

Intergenerational Patterns of Child Maltreatment: What the Evidence Shows

The majority of children who experience maltreatment *do not* become adults who abuse or neglect their own children. Our review of nearly 3 decades of research on the topic reveals that intergenerational patterns of child abuse and neglect are far more complex and nuanced than originally understood. Although this research is limited, it is important for practitioners, administrators, and others who work with children, youth, and families to have an accurate understanding of the issue. Incorrect conclusions about the existence, extent, and causes of intergenerational maltreatment (IGM) could lead to ineffective screening tools, harmful social policies, worker bias, and poor outcomes for children and families.

Over time, a stronger research base will continue to increase our understanding of the factors that contribute to patterns of maltreatment within families. This will enable child welfare, family support, and other organizations to more effectively promote protective factors and address risk factors in ways that can benefit all families.

This issue brief explores what is currently known about intergenerational patterns of maltreatment, the limits of our current knowledge, implications of what we know and what we do not know (including promising prevention strategies), and areas for further research.

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Theories to Explain IGM

Several theories have been cited to improve our understanding of intergenerational patterns of maltreatment (Thornberry & Henry, 2013). The most prevalent include the following:

- **Social learning theory** proposes that individuals' behavior is shaped through observation and imitation. Therefore, this theory suggests that adults' parenting will be influenced by childhood experiences of their own parents' behaviors. If individuals experience abusive or neglectful parenting, then they may develop beliefs that these behaviors are acceptable and/or effective and replicate them with their own children.
- **Attachment theory** emphasizes the importance of a quality, early attachment with a caregiver. If a caregiver is not caring and sensitive to an infant's needs (as is the case when early maltreatment occurs), the affected individual struggles to form healthy attachments into adulthood. This is theorized to increase the likelihood of abusive behavior as an adult.
- **Trauma-based models** suggest that maltreatment, like other forms of violence, produces trauma symptoms. If untreated and unresolved, these symptoms may increase the likelihood that the individual will engage in violent behavior, including child maltreatment, as an adult.
- **Ecological or transactional theories** view child maltreatment as the result of multiple influences and systems, including family, community, and societal factors. Research grounded in these theories looks for specific risk factors or pathways to better explain intergenerational patterns.



A simplified diagram of intergenerational transmission: Maltreatment by the parent (G1) of the child (G2) in the first generation leads to maltreatment by the parent (G2) of the child (G3) in the second generation.

What the Research Shows

Although many researchers have attempted to quantify and explain the persistence of child abuse and neglect across generations (see appendix A for a partial list), many in the field agree that the current evidence base is still woefully inadequate. This is due in part to the fact that sample sizes, measurement tools, and even the ways that key terms are defined vary greatly from study to study.

As appendix A shows, sample sizes range from fewer than 100 participants to many thousands. Data about maltreatment experienced by parents (G2) and children (G3) are collected in a variety of ways, including retrospective self-reports by parents and/or children (sometimes, but not always, using validated survey instruments, such as the Child Trauma Questionnaire), observations of parenting behavior, and official reports made to child protective services (CPS) agencies. Some studies base their findings on either risk or potential for abuse, via the Child Abuse Potential Inventory (CAPI), rather than actual maltreatment.

Little agreement exists about how "child maltreatment" is defined across studies. Some studies rely on participants' own perceptions of childhood experiences as abusive or neglectful, while others establish specific parameters about maltreatment type, perpetrator, and severity. Some studies assess maltreatment of the G3 child for as short a period as the first year of life, while other, longitudinal studies include

incidents of maltreatment occurring at any time before the child turns 18. Finally, studies differ in how rigorously they control for other factors that may impact the incidence of IGM (e.g., parental age, race, marital status, gender, socioeconomic status, community factors).

Given this diversity in approaches, it is not surprising that some studies find associations between parents' and children's experiences of maltreatment, while others do not (e.g., Altemeier, O'Connor, Sherrod, Tucker, & Vietze, 1986; Renner & Slack, 2006). In the majority of studies that find evidence of IGM, estimated rates of maltreatment vary widely and range between 7 percent and 70 percent (Berzenski, Yates, & Egeland, 2014).

For additional information about how to assess the strength and applicability of individual studies, refer to appendix B.

