

A Conceptual Model of the Intergenerational Transmission of Emotion Dysregulation in Mothers
with a History of Childhood Maltreatment

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Abstract

Adults with a history of childhood maltreatment report problems with emotion regulation (ER) and parenting, which can contribute to maladaptive outcomes in offspring. The following narrative review consists of a theoretical and empirical synthesis of the literature examining child maltreatment, emotion regulation, and parenting, with an emphasis on parental emotion socialization. Building upon the literature contained in the review, we developed a novel conceptual model that elucidates some of the mechanisms involved in the intergenerational transmission of emotion dysregulation among mothers with a history of childhood maltreatment. Taking into account risk and protective factors (e.g., socio-economic status, polyvictimization, teenage motherhood, access to social supports), our conceptual model highlights both direct (e.g., social learning) and indirect (e.g., ER difficulties) mechanisms through which child maltreatment contributes to problems with parental emotion socialization and ER difficulties in the next generation. Directions for future research and implications for intervention will be discussed with an emphasis on preventing the continuity of maladaptive parenting by promoting the development of parents' ER abilities in a trauma sensitive, resilience-focused framework.

24 Child maltreatment is defined as any act of commission or omission by a parent or
25 caregiver that results in harm, potential for harm, or threat of harm to a child under the age of 18.
26 The most commonly recognized forms of child maltreatment include physical abuse, sexual
27 abuse, emotional maltreatment, and neglect (Leeb et al., 2008). In Ontario, which is the most
28 populated province in Canada (Statistics Canada, 2019), approximately 6.29% of children were
29 involved in maltreatment-related investigations in 2018, with over 148, 000 investigations
30 occurring that year (Fallon et al., 2020). Of these investigations, 26% were substantiated¹ for
31 reasons of neglect (21%), physical abuse (19%), emotional maltreatment (12%), and sexual
32 abuse (3%). Furthermore, although reports of childhood physical (26%) and sexual (8%) abuse
33 are prevalent among Canadian adults, 93% of those surveyed indicated that they did not report
34 the abuse to police or child protective services before age 15 and the majority (67%) indicated
35 that they never reported the abuse to anyone (Burczycka, 2017). As such, the prevalence of child
36 maltreatment in Canada is likely under-estimated.

37 **The Impact of Child Maltreatment on Emotion Regulation**

38 The negative impact of child maltreatment on mental health is well-documented as
39 numerous studies have identified a link between abusive childhood experiences and adult
40 psychopathology including depression, anxiety, posttraumatic stress, dissociation, substance use,
41 and personality disorders (see Kessler et al., 2010 and Weich et al., 2009 for reviews). To
42 explain the association between child maltreatment and these adverse outcomes, Cloitre, Cohen,
43 and Koenen (2011) proposed the *Resource Loss Model of Childhood Abuse Trauma* wherein the
44 short- and long-term effects of child maltreatment can be understood as a consequence of the
45 resources that are lost when abuse or neglect is perpetrated by a caregiver. According to this

¹ The remaining 45% were substantiated for exposure to intimate partner violence, which was not included in the present review.

46 model, resource losses – such as the loss of a healthy attachment relationship with one’s primary
47 caregiver – can compromise the attainment of developmental tasks that are intrinsic to childhood,
48 resulting in impairments that accumulate into adulthood. The acquisition of ER is a key
49 developmental task in childhood (Eisenberg & Morris, 2002) and the ability to regulate emotions
50 is developed mainly through interactions with attachment figures who are typically the child’s
51 primary caregivers (Schore & Schore, 2008). Shifting away from Bowlby’s (1969) and
52 Ainsworth’s (1969) descriptions of attachment theory, which originated in the era of
53 behaviourism, Schore and Schore (2008) proposed that modern attachment theory should be
54 conceptualized a theory of affect regulation. In this framework, the primary caregiver must be
55 attuned to dynamic shifts in the infant’s internal states and appraise non-verbal expressions of the
56 infant’s arousal. In turn, the caregiver’s level of sensitivity and responsiveness to these cues
57 mediates the dyadic regulation of emotions and sets the foundation for a secure attachment
58 relationship. The “good-enough caregiver” who has become mis-attuned can engage in
59 interactive repair and act as a resource for emotional co-regulation if they are able to re-attune in
60 a timely and consistent manner (Schore & Schore, 2008). However, when the primary caregiver
61 is abusive or neglectful, circumstances of maltreatment disrupt this attachment relationship
62 because the caregiver, who traditionally acts as a resource for safety and co-regulation is also a
63 source of danger and dysregulation, which can lead to insecure, disorganized attachment (Cloitre
64 et al., 2011; Schore & Schore, 2008). In cases of child maltreatment, or *complex trauma*, the
65 trauma is chronic, interpersonal, and embedded in the child’s caregiving system (van der Kolk,
66 1996; van der Kolk, 2005). The relational stress engendered by this trauma can compromise the
67 experience-dependent maturation of developing brain areas that are critical to ER (Schore &
68 Schore, 2008). Further, emotional guidance from a caregiver who is neglectful, physically, or

69 sexually abusive is often absent, irregular, or deviant (Cloitre et al., 2011). Thus, in the absence
70 of a healthy attachment relationship with another caregiver, a child who is maltreated is not
71 provided with the emotional attunement or scaffolding that would enable them to regulate their
72 arousal (Cicchetti & Toth, 2005; Kim & Cicchetti, 2010), thereby disrupting the development of
73 self-regulation.

74 **Child maltreatment, emotion regulation, and psychopathology in youth.** Child
75 maltreatment has been associated with ER difficulties in childhood including emotional lability
76 (Shipman et al., 2007; Shipman et al., 2000), lower levels of emotional understanding, empathy,
77 and emotional self-awareness (Perlman, Kalish, & Pollack, 2008; Shipman et al., 2005; Shipman
78 et al., 2000), dysregulated emotional expressions (Maughan & Cicchetti, 2002; Shipman &
79 Zeman, 2001), and difficulties identifying negative emotions (Pollack et al., 2000). However,
80 there seems to be an exception amongst physically abused children, who show enhancements in
81 the ability to detect angry faces (Ardizzi et al., 2015; Masten et. al., 2008). Although this acuity
82 might be advantageous in environments that require children to be vigilant toward potential
83 threats, attentional biases toward angry faces have been linked to increases in negative affect and
84 aggressive behaviours that put children at risk for externalizing problems (Shackman & Pollack,
85 2014). Emotion dysregulation has been identified as a predictor of externalizing and internalizing
86 problems in maltreated children (Muller et al., 2013) and mediates the relationship between child
87 maltreatment and psychopathology in childhood (Alink et al., 2009; Kim & Cicchetti, 2010) and
88 adolescence (Heleniak et al., 2016; Moretti & Craig, 2013). Thus, child maltreatment appears to
89 put youth at risk for ER difficulties that contribute to the development of psychopathology.

