

Parents Were Children Once Too

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ZERO TO THREE

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When babies and toddlers are abused and neglected by the people who brought them into the world observers' sympathies naturally go to the children. Children cannot defend themselves against aggressors who are much bigger and more powerful than they are. They cannot understand why they cry and no one comes or are hungry and no one feeds them. Why would anyone fail to nurture and protect these small precious beings? It is only by looking at the long-term effects of childhood trauma that professionals begin to appreciate the reasons why some parents cannot provide safe loving homes for their children.

Professionals working with families who come to the attention of the child welfare system need to look deeper than the allegations made about the parents' failure to protect their children. Very often they are themselves victims of childhood trauma. The lessons they learned in childhood prepared them for early parenting, intimate partner violence, intractable poverty, substance abuse, and child maltreatment. If professionals hope to interrupt the intergenerational transmission of child abuse they need to uncover the stressors that are influencing parents' ability to be appropriate caregivers for their children. With a better understanding of parents' trauma histories professionals can craft interventions that have some hope of safely reuniting the parents with their children, or, at the very least, permitting them to

have an ongoing relationship with their children even if they cannot be the day-to-day parents.

Parents learn how to be parents from their own experience of childhood. In a 2010 ZERO TO THREE survey, more than 80% of parents of infants and toddlers reported their parents as important influences on their own parenting (Hart Research Associates, 2010). This is true in happy families and it is no less true in families where children are abused or neglected. Having grown up in an environment where family meant danger or indifference, survivors of abuse and neglect approach parenting with disabling wounds. Memories of childhood maltreatment manifest themselves in many of the same behaviors that were so destructive to today's parents when they were children.

In a major retrospective study of adults conducted at Kaiser Permanente in San Diego, investigators surveyed 17,000 members of the health maintenance organization on their exposure to 10 adverse childhood experiences (ACE):

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Emotional neglect
- Physical neglect

Abstract

Parents who love their children sometimes harm them. They harm them by physically or sexually abusing them and by failing to provide the nurturance that children have the right to expect. They neglect and abuse their children because they lack the necessary combination of knowledge, patience, empathy, and problem-solving capabilities. Intervening effectively requires a careful assessment of the parents' lives, both past and present. This article provides an overview of the overarching problems maltreating parents bring to their interactions with their young children.



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Parents who abuse their children are often the victims of childhood trauma.

- An alcohol and/or drug abuser in the household
- An incarcerated household member
- A member of the household who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents (Middlebrooks & Audage, 2008)

Each factor was separately tallied and each study participant was given an ACE score of the number of separate ACE they reported experiencing as children. The prevalence of child abuse and neglect found among the study sample suggests that official statistics dramatically underestimate the prevalence of child maltreatment (Felitti, 2002). The most striking finding was that 22% of the respondents had been sexually victimized as children.

ACE exposure was linked to:

- Teen pregnancy
- Sexual behavior
- Alcoholism
- Stability of relationships
- Risk of revictimization
- Mental health problems (Anda, 2007)
- Suicide attempts: between 67% and 80% of all suicide attempts were attributable to ACE (Felitti, 2002).

When the investigators correlated the number of ACE with the patients' current medical status their findings confirmed that the more troubling the childhood, the

greater the number and severity of medical and psychological conditions in adulthood. Of special note here are the findings related to alcohol and drug use. Adults whose parents abused alcohol when the study participants were children were more likely to be depressed as adults (Redding, 2003). Childhood sexual abuse was much more likely when the parent was an alcoholic (Redding).

Fetal Alcohol Spectrum Disorders

SUBSTANCE ABUSE IS a factor in the vast majority of child maltreatment cases. In cases involving infants and toddlers this fact raises the specter that alcohol and drug use probably began before the children were born. Prenatal alcohol use causes permanent damage to the developing brain (Herrick, Hudson, & Burd, this issue, p. 44). It is estimated that 1 in 100 U.S. adults has been exposed to alcohol prenatally (Burd, Cotsonas-Hassler, Martsolf, & Kerbeshian, 2003). There has been very little focused research done on the prevalence of prenatal alcohol exposure. In a study of a related group, incarcerated juveniles, 23% of the youth were diagnosed with a Fetal Alcohol Spectrum Disorder (FASD; Fast, Conrey, & Looock, 1999). Although more work is needed to confirm these findings, this study suggests that almost 1 in 4 children in the juvenile justice system are victims. The close relationship between child welfare and juvenile justice populations leads to the hypothesis that similar prevalence exists among parents involved with the child welfare population.