Key Research Findings

- **Not all parents who experienced childhood maltreatment will perpetrate child abuse or neglect.** In fact, nearly all studies on the subject agree that *most* parents who experienced maltreatment *will not* abuse or neglect their own children.
- Many (but not all) studies on the topic have found that parents who experienced childhood maltreatment are, as a group, *more likely* than non-abused parents to have children who are abused or neglected. It is not yet clear why this is true or what factors make the greatest difference for families.
- Findings vary greatly depending on how the study is constructed and the types of maltreatment studied.
- Even when intergenerational patterns are found, the adults who experienced maltreatment in one generation are not necessarily perpetrators in the next. In other words, the children of parents who experienced childhood maltreatment may be at increased risk of being maltreated either by that parent or by *another caregiver*.

Understanding Why: Findings About Pathways

Some research looks specifically for factors that explain or account for the apparent association between a parent's experience of childhood maltreatment and the maltreatment experienced by his or her own children. These factors (referred to as "mediators" in the research) can be thought of as pathways for IGM. Identifying these pathways can help practitioners develop and select the most effective prevention strategies.

There is much more research needed in this area, but some of the stronger studies identified the following factors that may partially account for intergenerational patterns:

- Mothers' social isolation and tendency to respond to minor provocations with verbal or physical aggression (Berlin, Appleyard, & Dodge, 2011)
- Maternal substance use (Appleyard, Berlin, Rosanbalm, & Dodge, 2011)
- Young parental age, parents' history of mental illness or depression, and parents living with another violent adult (Dixon, Browne, & Hamilton-Giachrisis, 2005)
- Parental age, educational achievement, psychiatric history, and poverty (Sidebotham, Heron, & ALSPAC Study Team, 2006)
- Mothers' marital status, depressive symptoms, and adult experiences of victimization (Thompson, 2006)
- Mothers' life stress, anxiety, and depression (Egeland, Jacobvitz, & Sroufe, 1988)
- Parents' experience of intimate partner violence (Renner & Slack, 2006)

It should be noted that many of these risk factors are found in a wide variety of families, not just those in which parents experienced childhood maltreatment. Future research may reveal that these factors play a far more significant role in a child's overall risk for maltreatment than parental history.

Intervening Effectively: Findings on Protective Factors

Identifying protective factors is integral to prevention efforts. This requires studies that look closely at the high percentage of families in which there is intergenerational resilience (i.e., cases in which adults who experienced childhood maltreatment do not abuse or neglect their own children) to understand what factors help promote healthier interactions within families.

Caring and supportive relationships, in various forms, have emerged in the literature as a potential protective factor:

- Several studies published in a special issue of the *Journal of Adolescent Health* examined the role of **safe, stable, and nurturing relationships** (SSNRs) in interrupting the intergenerational transmission of parenting practices, including child maltreatment. All but one of the studies found positive effects of SSNRs, including **caregivers' nurturing romantic relationships** and **caring parent-child attachments** in both generations (Conger, Schofield, Neppl, & Merrick, 2013; Herrenkohl, Klika, Brown, Herrenkohl, & Leeb, 2013; Jaffee et al., 2013; Thornberry et al., 2013).
- One study found that mothers who broke the cycle of severe physical abuse were more likely to receive **emotional support from a nonabusive adult during childhood**, participate in **therapy**¹ at some point in their lives, and have a **stable and nonabusive relationship with a mate** than mothers who were unable to break the cycle of abuse (Egeland et al., 1988).
- One small study suggests that **receiving nurturing during childhood, even from an abusive parent**, can mitigate the effects of severe physical abuse on the likelihood of child neglect in the next generation (Bartlett & Easterbrooks, 2012).

¹ A later study by Egeland and Susman-Stillman (1996) found that mothers who perpetuated a cycle of maltreatment were more likely to engage in idealization, inconsistency, and escapism when describing childhood experiences. Mothers who broke the cycle displayed a greater ability to integrate their abusive experiences into a more coherent view of self, a process that may be aided by professional therapy.