90 **Child maltreatment, emotion regulation, and psychopathology in adults.** In addition
91 to studies focusing on youth, a growing body of literature explores the long-term impacts of child

92 maltreatment on adult ER. For example, women who reported sexual, physical, or emotional
93 abuse in childhood reported higher levels of ER difficulties (Burns, Jackson, & Harding, 2010),
94 such as experiential avoidance and emotional non-acceptance, compared to those who
95 experienced low levels of abuse or no abuse (Gratz et al., 2007). Adults with a history of child
96 maltreatment also exhibit generalized dysregulation in the biological systems associated with
97 stress response (Heim et al., 2000; van Voorhees & Scarpa, 2004) as well as deficits in the
98 coordination of cognitive and affective brain circuits that underlie ER (Caldwell et al., 2014).
99 Specifically, early abuse can result in sensitization of the hypothalamic-pituitary-adrenal (HPA)
100 axis, which can increase one's vulnerability to the adverse effects of stress and contribute to a
101 predisposition towards psychopathology (Heim et al., 2000; van Voorhees & Scarpa, 2004).
102 Similarly, the ability to regulate stress and negative affect is contingent upon flexible
103 communication between the prefrontal cortex and limbic system, which appears to be
104 compromised in adults who are maltreated as children (Caldwell et al., 2014).

105 Relative to other types of trauma, the consequences of child maltreatment are thought to be
106 particularly detrimental to emotional functioning because of its early onset and interpersonal nature (see
107 Freyd, 1996 for *Betrayal Trauma Theory* and van der Kolk, 2005 for *Developmental Trauma Disorder*).
108 Compared to survivors of non-interpersonal traumas and traumas that were perpetrated in adulthood,
109 adults who experienced early-onset interpersonal traumas reported more problems tolerating and
110 managing negative emotions, a lack of emotional clarity, and had more trouble overcoming negative
111 emotions that interfered with goal-directed behaviour (Briere & Rickards, 2007; Ehring & Quack, 2010).
112 Furthermore, higher levels of exposure to betrayal traumas (i.e., traumas perpetrated by someone the
113 victim was close with) predicted greater levels of alexithymia, anxiety, and depression in undergraduate
114 students (Goldsmith, Freyd, & DePrince, 2012). Thus, the early onset of child maltreatment, as well as

115 the feelings of betrayal that are engendered by this type of trauma, can disrupt emotional development in
116 ways that increase the risk of psychopathology in adulthood.

117 In support of this notion, ER difficulties have consistently been identified as a mediator
118 in the relationship between child maltreatment and adult mental health problems including
119 posttraumatic stress disorder (PTSD; Barlow, Turow, & Gerhart, 2017; Burns et al., 2010),
120 depression (Crow et al., 2014; Hopfinger et al., 2016), borderline personality disorder (Gratz et
121 al., 2008), anxiety (Huh et al., 2017), and psychological distress more broadly (Rosenthal et al.,
122 2005). There is also research that suggests that the indirect effects of ER difficulties on
123 psychopathology in adulthood may be specific to high betrayal traumas (Goldsmith et al., 2013).
124 These findings coincide with the increasing recognition that ER is a transdiagnostic factor in
125 psychopathology (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Gross & Jazaieri, 2014) as well
126 as advances in attachment theory and affective neuroscience, which suggest that early abuse can
127 have long-lasting impacts on the developmental trajectory of the right brain (Schoore, 2002).
128 Indeed, studies examining brain regions associated with emotional processing suggest that adults
129 with a history of child maltreatment display altered patterns of reactivity and attentional biases
130 toward negative facial expressions such as fear, anger, and sadness (Dannlowski et al., 2012;
131 Dannlowski et al., 2013; Gibb, Schofield, & Coles, 2009; van den Berg et al., 2019) in the
132 absence of, and when controlling for, symptoms of psychopathology. Similarly, the relationships
133 between child maltreatment, ER, and functional impairment appear robust, even when
134 controlling for symptoms of PTSD (Ehring & Quack, 2010; Cloitre et al., 2005).

135 *Protective factors.* Despite the well-established relationships between child maltreatment,
136 ER difficulties, and psychopathology, a history of child maltreatment does not guarantee that
137 people will experience mental health problems. Indeed, many abused individuals exhibit minimal

138 levels of impairment as adults (Collishaw et al., 2007; DuMont, Widom, & Czaja, 2007) and can
139 be classified as resilient. Evidence suggests that a secure pattern of relatedness with one's
140 caregiver (Alink et al., 2009), the involvement of at least one supportive parent (Kooiman et al.,
141 2004) or partner (DuMont et al., 2007), and the quality of one's peer and intimate relationships
142 in adulthood (Collishaw et al., 2007), may buffer against the development of emotional and
143 psychological difficulties in survivors of child maltreatment. As such, protective factors must
144 also be considered when attempting to elucidate the effects of child maltreatment on ER in
145 adulthood, as well as the effects of child maltreatment on parenting, which will be elaborated
146 upon in the following section.

147 **Child Maltreatment and Parenting Problems**

148 Concomitant with an increased risk for psychopathology and elevated rates of ER
149 difficulties, another challenge faced by adult survivors of child maltreatment are difficulties in
150 the parental role. In a systematic review of 12 studies that encompassed over 45,000 mother-
151 child dyads, Plant and colleagues (2018) found strong evidence for a relationship between
152 mothers' child maltreatment history and emotional and behavioural difficulties in offspring.
153 Further, maternal psychological distress and poor parenting were identified as key mechanisms
154 that explained these associations (Plant et al., 2018).

155 Numerous studies have identified links between child maltreatment and parenting
156 problems including lower perceived competence (Bailey et al., 2012; Caldwell et al., 2011;
157 Fitzgerald et al., 2005; Schuetze & Eiden, 2005), reductions in maternal sensitivity, responsiveness,
158 and empathy (Bert et al., 2009; Fuchs et al., 2015; Lyons-Ruth & Block, 1996; Pereira et al.,
159 2012; Zvara et al., 2017), increased use of harsh or physically punitive discipline (DiLillo,
160 Tremblay, & Peterson, 2000; Schuetze & Eiden, 2005), and higher levels of hostile or intrusive

161 behaviours (Bailey et al., 2012; Lyons-Ruth & Block, 1996; Moehler, Biringen, & Poustka,
162 2007). Parents who were maltreated as children also exhibit inconsistent parenting behaviours
163 (Collin-Vezina et al., 2005; Driscoll & Easterbrooks, 2007), and report higher levels of parenting
164 stress (Bai & Han, 2016; Pereira et al., 2012).