Parents' own fetal alcohol exposure can interfere with their caregiving abilities. They are at heightened risk for substance abuse themselves because their prenatal exposure to alcohol predisposes them to seek it out. Years of inaccurate mental health diagnoses compounds the attractiveness of alcohol and drugs. They have difficulty with memory and paying attention. Developmentally they remain many years younger than their chronological age. They have impulse control issues which lead to:

- Irritability
- Aggression
- Episodes of rage
- Promiscuity
- A lot of time spent in the principal's office, in in-school detention, suspension, and ultimately expulsion if their aberrant behavior is dangerous enough
- Delinquent acts as adolescents that turn into repeated offenses as they age, escalating the legal consequences with each arrest
- Unreliable memory. They may remember on Monday but forget on Tuesday or

remember the appointment but forget where they are supposed to go (Hudson, Burd, Kelley, & Klain, in press)

Secondary characteristics develop when the person is repeatedly diagnosed with problems that don't address the underlying neurological deficits caused by fetal alcohol exposure. The misdiagnoses lead to therapeutic interventions that ask people affected by FASD to change their behavior. Because the behavior is caused by permanent brain damage, such behavioral interventions cannot work. Secondary symptoms include:

- Fatigue
- Anxiety
- Aggressiveness
- Destructiveness
- Social isolation
- Family or school problems (e.g., fighting, suspension, expulsion)
- Trouble with the law
- Depression

People affected by FASD do not accurately read other people's behavioral cues. They cannot apply the lessons learned in one situation to another similar situation. They are easy victims because they are so suggestible. More than 70% of adolescents and adults with FASD were physically or sexually abused as children (Kelly, 2005).

Child Sexual Abuse

THE LINK BETWEEN child sexual abuse (CSA) and many of the other risk factors for becoming an abusive or neglectful parent is very strong. One retrospective study found that maltreating mothers were 8 times more likely to have been incest victims (Spieker, Bensley, McMahon, Fung, & Ossiander, 1996). Among the adult problems of CSA survivors are:

- Posttraumatic stress disorder
- Suicidal behavior
- Depression
- Anxiety
- Low self-esteem
- Dissociation
- Obsessive-compulsive disorders
- Phobias
- Paranoid thoughts
- Substance abuse
- Eating disorders
- Personality disorders (Roberts, O'Connor, Dunn, Golding & The ALSPAC Study Team, 2004)
- Increased risk for marrying an alcoholic (Middlebrooks & Audage, 2008)

The amount of adult dysfunction is mediated by a number of factors including the

duration of the abuse (e.g. one incident of rape by a stranger vs. an ongoing pattern of abuse inflicted by a parent), the child's relationship to the perpetrator, and the reaction of adults if the abuse is discovered (Hindman, 1999).

CSA does not lead parents to any one specific type of maltreatment (e.g., abuse, neglect, incest) but survivors are at high risk for poor parenting (Spieker et al., 1996). Higher frequency and longer duration of CSA are related to increased symptoms for victims.

For many victims of sexual abuse the rage incubates over years of façade, coping, and frustrating, counterfeit attempts at intimacy, only to erupt as a pattern of abuse against offspring in the next generation. The ungratifying, imperfect behavior of the young child and the diffusion of ego boundaries between parent and child ... provide a righteous, impulsive outlet for the explosive rage (Summit, 1983).