Findings from a large study of 4,351 families identified other potential protective factors by distinguishing between families who maintained and those who broke the intergenerational cycle of maltreatment during an infant's first year of life. "Cycle breakers" were found to have **fewer serious financial difficulties** and **higher levels of perceived social support** compared to "maintainers," suggesting that these factors may help interrupt the cycle for parents who experienced childhood physical or sexual abuse (Dixon, Browne, & Hamilton-Giachritsis, 2009).

Parenting practices also may play a role. One study found that "parents who experienced high levels of abusive acts and injuries, but who were consistent in their discipline, were less abusive than abused parents who were inconsistent disciplinarians" (Pears and Capaldi, 2001). Teaching parents skills to increase their effectiveness and consistency may be a prevention pathway worth exploring.

Practical Implications

Although the current body of research provides some evidence to support an association between parents' childhood experiences of maltreatment and the likelihood that their children also will experience abuse or neglect, much more research is needed. Again, one of the most well-supported findings is that most parents who were maltreated *will not* abuse or neglect their own children. This fact should be reflected in agency policy governing screening and family casework practices.

Screening Considerations

In a worst-case scenario, giving theories of IGM too much weight in a screening process could create a surveillance bias (i.e., when one population is followed more closely than another and therefore appears to have higher rates of incidence) that submits already-traumatized parents and their children to unwarranted scrutiny and intervention. The same bias could cause workers to overlook other families in which a history of abuse is absent, but where real and present danger exists.

At least one study has uncovered evidence of such a bias. Among children who self-reported being abused or neglected, those whose parents had documented histories of childhood maltreatment were twice as likely to have been the subject of a CPS report as compared to children whose parents had no such history (29 percent to 15 percent) (Widom, Czaja, & DuMont, 2015).

Another study found that child maltreatment “initiators” (i.e., parents who had *not* themselves experienced maltreatment but who *did* abuse or neglect their own children) had similar risk profiles to maltreated parents who both perpetuated and broke the intergenerational cycle of maltreatment (Dixon et al., 2009). Therefore, caseworkers should not use a general checklist of risk factors to distinguish between parents who will and who will not maltreat their children.

Already, the identification of a number of specific factors that play a role in IGM indicates that, although it may make sense to include a history of childhood abuse in screening for risk factors (and even, potentially, prioritize parents with such a history for some prevention services), this approach must be accompanied by screening for a number of other risk and protective factors that, taken together, provide a richer and more complex view of family functioning, potential for harm, and sources of resilience.

(The National Council on Crime and Delinquency’s Structured Decision Making model is one such approach. To learn more, visit <http://www.nccdglobal.org/assessment/structured-decision-making-sdm-model>.)

According to the current body of research, some significant factors might include the quality of parenting and attachment, substance use, intimate partner violence, trauma symptoms, financial and other life stressors, and the presence of nurturing adult relationships and social support. However, more research is needed to confirm these factors and identify others.

If there is one thing the present body of research shows, it is that this issue is complicated and that context is important, as illustrated by the following.

- Several studies have shown depression and trauma symptoms to be potential pathways for intergenerational maltreatment (see *Understanding Why: Findings About Pathways* earlier in this brief). However, at least one study found that, in the case of child physical abuse, depression and posttraumatic stress disorder *reduced* the likelihood of intergenerational abuse (Pears & Capaldi, 2001). This shows that more type-specific research is needed to deepen our understanding of the complex interactions between risk and protective factors (Berzenski et al., 2014).
- Similarly, another study found that parents with histories of neglect were at increased risk for IGM, but parents with histories of physical abuse were not (Widom et al., 2015).
- In one small study, researchers found that authoritarian parenting attitudes, which have been linked to poor child outcomes in Caucasian-American families, were found to *protect* against intergenerational patterns of abuse by African-American mothers (Valentino et al., 2012).

These are just a few examples of how recent studies have begun the important work of refining the field’s understanding of intergenerational patterns of maltreatment in ways that may eventually lead to screening tools that are more sensitive to the nuances and context of each family’s situation than what currently exist.