165 However, not every study supports the associations between child maltreatment and
166 parenting problems. For example, despite lower levels of self-reported parenting competence,
167 some observational studies have shown that interactive behaviours are not always compromised
168 when there is a maternal history of child maltreatment (e.g., Bailey et al., 2012; Fitzgerald et al.,
169 2005; Sexton et al., 2017). When considering studies that have identified links between child
170 maltreatment and poor parenting, the vast majority are composed of samples characterized by
171 other risk factors, including participants who are younger in maternal age or with high rates of
172 poverty and psychopathology (see Vaillancourt, Pawlby, & Fearon, 2017 for review). In contrast,
173 studies that have not reproduced these associations tend to be composed of non-clinical samples
174 (e.g., Fitzgerald et al., 2005; Sexton et al., 2017).

175 **The impact of cumulative trauma and revictimization.** Notwithstanding some
176 contradictory findings, three systematic reviews have provided tentative support for the
177 relationship between child maltreatment and later parenting problems (Hughes & Cossar, 2016;
178 Hugill, Berry, & Fletcher, 2017; Vaillancourt et al., 2017). Longitudinal studies also support
179 these associations and highlight the importance of considering the cumulative impact of child
180 maltreatment in parenting. For example, a study of 1, 994 mothers followed from pregnancy
181 until their children were 3 years of age, found that cumulative childhood adversity was positively
182 associated with maternal mental health problems and parenting concerns, as well as mothers' use
183 of maladaptive coping strategies (McDonald et al., 2019). In addition, Banyard and colleagues

184 (2003) found that higher rates of trauma exposure in childhood and adulthood were associated
185 with lower parenting satisfaction and maladaptive parenting as evidenced by higher rates of
186 physical punishment, child neglect, and protective services reports (Banyard, Williams, & Siegal,
187 2003). Interestingly, the traumas that made the most significant contribution to negative
188 parenting were ones that had occurred in adulthood, which the authors interpreted in light of the
189 high rates of revictimization that are prevalent amongst survivors of child maltreatment (Arias,
190 2004; Desai et al., 2002). Banyard and colleagues (2003) suggested that a history of child
191 maltreatment puts individuals at risk for experiencing additional traumas (e.g., intimate partner
192 violence), which have a more proximal effect on parenting. In support of this notion, the
193 experience of cumulative interpersonal traumas in childhood and adulthood has been associated
194 with more negative parenting practices, even when controlling for demographic and diagnostic
195 variables (Cohen, Hien, & Batchelder, 2008) and when results are compared to individuals with
196 no history of victimization or a history victimization that occurred exclusively in childhood
197 (Dubowitz et al., 2001). Thus, experiences of adult revictimization may exacerbate, or even
198 account for, parenting difficulties amongst survivors of child maltreatment.

199 ***Protective factors.*** Although childhood trauma and revictimization may have a negative
200 impact on parenting, engagement in resilient or positive parenting is still possible in spite of
201 one's maltreatment history. For example, in a subsample of survivors who had experienced
202 traumatic events in childhood and adulthood, greater connection to social supports and the ability
203 to engage in self-care were protective factors associated with lower levels of parenting problems
204 (Banyard et al., 2003). Similarly, parents who were able to break intergenerational cycles of
205 maltreatment reported using various strategies to heal from their traumas including finding
206 meaning in the aftermath of their traumatic experiences, engaging in conscious efforts to "parent

207 differently”, and relying on social, spiritual, or psychological supports (Chamberlain et al.,
208 2019). They were also less likely to live with their families of origin and rely on their own
209 mothers for emotional support (Easterbrooks et al., 2010). Consequently, breaking the cycle of
210 maladaptive parenting may also be contingent upon the ability to disengage from people or
211 contexts that perpetuate emotional distress and negative parenting behaviours.

212 **Child Maltreatment History and Parenting – The Role of Emotion Regulation**

213 Amongst maltreated parents who perpetuate cycles of maladaptive parenting, extant
214 literature suggests that a maternal history of abuse may have indirect effects on caregiving
215 through its effect on mediating variables such as parental stress and depressive symptoms (see
216 Vaillancourt et al., 2017 for review). Compared to mothers with no abuse histories, mothers who
217 have experienced child maltreatment are at an increased risk for stress-related psychopathologies
218 that impact parenting including post-partum depression (Beeghly et al., 2003; Talmon et al.,
219 2019), anxiety (Buist, Gotman, & Yonkers, 2011; Madigan et al., 2014), PTSD (Muzik et al.,
220 2013b; Muzik et al., 2016), and dissociation (Marysko et al., 2010). Additionally, borderline
221 personality disorder and substance use problems, which are both associated with a history of
222 child maltreatment (Elliot et al., 2014; Huang et al., 2011), have been linked to poor parenting
223 (Florange & Herpertz, 2019; Locke & Newcomb, 2004).

224 The associations between child maltreatment and parenting problems may also be
225 attributable to parental ER difficulties (Bailey et al., 2012; Ehrensaft et al., 2015). The ability to
226 regulate emotions has been recognized as a crucial component of effective parenting since Dix
227 (1991) proposed the *Affective Organization of Parenting* model. In this model, the processes
228 parents use to understand and regulate emotions are of paramount importance because the
229 parent’s ability to engage in self-regulation is thought to facilitate the modulation of their own

230 negative arousal, which in turn, enhances the ability to engage in sensitive and responsive
231 parenting behaviours (Dix, 1991). Several studies have found that mothers who are able to
232 regulate their emotions are better equipped to deal with stressors that arise in the context of
233 parenting, thereby enabling them to engage in more supportive response behaviours (see
234 Crandall, Deater-Deckard, & Riley, 2015 for review). In contrast, when parents experience
235 emotions as overwhelming, their arousal is thought to undermine effective parenting and impair
236 parent-child interactions (Dix, 1991). For example, mothers who displayed increased amygdala
237 activation in response to their infant's crying displayed lower levels of maternal sensitivity (Firk
238 et al., 2018). Similarly, difficulties regulating stress (Nyström-Hansen et al., 2019), deficits in
239 emotional face processing (Choi et al., 2017; Thompson-Booth et al., 2014), and structural and
240 functional alterations in brain regions associated with mentalizing and emotional empathy
241 (Mielke et al., 2016; Neukel et al., 2018), have been associated with less sensitive parenting
242 behaviours amongst mothers with a history of child maltreatment.