CSA is strongly linked with teen parenting (Spieker et al., 1996). As parents, CSA survivors who began having children as teenagers are less in tune with their children and are less responsive to their children's needs. Adults who were sexually abused as children use more punitive child-rearing practices and physical methods of discipline (Mapp, 2006). Having never had their personal boundaries respected, they are disrespectful of the child's boundaries. Unable to appropriately read a baby's cues, they are physically intrusive (e.g. they poke and prod, disrupt sleep, and ignore signs that the baby has had enough to eat).

Maternal Depression

MATERNAL DEPRESSION COEXISTs with every other risk factor described in this article. Experiencing child maltreatment between birth and age 2 years is associated with depression in adulthood (Cooper, Banghart, & Aratani, 2010). Women who were victims of CSA were found to be at increased risk for maternal depression (Mapp, 2006).

The childhood experience of the mother leads to increasing risks for her children:

- Maternal depression during the prenatal period is associated with complicated deliveries and after birth with crying, fussiness, and inconsolability in newborns (Vericker, Macomber, Golden, 2010).
- Four out of every 10 poor infants lives with a depressed mother (Vericker et al.).
- Almost half (48%) of parents evaluated by the Early Head Start Research and Evaluation Project were found to be depressed (Knitzer & Perry, 2009).
- Depressed mothers are at increased risk for committing physical abuse (Jones Harden, 2007).

- Substance abuse and domestic violence frequently occur in homes with depressed mothers (Mapp; Vericker et al.).

Historical Trauma

HISTORICAL TRAUMA IS A TERM that describes the emotional weight carried by people whose race, religion, sexual identity, or ethnic heritage has resulted in victimization of entire groups over extended periods of time. Members of groups who have weathered discrimination for generations live with the reality that the dominant U.S. culture does not view alternate world views as equally valid (Robinson & James, 2003). Worse, most members of the dominant culture do not even understand that they have privileges not available to members of minority groups.

Life in the U.S. is easier for white middle class Americans than it is for people of color, non-Christian religions, non-European forebears, nonheterosexual orientation, or subjugated indigenous civilizations (e.g., Native Americans, Native Hawaiians).

Social privilege is usually something that facilitates the optimal development of an individual, increases access to societal opportunities, or simply makes life easier but is not acquired by virtue of merit or personal effort. It is gained simply by being a member of the group that is privileged... The privileged characteristic is legitimized as the norm and those who stand outside of it are considered deviant, deficient, or defective (Greene, 2003).

A simple example illustrates this concept: many Americans grew up when the rosy colored bandages still sold today were marketed as "skin color" as though there were only one skin color in the U.S.

Related to the traumatic baggage the parents carry are the ways in which their normative cultural framework differs from the expectations of the dominant culture. The freestanding nuclear family is the cultural norm for white middle class society. Extended family and important—but not blood-related—friends play critical nurturing roles in ethnic minority families (Lewis & Ippen, 2007). When helping professionals assume that all successful families will be freestanding nuclear families, they unintentionally undermine the family's identity and overlook potential protective factors.

Historical injuries often begin under the sponsorship of the government and become embedded in widely held beliefs. Other longstanding prejudices represent the dominant culture's dismissal of cultural or religious beliefs different from its own:

- The forebears of most African-Americans were brought to the U.S. as



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Attempts to eradicate Native American cultures took a tremendous toll on the children.

slaves and subjugated for hundreds of years. The end of slavery did not lead directly to equality. African-Americans still confront racial stereotypes that question their intelligence and capabilities.

- After September 11, 2001, hate crimes targeted people who were perceived as Arabs; prejudice still equates the entire Muslim religion with Al Qaeda.
- Native American tribes were decimated by warfare and genocidal actions. In the 1870s, the U.S. Bureau of Indian Affairs opened boarding schools. The founder of the boarding schools described the mission of these schools: "Kill the Indian in him, and save the man" (Bear, 2008). Children were removed from their families as young as 5 years old. Students at the boarding schools were punished if they were discovered speaking their tribal languages. They were forced to cut their hair and give up the cultural traditions of their people. These attempts to eradicate Native American cultures took a tremendous toll on the children. As parents and grandparents, they suffer emotionally, conflicted about whether they should pass on the lessons learned in boarding school or celebrate their rich tribal heritages as they raise their families.
- In Hawaii, there were also laws banning native language in schools where children

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Substance abuse is highly correlated with child maltreatment.

were beaten for speaking their language. To protect their children, parents didn't speak the language any more to children to prevent the beatings. Native Hawaiians expressed a cultural survival instinct by suppressing the transmission of cultural beliefs and practices so the next generation would survive the assault of the dominant alien culture (Kenui, 2003; M. Taum-Deenik, personal communication, October 28, 2010).