Preventing IGM

To date, very little research has been conducted specifically to evaluate strategies that may prevent IGM. Prevention may, therefore, be best accomplished by continuing to invest in programs and practices that have proven effective in reducing child maltreatment in the general population, such as the following:

- Home visiting programs, such as Nurse-Family Partnership (<http://www.nursefamilypartnership.org/>), can enhance nurturing and supportive family relationships, social support, and parenting knowledge and skills.
- Parent education programs, such as the Triple-P–Positive Parenting Program (<http://www.triplep.net/glo-en/home/>) and parent-child interaction therapy (<http://www.pcit.org/>), can give parents practical tools for more consistent and effective parenting.

The California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>) offers information about these and many more effective practices to address risk factors and prevent child abuse and neglect.

Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities, a report by the National Research Council and Institute of Medicine, is a valuable resource on the latest approaches to prevention and prevention programs. It is available at <http://www.nap.edu/download/12480>.

Additional information about effective prevention practices can be found in the Evidence-Based Practice section of the Child Welfare Information Gateway website at <https://www.childwelfare.gov/topics/preventing/evidence/>.

Building Protective Factors

Focusing on building protective factors may reduce child abuse and neglect in all families, including those with a parent who has a history of childhood maltreatment. To read more about protective factors approaches, read Child Welfare Information Gateway's issue brief *Protective Factors Approaches in Child Welfare*, which is available at <https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>.

The *2016 Prevention Resource Guide: Building Community, Building Hope* offers additional information about protective factors that help reduce child abuse and neglect, some established protective factors approaches, and how some State and local agencies are implementing protective factors approaches to create lasting change regarding how communities support families. To access the Resource Guide, visit <https://www.childwelfare.gov/topics/preventing/preventionmonth/resource-guide/>.

The National Alliance of Children's Trust & Prevention Funds offers a free online curriculum on the subject of protective factors. Developed by the Alliance in partnership with members of its Early Childhood Initiative and the Center for the Study of Social Policy, "Bringing the Protective Factors Framework to Life in Your Work—A Resource for Action" includes seven 2-hour modules: an overview, one module for each of five protective factors, and a final "review and reflection" module. To learn more, visit <http://learner.ctfalliance.org> or contact info@ctfalliance.org.

Areas for Further Research

Some areas for future research might include the following:

- Longitudinal studies that measure outcomes for children of maltreated adults prospectively over longer periods of time
- Studies that are more specific with regard to maltreatment type, perhaps particularly on emotional abuse and neglect, which are currently underrepresented in this body of research (Berzenski et al., 2014)
- Studies that examine the issue of IGM separately for mothers and fathers (when the sample size is large enough)
- Complex multivariate analyses that can further describe the complex interactions among child, family, and community factors
- More studies of intergenerational resilience in order to increase the field's knowledge of protective factors
- Inclusion of additional contextual factors, such as the influence of neighborhoods and other environmental factors

Conclusion

Child maltreatment is a serious social issue with lasting consequences for children, youth, families, and communities. A thorough understanding of how and why maltreatment occurs is critical to inform prevention efforts.

Recent research shows promise in helping the child welfare field to better understand the degree to which maltreatment is perpetuated by multiple generations within families, circumstances that contribute to these intergenerational patterns of maltreatment, and protective factors that may prevent such a cycle from continuing. More research is needed on this topic to inform more accurate screening for child maltreatment risk and more effective prevention strategies.

Appendix A: Research Findings

Although not intended to serve as a comprehensive literature review on the topic of intergenerational patterns of maltreatment, this overview of available research is provided to show the current wide variety of methodological approaches and findings, as well as to help identify gaps where more research is needed.

Defining Terms

Researchers use the term *intergenerational continuity of child maltreatment* to refer to instances in which parents who experienced maltreatment as children have a maltreated child in their own household. Intergenerational continuity is not perpetrator-specific. In other words, children may experience maltreatment at the hands of the parent who was maltreated as a child, the parent's partner, or another parent or caregiver.

Intergenerational transmission of child maltreatment is the term that researchers use when parents who were victims of childhood maltreatment subsequently abuse or neglect their own children (Valentino, Nuttall, Comas, Borkowski, & Akai, 2012).