243 With respect to more specific parenting behaviours, McCullough and colleagues (2014)
244 found that mothers who scored higher on psychological control, hostility, and unavailability,
245 reported higher levels of child maltreatment than parents belonging to the at-risk or positive
246 parenting groups. Moreover, mothers in the negative parenting group were characterized by
247 lower levels of ER and higher levels of anger compared to the other two groups (McCullough et
248 al., 2014). Parallel findings were produced by Harel and Finzi-Dottan (2018), who found that
249 retrospective reports of child maltreatment were associated with lower levels of ER, which in
250 turn, predicted more negative parenting practices. Taken together, the relationship between child
251 maltreatment and parenting may be explained by maternal ER difficulties. As such, there is a
252 need to identify other risk factors that could exacerbate parents' emotion dysregulation.

253 **Teenage motherhood and demographic risk factors.** Given the relationships between
254 child maltreatment, ER, and parenting, it is important to consider the additional risks conferred
255 by teenage motherhood. A history of child maltreatment has been consistently linked to teenage
256 motherhood (Bert et al., 2009; Garwood et al., 2015; Hillis et al., 2004; Trickett, Noll, &
257 Putnam, 2011), which in turn, has been associated with demographic risk factors (e.g., single
258 parenthood, lower educational attainment, family poverty) that predict problematic parenting and
259 adverse outcomes in children (see Letourneau et al., 2013 and Serbin & Karp, 2004 for reviews).

260 In addition to heightened socioeconomic risk, teenage motherhood has also been
261 associated with post-partum depression and anxiety (Madigan et al., 2014), psychological
262 distress (Mollborn & Morningstar, 2009), and parenting stress (Spencer et al., 2002). The finding
263 that teen mothers experience more difficulties in these domains is not surprising, since the period
264 of adolescence is already characterized by increases in negative emotionality (Larson et al.,
265 2002), elevated rates of psychopathology (Ahmed, Bittencourt-Hewitt, & Sebastian, 2015), and
266 the reorganization of the neurocircuitry involved in ER (Casey, Jones, & Somerville, 2011;
267 Steinberg, 2005). Further, given that brain regions responsible for cognitive control develop
268 more slowly than those that drive emotional reactivity, adolescents may experience more
269 difficulty regulating their emotions in the presence of salient emotional cues (Casey et al., 2011).
270 These findings suggest that maltreated women who become teenage mothers may experience
271 more environmental and developmental stressors that make it challenging to regulate their
272 emotions, which in turn, could compromise their ability to engage in sensitive parenting.

273 In support of this notion, McCullough and colleagues (2015) found that mothers who
274 reported a history of emotional maltreatment in childhood were at an increased risk for engaging
275 in unsupportive parenting behaviours, particularly when they were younger at childbirth (i.e.,

276 average age of childbirth = 17.5) and had moderate to high levels of emotion dysregulation.
277 However, given that their assessment was limited to parental psychological control, hostility, and
278 unavailability, more research is needed to investigate other dimensions of unsupportive parenting
279 that may have a more proximal influence on children's emotional development.

280 **Emotion Socialization – An Understudied Parenting Behaviour in Maltreatment Survivors**

281 Despite a substantial body of literature demonstrating the associations between child
282 maltreatment, ER, and parenting difficulties, parental emotion socialization (ES) practices have
283 been understudied in survivors of child maltreatment. Theoretical models of ES propose that the
284 way parents model, engage with, and react to emotions, as well as the emotional climate of the
285 family, have a profound impact on children's emotional development (Eisenberg, Cumberland,
286 & Spinrad, 1998; Morris et al., 2007). Unsupportive ES practices, such as punitive or minimizing
287 responses to children's negative emotions, are thought to communicate to children that their
288 negative feelings are unacceptable and should be suppressed (Eisenberg et al., 1998; Gottman,
289 Katz, & Hooven, 1996; O'Neal & Magai, 2005). Conversely, supportive responses, such as
290 comforting or problem-solving behaviours, are thought to reduce children's distress and scaffold
291 the acquisition of adaptive ER skills (Eisenberg et al., 1998; Fabes et al., 2002).

292 Accordingly, parents' unsupportive responses have been associated with negative
293 outcomes in children including maladaptive coping strategies (Sanders et al., 2015), lower levels
294 of socio-emotional competence and ER abilities (Jones et al., 2002; Williams & Woodruff-
295 Borden, 2015), and higher levels of negative emotional intensity and lability (Fabes et al., 2001;
296 Shaffer et al., 2012). Unsupportive responses have also been linked to behavioural problems and
297 psychopathology in children (Eisenberg et al., 2001; Sanders et al., 2015; Suveg et al., 2008) and
298 adolescents (Katz et al., 2014; O'Neal & Magai, 2005; Shortt et al., 2016; Stocker et al., 2007).

299 In contrast, supportive parental responses have been associated with better ER skills and
300 constructive coping in children (Cole et al., 2009; Hurrell, Hudson, & Schniering, 2015; Valiente
301 et al., 2004) and adolescents (Criss et al., 2016), as well as lower levels of internalizing
302 difficulties (Briscoe et al., 2019; Hastings et al., 2014). Thus, parents' responses to children's
303 emotions have a strong influence on the trajectory of their emotional development.

304 **Existing literature on child maltreatment and parental emotion socialization.** Of the
305 few studies that have focused on child maltreatment and parental ES, the majority have been
306 conducted in samples of maltreating mothers. For example, when compared to a control group,
307 physically maltreating mothers were less likely to engage in discussions that facilitated their
308 child's emotional understanding (Shipman & Zeman, 1999), less likely to encourage their
309 children to use constructive coping strategies (Shipman & Zeman, 2001), and more likely to
310 invalidate their children's negative emotions (Shipman et al., 2007). The experience of
311 insufficient ES is also common to neglected children (Shipman et al., 2005) and survivors of
312 sexual abuse (Shipman et al. 2000; Thomas et al., 2011), which suggests that maltreating parents
313 may be less likely to model or teach their children adaptive ER skills.