These few examples only begin to illustrate the ways in which historical trauma might affect parenting. Professionals working with families must ask themselves, "Does the clinical intervention with these children and their caregivers—to assist with their individual experiences of grief, bereavement, and trauma—impact what might be the more powerful ethnic and cultural legacies associated with the trauma?" (Lewis & Ippen, 2007).

Domestic Violence

INTIMATE PARTNER VIOLENCE is experienced by the child as a form of child maltreatment. The behavior of the parents threatens the young child's innate knowledge that his parents will keep him safe (Lieberman, Briscoe-Smith, Ippen, & Van Horn, 2006; Lieberman, & Van Horn, 2007). Witnessing or experiencing violence is a major risk factor for growing up to become abusive in intimate relationships (National Center for Injury Prevention and Control,

2009). The ACE Study found correlations between the number of adverse childhood experiences and the likelihood of perpetrating or experiencing intimate partner violence. In fact, childhood exposure to domestic violence, physical abuse, and sexual abuse made women 3.5 times more likely to be victims of domestic violence as adults (Middlebrooks & Audage, 2008). Adult victims suffer from low self-esteem, eating disorders, and depression. They are at risk for suicide (National Center for Injury Prevention and Control).

Poverty

“POVERTY HAS A particularly pernicious effect on development when it is experienced during the early years” (Jones Harden, 2007). Being born poor is a good predictor of later poverty. The risk is cumulative (i.e., the more years the child spends in poverty the worse her adult outcomes). Such adults are less likely to graduate from high school and they continue to be poor as adults. Adolescent childbearing is 3 times more likely among women who were born poor (Ratcliffe & McKernan, 2010). Poor women who are mothers of infants and are suffering from severe depression are more likely to be dealing with domestic violence and substance abuse (Vericker et al., 2010).

Parents Who Abuse or Neglect Their Children

PARENTS WHO MALTREAT their children are likely to have been raised in families where they themselves were maltreated. “Mothers with a history of abuse reported less supportive relationships with their parents, more family abuse dynamics, more pre-pregnancy drug use, and more foster care, compared to mothers with a history of no abuse” (Spieker et al., 1996).

Mothers who experienced child maltreatment are likely to use punitive parenting behaviors. The relationship between such mothers and their children is characterized by an insecure attachment. The child can never be sure of his parent's responses to him and he develops coping strategies to insulate himself from harm. These coping strategies can make him hypervigilant, withdrawn, depressed, angry, and anxious.

A history of childhood physical abuse is closely associated with becoming physically abusive as a parent (Jones Harden, 2007). Parents who physically abuse their children share several characteristics:

- Impaired social skills
- Impaired cognitive skills
- Poor problem-solving skills

Their view of their children's “bad” behavior comes from their unrealistically

high expectations for how their children should behave (Jones Harden, 2007). Their problems with parenting center around their very negative perceptions of their children. They perceive their children's actions as a threat or stressor. They think that their children's transgressions are worse than other children's. They expect their children to have higher levels of behavior problems and noncompliance than other people's children.

Adults who experienced emotional neglect as children also carry the trauma forward into adulthood. They tend to begin parenting at a very young age. They suffer from low self-esteem and are very likely to experience maternal depression and substance abuse. They possess very little knowledge about child development and are not able to muster the empathy necessary to be nurturing parents. They have inflexible and inaccurate ideas about why people behave as they do, which impairs their expectations of their children's behavior. Neglectful mothers are less developmentally appropriate with their infants and less responsive to their babies' signals. Young mothers don't provide appropriate supervision of their children, putting the children at risk for injury. They tend to be less motivated and to possess fewer problem-solving and social skills (Jones Harden, 2007).