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Altemeier et al. (1986)	927 low-income White women	Self-reports by G2 of being hit on parts of the body other than buttocks, legs, or hands for punishment and being "beaten" by caretakers	Reports to child protective services (CPS) in the 4 years after initial interviews	"Although abused women had more aggressive tendencies, their children were reported to protective services for abuse at the same frequency as control children. Intergenerational transmission of abuse was therefore not demonstrated. "	N/A
Appleyard et al. (2011)	499 mothers and infants	Self-reports by G2 of physical abuse, sexual abuse, or neglect, as measured by the Parent-Child Conflict Tactics Scale (CTSPC)	County records of child maltreatment (allegations and substantiations) through age 26 months	Significant mediated pathways were found from maternal history of sexual abuse and physical abuse—but not neglect—to substance use problems and to child victimization.	Mediator: <ul style="list-style-type: none"> Maternal substance use problems
Barlett & Easterbrooks (2012)	92 mothers younger than 17 years	Severe physical abuse, as measured by the CTSPC	CPS agency records of supported cases of neglect for all children in the mother's care (mean age 7.9 years at end of study)	Neglect was four times as likely with a maternal history of physical abuse in childhood than with no history of maltreatment (44% rate of IGM).	Protective factor: <ul style="list-style-type: none"> Maternal history of positive care in childhood
Berlin et al. (2011)	499 mothers and infants	Physical abuse or neglect, as measured by the CTSPC	County records of child maltreatment (allegations and substantiations) through age 26 months	Mothers who experienced physical abuse were 19% more likely than those who did not experience physical abuse to have children who were victimized. Mothers' childhood neglect did not significantly predict their child's victimization.	Mediators: <ul style="list-style-type: none"> Social isolation Aggressive response bias

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Conger et al. (2013)	290 parents, drawn from the Family Transitions Project cohort (a 22-year, 3-generation study)	Observations of G1 parenting behavior, including hostility, angry coercion, physical attacks, and antisocial behavior toward G2 adolescents	Observations of similar G2 parenting behaviors toward G3 children	"... the association between G1 harsh parenting and later G2 harsh parenting was .30."	Protective factor: <ul style="list-style-type: none"> • Warmth and positive communication by a romantic partner completely disrupted intergenerational continuity in harsh parenting.
Dixon et al. (2005)	Population cohort of 4,351 newborn children in Essex, England	Self-reports by mothers or their partner of physical or sexual abuse during childhood	Referrals to child protection professionals during the child's first 13 months	Families with an abused parent were significantly more likely to maltreat their infants within 13 months after birth (approximately 1 in 15, compared to approximately 1 in 234 of families with a parent who did not experience childhood abuse).	Mediators: <ul style="list-style-type: none"> • One or both parents younger than 21 years • Caregiver treated for mental illness or depression • An adult in the house with violent tendencies
Dixon et al. (2009)	Population cohort of 4,351 newborn children in Essex, England	Self-reports by mothers or their partner of physical or sexual abuse during childhood	Referrals to child protection professionals during the child's first 13 months	Only a small minority (6.7%) of parents with a history of childhood abuse were referred to child protection agencies for maltreatment of their infant.	Protective factors: <ul style="list-style-type: none"> • Financial solvency • Social support

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Egeland et al. (1988)	267 families from lower socioeconomic status backgrounds	Self-reports, including only "clear incidents of severe abuse"	Observations of mothers' behavior with their children and a Child Care Rating Scale, administered at various points up to 2 years of age. Maltreatment included physical abuse, hostile or rejecting behavior, psychologically unavailable caregiving, and neglect.	"... the results from this investigation suggest a high incidence of maltreatment across generations."	<p>Significant differences were found between the groups that showed continuity of maltreatment and those that did not ("abuse discontinuity").</p> <p>The continuity group showed significantly more:</p> <ul style="list-style-type: none"> • Life stress • Anxiety and depression <p>Mothers in the abuse discontinuity group were more likely to have:</p> <ul style="list-style-type: none"> • Emotional support from a nonabusive adult during childhood • Participated in therapy • A stable, emotionally supportive relationship with a mate
Henschel, de Bruin, & Möhler (2013)	40 abused and 47 matched, non-abused mothers	Childhood Trauma Questionnaire (sexual and physical abuse)	Risk: Child Abuse Potential Inventory (CAPI)	Mothers with a history of abuse had a significantly higher potential to abuse their children.	<p>Mediator:</p> <ul style="list-style-type: none"> • Low maternal self-control
Herrenkohl et al. (2013)	457 children and their parents participating in the Lehigh Longitudinal Study	Reports by G1 of harsh physical discipline of G2, including slapping or spanking that leaves a bruise, hitting a child with an object, and pulling a child's hair	Reports by G2 parents of similar behaviors as measured for G1	"Results ... show a robust association between G1 harsh physical discipline and G2 harsh physical discipline of a similar type; yet, not all children who are abused become abusive toward their own children."	<p>Protective factor:</p> <ul style="list-style-type: none"> • A caring relationship with one's father