314 The tendency to focus on mothers who perpetuate the cycle of child maltreatment is
315 problematic given that the majority of parents who have been maltreated do not go on to abuse or
316 neglect their own children (Schelbe & Geiger, 2017). Consequently, it is important to attend to
317 the intergenerational transmission of maladaptive parenting more broadly by studying the
318 determinants of parenting behaviours, or factors associated with the persistence of maladaptive
319 parenting across generations (Belsky, 1984; McCloskey, 2017; McCullough et al., 2015). In line
320 with this proposition, some researchers have focused on contextual determinants of parental ES.
321 For instance, Valiente and colleagues (2007) found that higher levels of family chaos predicted

322 less supportive reactions in response to children's negative emotions (Valiente, Lemery-
323 Chalfant, & Reiser, 2007). Similarly, the relationship between familial risk (i.e., single
324 parenthood, large household size, lower levels of maternal education, low income, and maternal
325 psychological distress) and children's emotional functioning was mediated by mothers' use of
326 unsupportive contingencies (Shaffer et al., 2012).

327 With respect to individual-level factors, Liu and colleagues (2019) found that a maternal
328 history of emotional abuse predicted higher maternal negative expressivity when children were
329 14 months old, even when controlling for socio-economic status and maternal histories of
330 physical and sexual abuse. However, given that this study was conducted in China, the impact of
331 childhood physical abuse on maternal ES may have been under-estimated since corporal
332 punishment is still culturally accepted (Liu et al., 2019). In support of this notion, a study of
333 American mothers demonstrated that all subtypes of maltreatment were correlated with lower
334 levels of supportive responses to children's negative emotions (Rea & Shaffer, 2016).
335 Specifically, mothers who reported higher levels of child maltreatment reported that they were
336 less likely to encourage their child to express their emotions and endorsed less emotion-focused
337 reactions (e.g., comforting the child) and problem-focused reactions (e.g., helping the child to
338 solve the problem that was contributing to their distress). Contrary to their expectations, Rea and
339 Shaffer (2016) found no evidence that child maltreatment increased mothers' reports of
340 unsupportive responses such as punitive, minimizing, or distress reactions. The authors
341 hypothesized that it may be easier for mothers to break the cycle of unsupportive behaviours than
342 it is for them to learn a new repertoire of supportive responses, however more research is needed
343 to determine whether these findings can be reproduced.

344 **Connections Between Parental Emotion Regulation and Emotion Socialization Practices**

345 In addition to replicating existing findings, it is crucial to consider mechanisms that might
346 explain the relationship between parents' child maltreatment history and ES practices. Similar to
347 research that has demonstrated the importance of ER to adaptive parenting more broadly
348 (Crandall et al., 2015), ER is thought to play an important role in a parent's ability to provide
349 adaptive ES. Morris and colleagues (2007) hypothesized that parental characteristics – such as
350 parents' emotional reactivity, psychopathology, and ER skills – may have indirect effects on
351 children's emotional functioning through their impact on parental ES. Hence, parents who
352 perceive negative emotions as aversive, or who lack the ability to tolerate and manage their own
353 emotions, may become overwhelmed with the emotional demands of parenting and be more
354 likely to engage in self-focused strategies aimed at reducing their own negative affect at the
355 expense of their child's emotional needs (Gottman et al., 1996; Lagacé-Séguin & Coplan, 2005).
356 Accordingly, parents who reported higher levels of distress when their children expressed
357 negative emotions reported more unsupportive responses, which in turn, was associated with
358 higher emotional intensity and lower social competence in their children (Fabes et al., 2001;
359 Fabes et al., 2002). Further, by establishing a relationship between parental psychopathology and
360 unsupportive ES (Arellano, Gramszlo, & Woodruff-Borden, 2018; Breaux, Harvey, & Lugo-
361 Candelas, 2016), researchers have implied that ER difficulties may be a key mechanism
362 underlying this association.

363 Several studies have identified a link between parents' emotion dysregulation and
364 unsupportive responses including punishing, ignoring, or minimizing the emotions of school-
365 aged (Han et al., 2015; Morelen, Shaffer, & Suveg, 2016) and adolescent (Buckholdt, Parra, &
366 Jobe-Shields, 2014; Jones et al., 2014) children. Similarly, parents who reported suppressing
367 their negative emotions were less responsive during parent-child interactions (Le & Impett,

368 2016), less likely to report facilitating the expression of their children's negative emotions
369 (Meyer et al., 2014), and more likely to report using unsupportive responses (Hughes & Gullone,
370 2010).

371 In line with the hypothesis proposed by Morris and colleagues (2007), the relationship
372 between maternal ER difficulties and ER difficulties in offspring appears to be mediated by
373 mothers' unsupportive ES (Briscoe et al., 2019; Buckholdt et al., 2014; Morelen et al., 2016).
374 However, just as deficits in parental ER may contribute to unsupportive responses, it is also true
375 that the presence of adaptive ER may prevent parents from engaging in unsupportive behaviours.
376 For instance, parents who exhibited more adaptive ER during parent-child interactions (Morelen
377 et al., 2016) and reported higher levels of emotional awareness, acceptance, and clarity (Meyer et
378 al., 2014; Yap et al., 2008) were less likely to report using unsupportive responses with
379 preschool (Meyer et al., 2014), school-aged (Morelen et al., 2016), and adolescent (Yap et al.,
380 2008) children. Moreover, a parents' ability to reappraise upsetting situations may facilitate the
381 use of supportive responses when children are in distress (Cabecinha-Alati, Malikin, &
382 Montreuil, 2020; Hughes & Gullone, 2010; Meyer et al., 2014). Consequently, parents who are
383 more capable of regulating their emotions may be better equipped to respond to children in
384 supportive ways, whereas those who struggle with ER may utilize unsupportive responses.

385 **Studies in survivors of child maltreatment.** Although there is a dearth of literature that
386 examines parental ER and ES in child maltreatment survivors, there is some evidence to suggest
387 that a history of child maltreatment, and subsequent ER difficulties, have an effect on parental
388 ES. For example, researchers have postulated that mothers with borderline personality disorder
389 (BPD) – and presumably a history of emotional abuse (Linehan, 1993) – may lack the ability to
390 understand and manage their emotions, which in turn, could make them less likely to engage in

391 adaptive ES (Stepp et al., 2012). This hypothesis was corroborated in a study that showed that
392 the relationship between maternal BPD symptoms and unsupportive ES was mediated by
393 maternal ER difficulties (Kiel et al., 2017). However, given that child maltreatment history was
394 not assessed, this study only offers tentative support.