Putting the Pieces Together

THE IMPACT OF negative parenting is quickly apparent in children. In a study tracking children from birth through age 4 years, children of CSA survivors exhibited more problems generally and more problems specifically related to conduct, peer interactions, and emotional adjustment (Roberts et al., 2004). It comes more naturally to professionals to appreciate the need to intervene on behalf of young children because they understand the connection to school success and adult productiveness. Professionals need to become equally attuned to the challenges the parents carry forward with them from their earliest experiences.

The diagnostic tool box must expand. Good child welfare practice requires an assessment of the child's well-being that includes both a medical examination and a developmental screening and services as necessary. Parents should be encouraged to participate in similar evaluations. Medical conditions can cause depression and uncontrolled anger. Mental health considerations should include the full spectrum of possible stressors described in this article. Research into child abuse cases that ended with the child's death offers important insights into working effectively with families:

- Use risk assessment instruments, checklists, and guidelines when evaluating

family functioning. The use of intuition “is a hazard, a process not to be trusted, not only because it is inherently flawed by ‘biases’ but because the person who resorts to it is innocently and sometimes arrogantly overconfident when employing it” (Munro, 1999).

- Examine all the evidence before reaching a conclusion and keep an open mind. Munro found a disturbing trend to rely on first impressions of families that were not revised despite new evidence that should have raised red flags. More troubling was the social workers’ unwillingness to believe things that conflicted with their initial impressions.
- Reevaluate the family’s strengths and challenges regularly. Look for patterns of behavior over time rather than basing decisions only on present-day issues.
- Incorporate research findings about risk factors for child maltreatment into analysis of each family’s circumstances. More than half of Munro’s study sample failed to take into account the significance of known risk factors.
- Review written records. Witnesses are unreliable for a host of reasons including their feelings about the parents and the children.

Identifying parents who may have disabilities caused by fetal alcohol exposure is a critical step. Treatment planning for people with FASD-related cognitive and information processing deficits will look very different from treatment planning for people who have the ability to learn from their mistakes, predict the future on the basis of past experiences, and remember instructions. There is currently no universal testing protocol for maternal use of alcohol during pregnancy or any universal screening of newborns. Learning about prenatal alcohol exposure will require sensitively and specifically asking questions to reach accurate calculations about maternal drinking. Simply asking, “Did you (or your mother) drink during pregnancy?” is likely to garner a one word negative reply. Many people consider drinking to involve “hard” liquor only. Beer, wine coolers, and hard lemonade are not necessarily considered by people when asked if they drink.

Substance abuse, although not specifically called out in this article, is very frequently associated with the traumatic events and



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More than 80% of parents of infants and toddlers reported their parents as important influences on their own parenting.

conditions described. It is highly correlated with child maltreatment. However it is a mistake to attempt to mandate sobriety without addressing the underlying problems. Alcohol and drugs are used to make otherwise unbearable circumstances bearable. Unless and until the painful memories and current stressors are addressed, substance abuse will continue to be the chief symptom of the parent’s dysfunctional relationship with her child.

Building a healthy parent–child relationship requires a focus on that relationship. Professionals can support this goal through:

- Child–parent psychotherapy
- Parent–child contact that includes a therapeutic or coaching component
- Foster placements either for parents and child together, or where the foster parent mentors the birth parents, or both
- Recognition and support of parents in coming to terms with their traumatic histories

Many of the parents who come into the child welfare system are very damaged by their experiences in life. Some of them are so damaged that they may never be appropriate

caregivers for their children. Without careful analysis of their unique situation and structured support that addresses their deepest problems, it is impossible to know whether or not they can safely care for their children. Respecting their strengths—as well as recognizing their challenges—gives them dignity. In the end, professionals’ respect for their efforts to succeed as parents may be all they can offer. That is not an inconsequential act. But if professionals are able to help parents overcome their challenges so they can raise their children, that is a true gift to parents, children, and society. ♣

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