. In addition, the sample only included abused women who applied for treatment in shelters. These women might share specific characteristics of abused women (as described in the introduction) that might differ from other abused women who do not apply for shelter care.

Further research is recommended in order to investigate the contribution of PTSD on the formation of women's attachment security and parental competency. In addition, research is needed in order to establish evidence-based interventions that are designed to improve the consequences of trauma experienced by mothers and their children. This is especially true for toddlers and preschoolers, in which intervention efficiency studies are rare.

Implications for Practice

Our study findings, which revealed lower levels of SE and satisfaction in the parental role among abused women, reinforce the harsh implications of exposure to domestic violence in childhood and having PTSD on abused women's functioning within intimate relationships due to the continuous stress they suffer throughout their lives. This vicious cycle of intergenerational transmission of domestic violence and its ramifications needs to be contained. These findings suggest that interventions should focus both on the past and current traumatic events, as well as on the women's perceptions of their maternal role in the shadow of the continuous violence. Women's resources and challenges should be examined in depth, and the women should be empowered by being provided with knowledge as for parenting approaches as well as strengthening their self-esteem and satisfaction with parenting.

Furthermore, the fact that there are mutual influences of maternal-child behaviors, in the shadow of intergenerational

transmission of domestic violence, it is important that interventions will be directed to these crucial aspects. Such interventions might help the women detect behaviors that trigger negative feelings, which, in turn, might influence their parental behavior and consequently, their children's behaviors. Ultimately, these may lead to improving the women's sense of parental competency.

References

Alexander, P. C. (2009). Childhood trauma, attachment, and abuse by multiple partners. *Psychological Trauma: Theory, Research, Practice, and Policy, 1*(1), 78–88.

American Psychiatric Association (APA). (1994). *Diagnostic and statistical manual of mental disorders DSM-IV* (4th ed.). Washington DC: Author.

Banyard, V. L., Williams, L. M., & Siegel, J. A. (2003). The impact of complex trauma and depression on parenting: An exploration of mediating risk and protective factors. *Child Maltreatment, 8*, 334–349.

Belsky, J. (1999). Interactional and contextual determinants of attachment security. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 249–264). New York: The Guilford Press.

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford Press.

Buchbinder, E. (2004). Motherhood of battered women: The struggle for repairing the past. *Clinical Social Work Journal, 32*, 307–326.

Buchbinder, E., & Eisikovits, Z. (2003). Battered women's entrapment in shame: A phenomenological study. *American Journal of Orthopsychiatry, 73*, 355–366.

Casanueva, C., Martin, S. L., Runyan, D. K., Barth, R. P., & Bradley, R. H. (2008). Quality of maternal parenting among intimate-partner violence victims involved with the child welfare system. *Journal of Family Violence, 23*, 413–427.

Chang, L., Schwartz, D., Dodge, K. A., & McBride-Chang, C. (2003). Harsh parenting in relation to child emotion regulation and aggression. *Journal of Family Psychology, 17*, 598–606. doi:10.1037/0893-3200.17.4.598.

Chemtob, C. M., & Carlson, J. G. (2004). Psychological effects of domestic violence on children and their mothers. *International Journal of Stress Management, 11*, 209–226.

Coe, M. T., Dalenberg, C. J., Aransky, K. M., & Reto, C. S. (1995). Adult attachment style, reported childhood violence history and types of dissociative experiences. *Dissociation, 171*, 142–154.

Cohen, L. R., Hein, D. A., & Batchelder, S. (2008). The impact of cumulative maternal trauma and diagnosis on parenting behavior. *Child Maltreatment, 13*, 27–38.

Coleman, P. K., & Karraker, K. H. (1997). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review, 18*, 47–85.

Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy: Theory Research, Practice, Training, 41*, 412–425.

Cramer, P., & Kelly, F. D. (2010). Attachment style and defense mechanisms in parents who abuse their children. *Journal of Nervous and Mental Disease, 198*, 619–627. doi:10.1097/NMD.0b013e3181ef3ee1.

DiLillo, D., & Damashek, A. (2003). Parenting characteristics of women reporting a history of childhood sexual abuse. *Child Maltreatment, 8*, 319–333.

Eiskovits, Z., Winstok, Z., & Fishman, G. (2004). The first Israeli national survey on domestic violence. *Violence Against Women, 10*, 729–748.

Feeney, J. A. (2008). Adult romantic attachment: Developments in the study of couple relationships. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment* (pp. 419–435). New York: Gilford Press.

Finzi, R., Cohen, O., Sapir, Y., & Weizman, A. (2000). Attachment styles in maltreated children: A comparative study. *Child Psychiatry and Human Development, 31*, 113–128.