395 To our knowledge, only two studies have examined the relationships between child
396 maltreatment, parental ER, and ES. Cabecinha-Alati and colleagues (2020) found that higher
397 levels of childhood polyvictimization predicted lower levels of parental ER skills, which in turn,
398 predicted parents' use of unsupportive responses when their children expressed negative
399 emotions. However, they did not assess adult experiences of revictimization. In contrast, Martin
400 and colleagues (2018) found that mothers who experienced high betrayal trauma revictimization
401 (i.e., high betrayal trauma in both childhood and adulthood) were more likely to report distress
402 reactions in response to their adolescents' expressions of negative affect. Additionally, the
403 relationship between mothers' victimization and negative responsivity was mediated by maternal
404 ER difficulties such that mothers who experienced revictimization experienced higher levels of
405 emotion dysregulation, which in turn, was positively associated with their negative responsivity
406 (Martin, Kim, & Freyd, 2018). These findings coincide with studies that emphasize the
407 detrimental role of child maltreatment and revictimization on parenting (Banyard et al., 2003;
408 Cole et al., 2008; Dubowitz et al., 2001), as well as studies that have established links between
409 revictimization and heightened levels of emotion dysregulation (Walsh, DiLillo, & Scalora,
410 2011), and emotion dysregulation and unsupportive ES (e.g., Buckholdt et al., 2014; Morelen et
411 al., 2016). However, more research is needed to corroborate these findings in parents with a
412 history of child maltreatment.

413 **Conceptual Model of the Intergenerational Transmission of Emotion Dysregulation**

414 Building upon the literature reviewed, the ensuing section describes a novel conceptual
415 model that elucidates some of the mechanisms involved in the intergenerational transmission of
416 emotion dysregulation. Although the relationships between child maltreatment and adult ER
417 difficulties (e.g., Burns et al., 2010), parental ER and ES (e.g., Morelen et al., 2016), and parental
418 ES and offspring ER (e.g., Shortt et al., 2016), have been supported in studies that examined
419 these constructs separately, it appears that only two studies (Cabecinha-Alati, et al., 2020; Martin
420 et al., 2018) have tested these relationships simultaneously. Furthermore, there is currently no
421 comprehensive model that accounts for the associations between these constructs.

422 Given that the majority of the research outlined in this review has been conducted in
423 samples composed of women, the model will be applicable to mothers who endorse a history of
424 child maltreatment. The framework for the model was informed by pre-existing models
425 including *The Resource Loss Model of Childhood Abuse Trauma* (Cloitre, Cohen, & Koenen
426 2011); theories pertaining to betrayal trauma and complex trauma (Freyd, 1996; van der Kolk,
427 1996; van der Kolk, 2005), *The Affective Organization of Parenting Model* (Dix, 1991), and
428 theoretical models of parental ES (Eisenberg et al., 1998; Morris et al., 2007) and social learning
429 (Bandura, 1977).

430 It is hypothesized that a maternal history of child maltreatment will have both direct and
431 indirect effects on parental ES practices through the various mechanisms illustrated below (see
432 Figure 1). Moreover, maternal ES practices are expected to influence the ER difficulties of
433 offspring in the next generation.

434 [INSERT FIGURE 1 HERE]

435 **Indirect Effects of Child Maltreatment History on Parental Emotion Socialization**

436 In this model, the indirect relationship between child maltreatment and parental ES in
437 adulthood is thought to be attributable to the negative sequelae of child maltreatment. More
438 specifically, child maltreatment has been associated with changes in the neurobiological systems
439 underlying ER (e.g., Caldwell et al., 2014; Dannlowski et al., 2012) and ER difficulties that
440 persist into adulthood (e.g., Burns et al., 2010; Ehring & Quack, 2010), presumably because
441 child maltreatment contributes to disruptions in attachment relationships with primary caregivers
442 that interfere with the development of affect regulation (Cloitre, Cohen, & Koenen, 2011; Schore
443 & Schore, 2008). Child maltreatment has also been shown to increase the risk of teenage
444 motherhood (Garwood et al., 2015; Hillis et al., 2004) and revictimization in the context of adult
445 relationships (Arias, 2004; Desai et al., 2002). Given the association between teenage
446 motherhood, post-partum psychopathology, and parenting stress (Madigan et al., 2014; Spencer
447 et al., 2000), as well as the protracted cognitive development that occurs during adolescence
448 (Casey et al., 2011), teen mothers may experience higher levels of ER difficulties which in turn,
449 negatively impact parenting (McCullough et al., 2015). The experience of additional traumas in
450 adulthood also contributes to parenting problems (Banyard et al., 2003; Cole et al., 2008), likely
451 because experiences of revictimization can exacerbate ER difficulties (Martin et al., 2018; Walsh
452 et al., 2011), which increases the risk of further revictimization (Messman-Moore, Walsh, &
453 DiLillo, 2010).

454 Subsequently, ER difficulties interfere with adaptive parenting as evidenced by studies
455 that have documented a relationship between parental emotion dysregulation and unsupportive
456 ES practices (e.g., Briscoe et al., 2019; Han et al., 2015; Morelen et al., 2016). With regard to
457 child maltreatment survivors, caregivers who have experienced this complex trauma may be
458 even more likely to avoid negative emotions, which in turn, would impair their ability to respond

459 supportively when children experience distress (Cook et al., 2005; Zvara, Mills-Koonce, & Cox,
460 2017). Preliminary evidence suggests that parental ER difficulties play a role in the relationship
461 between childhood maltreatment and problems with parental ES including higher levels of
462 maternal negative expressivity (Liu et al., 2019), lower levels of supportive responses (Rea &
463 Shaffer, 2016), and higher levels of negative responsivity (Martin et al., 2018). In turn,
464 deficiencies in parental ES are likely to contribute to emotional problems in offspring (e.g.,
465 Sanders et al., 2015; Shaffer et al., 2012).

466 To summarize, the conceptual model proposes that experiences of child maltreatment
467 have detrimental impacts on ER that persist into adulthood and increase the likelihood of other
468 risk factors (e.g., teenage motherhood and revictimization) that can have an adverse effect on
469 ER. In turn, ER difficulties are thought to interfere with the parental role and put children at risk
470 for emotional difficulties by compromising various dimensions of ES including the emotional
471 climate of the family, parents' ability to model adaptive ER strategies, parents' contingent
472 responses to their child's negative emotions, and the ability to engage in emotional discussions
473 with children. Protective factors such as social support, secure attachment with a supportive
474 caregiver, healthy relationships with peers and intimate partners in adulthood, engagement in
475 regular self-care, and other efforts to heal from childhood trauma can mitigate the effects of child
476 maltreatment on ER and parenting (Alink et al., 2009; Chamberlain et al., 2019; Collishaw et al.,
477 2007; DuMont et al., 2007; Kooiman et al., 2004). Conversely, familial and environmental risk
478 factors (e.g., single parenthood, lower levels of maternal education, and an impoverished or
479 chaotic home environment) can exacerbate difficulties with parental ES (Shaffer et al., 2012;
480 Valiente et al., 2007) and contribute to poor developmental outcomes in children (Letourneau et
481 al., 2013; Serbin & Karp, 2004).