Finzi, R., Har-Even, D., Shnit, D., & Weizman, A. (2002). Psychosocial characterization of physically abused children from low socioeconomic households in comparison to neglected and nonmaltreated children. *Journal of Child and Family Studies, 11*, 441–453.

Finzi-Dottan, R., Dekel, R., Lavi, T., & Su'ali, T. (2006). PTSD reactions among children with learning disabilities exposed to terror attacks. *Comprehensive Psychiatry, 47*, 144–151.

Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The posttraumatic diagnostic scale. *Psychological Assessment, 9*, 445–451.

Garcia-Moreno, C., & Watts, C. (2011). Violence against women: An urgent public health priority. *Bulletin of the World Health Organization, 89*, 2.

Godbout, N., Dutton, D. G., Lussier, Y., & Sabourin, S. E. (2009). Early exposure to violence, domestic violence, attachment representations, and marital adjustment. *Personal Relationships, 16*, 365–384.

Goldenson, J., Geffner, R., Foster, S. L., & Clipson, C. R. (2007). Female domestic violence offenders: Their attachment security, trauma symptoms, and personality organization. *Violence and Victims, 22*, 532–545.

Haj-Yahia, M. M., & Cohen, H. C. (2009). On the lived experience of battered women residing in shelters. *Journal of Family Violence, 24*, 95–109.

Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.

Huth-Bocks, A. C., Levendosky, A. A., Theran, S. A., & Bogat, G. A. (2004). The impact of domestic violence on mothers' prenatal representations of their infants. *Infant Mental Health Journal, 25*, 79–98.

Jarvis, K. L., Gordon, E. E., & Novaco, R. W. (2005). Psychological distress of children and mothers in domestic violence emergency shelters. *Journal of Family Violence, 20*, 389–402.

Johnson, L. E., & Benight, C. C. (2003). Effects of trauma-focused research on recent domestic violence survivors. *Journal of Traumatic Stress, 16*, 567–571.

Johnson, V. K., & Lieberman, A. F. (2007). Variations in behavior problems of preschoolers exposed to domestic violence: The role of mothers' attunement to children's emotional experiences. *Journal of Family Violence, 22*, 297–308.

Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology, 18*, 167–175.

Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-traumatic stress disorder (PTSD) in victims of domestic violence. *Trauma, Violence, & Abuse, 2*, 99–119.

Langer, E. J., & Parker, K. K. (1990). Incompetence: A conceptual reconsideration. In R. J. Sternberg & J. Kolligian (Eds.), *Competence considered* (pp. 149–166). London: Yale University Press.

Letourneau, N. L., Fedick, C. B., & Willms, J. D. (2007). Mothering and domestic violence: A longitudinal analysis. *Journal of Family Violence, 22*, 649–659.

Levendosky, A. A., & Graham-Bermann, S. A. (2000). Behavioral observations of parenting in battered women. *Journal of Family Psychology, 14*, 80–94.

Levendosky, A. A., Huth-Bocks, A. C., Shapiro, D. L., & Semel, M. A. (2003). The impact of domestic violence on maternal-child relationship and preschool-age children's functioning. *Journal of Family Psychology, 17*, 275–287.

Levendosky, A. A., Lynch, S. M., & Graham-Bermann, S. A. (2000). Mothers' perceptions of the impact of woman abuse on their parenting. *Violence Against Women, 6*, 247–271.

Lieberman, A. F., Van-Horn, P., & Ozer, E. J. (2005). Preschooler witnesses of marital violence: Predictors and mediators of child behavior problems. *Development and Psychopathology, 17*, 385–396.

Lyons-Ruth, K., & Block, D. (1996). The disturbed caregiving system: Relations among childhood trauma, maternal caregiving, and infant affect and attachment. *Infant Mental Health Journal, 17*, 257–275.

McCaw, B., Bauer, H. M., Berman, W. H., Mooney, L., Holmberg, M., & Hunkeler, E. (2002). Women referred for on-site domestic violence services in a managed care organization. *Women and Health, 35*, 23–40.

Mikulincer, M., & Shaver, P. R. (2012). Adult attachment orientations and relationship processes. *Journal of Family Theory & Review, 4*, 259–274.

Mikulincer, M., Shaver, P. R., & Horesh, N. (2006). Attachment bases of emotion regulation and posttraumatic adjustment. In D. K. Synder, J. A. Simpson, & J. N. Hughes (Eds.), *Emotion regulation in couples and families: Pathways to dysfunction and health* (pp. 77–99). Washington, DC: American Psychological Association.

Möhler, V., Matheis, L., Poustka, M., Marysko, P., Finke, C., Kaufmann, C., et al. (2009). Mothers with a history of abuse tend to show more impulsiveness. *Child Abuse and Neglect, 33*, 123–126.

Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review, 6*, 161–170.

Peled, E. (1997). The battered women's movement response to children of battered women. *Violence Against Women, 3*, 424–446.

Pierrehumbert, B., Torrisi, R., Ansermet, F., Borghini, A., & Halfon, O. (2012). Adult attachment representations predict cortisol and oxytocin responses to stress. *Attachment & Human Development, 14*, 453–476.

Prinz, R. J., & Feerick, M. M. (2003). Next steps in research on children exposed to domestic violence. *Clinical Child and Family Psychology Review, 6*, 215–219.

Rodriguez, C. M. (2006). Emotional functioning, attachment style, and attributions as predictors of child abuse potential in domestic violence victims. *Violence and Victims, 21*, 199–212.

Romito, P., Crisma, M., & Saurel-Cubizolles, M. J. (2003). Adult outcomes in women who experienced parental violence during childhood. *Child Abuse and Neglect, 27*, 1127–1138.

Ross, J., Walther, V., & Epstein, I. (2004). Screening risks for intimate partner violence and primary care settings: Implications for future abuse. *Social Work in Health Care, 38*, 1–23.

Sacks, J. Y., McKendrick, K., & Banks, S. (2008). The impact of early trauma and abuse on residential substance abuse treatment outcomes for women. *Journal of Substance Abuse Treatment, 34*, 90–100.

Schechter, D. S., Coots, T., Zeanah, C. H., Davies, M., Coates, S. W., Trabka, K. A., et al. (2005). Maternal mental representations of the child in an inner-city clinical sample: Violence-related posttraumatic stress and reflective functioning. *Attachment & Human Development, 7*, 313–331.

Scott, S., & Babcock, J. C. (2010). Attachment as a moderator between intimate partner violence and PTSD Symptoms. *Journal of Family Violence, 25*, 1–9.

Seedat, S., Stein, M. B., & Forde, D. R. (2005). Association between physical partner violence, posttraumatic stress, childhood trauma, and suicide attempts in a community sample of women. *Violence and Victims, 20*, 87–98.

Shaver, P. R., Belsky, J., & Brennan, K. A. (2000). Comparing measures of adult attachment: An examination of interview and self-report methods. *Personal Relationships, 7*, 25–43.

Shaver, P. R., Mikulincer, M., & Shemesh-Iron, M. (2010). A behavioral systems perspective on prosocial behavior. In M. Mikulincer & P. R. Shaver (Eds.), *Prosocial motives, emotions, and behavior* (pp. 72–91). Washington, DC: American Psychological Association.

Söderström, K., & Skårderud, F. (2009). Minding the baby. Mentalization-based treatment in families with parental substance use disorder: Theoretical framework. *Nordic Psychology, 61*, 47–65. doi:10.1027/1901-2276.61.3.47.

Steele, H., Steele, M., Murphy, A., & Santoro, N. (2012, July). *Understanding differential cortisol responses to stress* via *the adult attachment interview: Convergent findings from low-risk and high-risk respondents*. Paper presented at the International Society for the Study of Behavioral Development, Biennial Meeting. Edmonton, Canada.

Sternberg, K. J., Lamb, M. E., Greenbaum, C., Dawud, S., Cortes, M., & Lorey, F. (1994). The effects of domestic violence on children's perceptions of their perpetrating and nonperpetrating parents. *International Journal of Behavioral Development, 17*, 779–795.

Toth, S. L., Cicchetti, D., MacFie, J., Maughan, A., & Vanmeenen, K. (2000). Narrative representations of caregivers and self in maltreated pre-schoolers. *Attachment & Human Development, 2*, 271–305. doi:0.1080/14616730010000849.

Wenzel, S. L., Tucker, J. S., Elliott, M. N., Marshall, G. N., & Williamson, S. L. (2004). Physical violence against impoverished women: A longitudinal analysis of risk and protective factors. *Women's Health Issues, 14*, 144–154.

Wilson, S. R., Rack, J. J., Shi, X., & Norris, A. M. (2008). Comparing physically abusive, neglectful, and non-maltreating parents during interactions with their children: A meta-analysis of observational studies. *Child Abuse and Neglect, 32*, 891–911.

Woods, S. J., & Wineman, N. M. (2004). Trauma, posttraumatic stress disorder symptom clusters, and physical health symptoms in post abused women. *Archives of Psychiatric Nursing, 18*, 26–34.

World Health Organization. (2002). Retrieved from http://whqlibdoc.who.int/publications/2002/9241545615_chap4_eng.pdf.

Zeanah, C. H., Danis, B., Hirshberg, L., Benoit, D., Miller, D., & Scott-Heller, S. S. (1999). Disorganized attachment associated with partner violence: A research note. *Infant Mental Health Journal, 20*(1), 77–86.