482 **Direct Effects of Child Maltreatment History on Parental Emotion Socialization**

483 In addition to the indirect effects of child maltreatment on parents' ES through parental
484 ER, child maltreatment may also have direct effects on parental ES as a result of social learning
485 (Bandura, 1977). Numerous studies suggest that maltreating parents fail to act as effective ES
486 agents for their children (e.g., Shipman et al., 2005; Shipman et al., 2007; Shipman & Zeman,
487 2001). Consequently, children who grow up in maltreating environments are less likely to be
488 exposed to parents who model adaptive ES practices and are more likely to be exposed to parents
489 who model abusive or emotionally invalidating behaviours, which in turn, could make them
490 more likely to engage in unsupportive parenting with their own children (Baker & Crnic, 2005;
491 Conger et al., 2003; McCullough et al., 2015). Martin and colleagues (2018) found that the direct
492 path from maternal high betrayal trauma revictimization to mothers' negative responsivity
493 became non-significant when maternal ER difficulties were added to the model. However, given
494 that they only assessed maternal distress responses, these findings should not be generalized to
495 other dimensions of unsupportive ES (such as punitive responses), that may be more susceptible
496 to replication through social learning. Therefore, more research is needed to ascertain the effects
497 of child maltreatment on these aspects of parental ES.

498 **Directions for Future Research**

499 Given the importance of ER for parenting and children's wellbeing, there is a strong need
500 to elucidate the mechanisms by which parental emotion dysregulation is transmitted to children
501 (Rutherford et al., 2015) and to understand the role of parents' child maltreatment history and
502 parental ES in this relationship. The conceptual model presented can guide future research by
503 informing the development of mediation or moderation models that test for direct and indirect
504 effects of child maltreatment on parental ES. Once these relationships are established in mothers,

505 future research should focus on fathers, who are underrepresented in the literature (e.g., Wark &
506 Vis, 2018). Additionally, since the majority of studies examining parental ES have focused on
507 parents of preschool or school-aged children, the literature examining parental ES in adolescence
508 is relatively sparse (Zeman, Cassano, & Adrian, 2013), necessitating more research in this area.
509 Finally, given that most studies on child maltreatment and parenting have focused predominantly
510 on physical and sexual abuse (see Vaillancourt et al., 2017), more research is needed to
511 investigate the impact of exposure to intimate partner violence (IPV), neglect, and emotional
512 maltreatment since these are amongst the most common forms of child maltreatment being
513 reported (Chamberland et al., 2011; Fallon et al., 2020; Maguire & Naughton, 2016). Despite
514 increasing recognition of the detrimental effects of exposure to IPV in childhood (e.g., Roustit et
515 al., 2009), this subtype of maltreatment was not included in the present review because it is not
516 perpetrated against the child per se.

517 **Limitations**

518 Despite the utility of the conceptual model, there are several limitations that warrant
519 consideration. Firstly, it is important to recognize that culture (Dunsmore & Halberstadt, 2009;
520 Friedlmeier, Corapci, & Cole, 2011) and gender (Cassano & Zeman, 2010; Zeman, Perry-Parrish
521 & Cassano, 2010) may be strong determinants of parental ES and its effects on children's ER.
522 However, these variables were not included in the present model. Moreover, although many
523 relationships are portrayed as unidirectional, there are undoubtedly reciprocal influences that
524 should be considered. For example, child characteristics such as personality, temperament, and
525 emotional reactivity (Mazzone & Nader-Grosbois, 2017; Morris et al., 2007; Yap et al., 2008) as
526 well as the child's ER abilities (Morelen & Suveg, 2012) have an influence on parents' ES
527 practices. There is also evidence to suggest that moderating factors, such as children's level of

528 physiological reactivity (McQuade & Breaux, 2017) and support-seeking behaviours (Miller-
529 Slough et al., 2016), might influence the extent to which parents' unsupportive responses impact
530 children's ER. Although unsupportive ES has been related to poor ER and behavioural problems
531 in children, high levels of emotion coaching when children expressed negative emotions was
532 found to buffer against the detrimental effects of parents' dismissing responses (Lunkenheimer,
533 Shields, & Cortina, 2007). Thus, it is also important to consider protective factors that could
534 prevent the development ER difficulties in children who are exposed to unsupportive ES.

535 Another limitation is that this model pertains to the transmission of emotion
536 dysregulation amongst mothers with a history of child maltreatment. More research is beginning
537 to examine the unique influence of fathers in the process of ES (e.g., Gerhardt et al., 2020) and
538 despite widespread recognition that ES occurs within the family system (Morris et al., 2007),
539 there is a paucity of literature on how mothers and fathers socialize children's development in an
540 interactive way (Poon et al., 2017). A study by McElwain and colleagues (2007) found that when
541 one parent reported low levels of supportive ES, greater support by the other parent was related
542 to higher levels of emotional understanding in children. However, when one parent reported high
543 levels of supportive ES, high levels of support from the other parent was actually associated with
544 less optimal functioning. As such, rather than supporting an additive model wherein higher levels
545 of support yield better outcomes, a growing body of evidence supports a divergence model in
546 which children's psychosocial adjustment is facilitated by exposure to a diverse range of parental
547 responses characterized by varying levels of maternal and paternal supportiveness (Miller,
548 Dunsmore, & Smith, 2015; Miller-Slough et al., 2017; Poon et al., 2017).

549 In addition to studies examining interactive effects of ES, some research has examined
550 cross-over effects between spouses. For example, Bai and Han (2016) found that childhood

573 Notwithstanding these limitations, this review and conceptual model have important
574 clinical implications. To attenuate the consequences of child maltreatment and promote
575 resilience in future generations, it is crucial to provide increased access to services designed for
576 parents who were maltreated as children (Plant et al., 2018). In line with the conceptual model,
577 such services should focus on ameliorating parental ER difficulties. Ford and colleagues (2005)
578 reviewed several interventions for complex trauma and one of the most important common
579 factors was an initial phase that focused on developing the client's self-regulation skills.
580 Similarly, best practices for the treatment of complex PTSD suggest that first-line interventions
581 should specifically target ER difficulties (Cloitre et al., 2011). Given that parents must be able to
582 tolerate their own distress in order to engage in adaptive, child-focused parenting practices
583 (Gottman et al., 1996; Lagacé-Séguin & Coplan, 2005), bolstering parental ER skills may be a
584 first step to disrupting the intergenerational transmission of emotion dysregulation and
585 promoting resilience in children.

586 Despite the pervasiveness of child maltreatment and the need to improve ER in this
587 vulnerable population, the majority of those who have been maltreated do not utilize outpatient
588 mental health services (Ringeisen et al., 2009). As such, parenting programs that target at-risk
589 populations may be a more effective and accessible option. In a meta-analysis investigating the
590 effectiveness of parenting programs, those that provided training in emotional communication
591 reported significantly larger positive differences in parenting behaviours than those that did not
592 (Kaminski et al., 2008). In line with the shift towards recognizing transdiagnostic mechanisms
593 involved in psychopathology (Aldao et al., 2010; Gross & Jazaieri, 2014), there has also been
594 increased emphasis on transdiagnostic programs that target parental ER skills (Maliken & Katz,
595 2013). The Tuning into Kids and Tuning into Teens programs in Australia (Havighurst & Harley,

596 2007a; 2007b) have been successful in improving parental ER abilities, decreasing parents' use
597 of unsupportive ES practices, and increasing supportive ES (Havighurst, Kehoe & Harley, 2015;
598 Havighurst et al., 2013; Havighurst et al., 2010; Kehoe, Havighurst, & Harley, 2014). These
599 parenting programs have also yielded positive outcomes amongst children including
600 improvements in emotional knowledge and reductions in externalizing and internalizing
601 difficulties (Havighurst et al., 2015; Havighurst et al., 2013; Havighurst et al., 2010; Kehoe et al.,
602 2014). Similar programs could be developed for parents with a history of child maltreatment in
603 Canada, however it would be important to take a trauma-informed approach that acknowledges
604 the ambivalence around help-seeking and facilitates sessions in a child-friendly, non-clinical
605 setting that fosters social support, optimism, and healing (Muzik et al., 2013a).

606 **Conclusion**

607 The review and conceptual model presented provide a theoretical and empirical synthesis
608 of research examining child maltreatment, ER, and parenting behaviours, with an emphasis on
609 parental ES. More research is needed to validate the conceptual model and to support the
610 development of trauma-informed parenting programs that disrupt the transmission of emotion
611 dysregulation and promote resilience in future generations.

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Figure

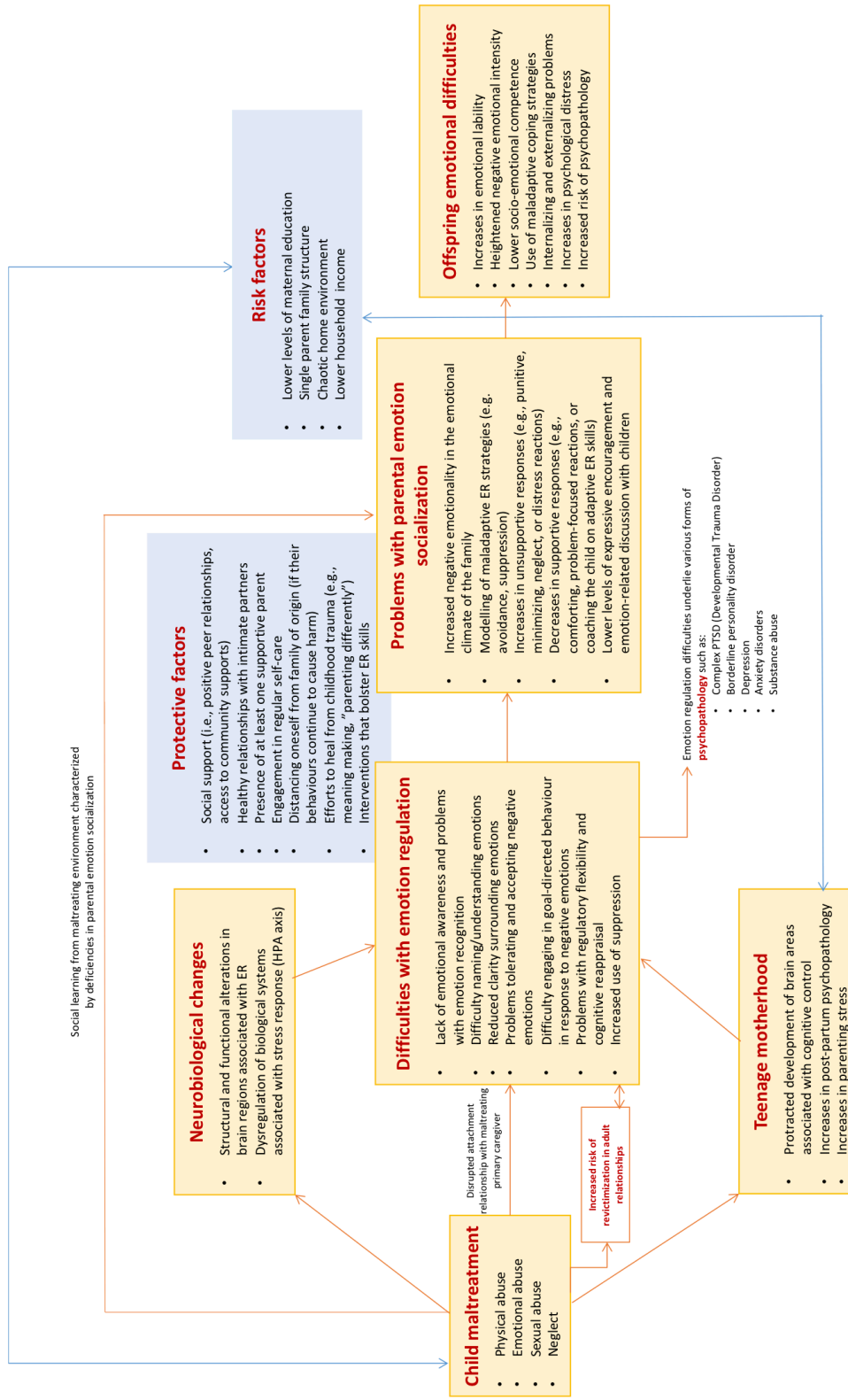


Figure 1. A conceptual model illustrating the intergenerational transmission of emotion dysregulation among mothers with a history of child maltreatment.