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Jaffee et al. (2013)	1,116 families in the United Kingdom who participated in the Environmental Risk Longitudinal Twin Study	Retrospective self-reports by mothers via Childhood Trauma Questionnaire (emotional, physical, and sexual abuse as well as emotional and physical neglect)	Clinical interviews of G2 parents to identify physical maltreatment or sexual abuse of their child (ages birth to 12 years) by any adult	"The odds of a child experiencing physical maltreatment were three to five times greater among mothers who had a history of abuse or neglect compared with mothers without such a history, depending on the severity of the mother's experiences."	<ul style="list-style-type: none"> • "Cycle maintainers" had higher rates than "cycle breakers" of depression, substance use problems, domestic violence, antisocial behavior, and social disadvantage. • "Cycle breakers" were more likely to have warm and nurturing relationships with children and intimate partners.
Kim (2009)	2,977 subjects of the National Longitudinal Study of Adolescent Health	Self-reports by G2 of experiencing childhood neglect (failure to supervise or meet basic needs) and physical abuse (being slapped, hit, or kicked)	Self-reports by G2 of neglecting (failure to supervise or meet basic needs) and physically abusing (slap, hit, kick) their child. Median age of oldest child was 2 years.	"...parents who report having been neglected in their childhood are 2.6 times as likely to report their own neglectful parenting behavior and twice as likely to report physically abusive parenting ... those who recall physical victimization in their childhood are 5 times and 1.4 times as likely to report physically abusive and neglectful parenting, respectively."	N/A
Li, Godinet, & Arnsberger (2010)	405 children ages 4–8 years, from the Longitudinal Studies of Child Abuse and Neglect	Self-reports by G2 of childhood sexual abuse or physical maltreatment via the Caregiver History of Loss and Victimization	Official CPS report of child abuse or neglect that occurred between the child's (G3) 4th and 8th birthdays, substantiated or not substantiated	"...maternal history of childhood maltreatment was highly associated with subsequent allegations of child abuse and neglect."	N/A

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Milner et al. (2010)	Female and male U.S. Navy recruits (N = 5,394) and college students (N = 716)	Self-reports by G2 via CTSPC; survey questions regarding childhood history of sexual abuse and witnessing intimate partner violence	Risk: CAPI	"... the odds of being at risk for child physical abuse (CPA) as an adult were two to three times higher among those who had experienced CPA than those who had not."	Mediator: <ul style="list-style-type: none"> Trauma symptoms, including impaired self-reference, tension reduction behavior, and defensive avoidance.
Pears & Capaldi (2001)	109 parents (G2) and their male adolescents (G3)	Self-reports by G2 of childhood physical abuse via the Assessing Environments-III (AE-III) Questionnaire, including only behaviors that were likely to result in injuries	Self-reports by G3 of experiences of physical abuse using the AE-III, including only behaviors that were likely to result in injuries	"...parents who reported having been abused in childhood were significantly more likely to engage in abusive behaviors toward the next generation." (23% rate of IGM)	Protective factors: <ul style="list-style-type: none"> Consistent discipline Parental depression and PTSD
Renner & Slack (2006)	1,005 participants in the Illinois Families Study, which tracked families receiving Temporary Assistance for Needy Families in 1998	Self-reports by G2 of childhood physical abuse, sexual abuse, neglect, and witnessing domestic violence	Investigated official reports of physical abuse, neglect, and "risk of harm" for G3 children, where G2 parents were the alleged perpetrators	"... associations between the same forms of violence across generations are weak, and for physical abuse, the correlation is not statistically significant. However, a relationship exists between childhood physical abuse and risk of harm allegations."	Possible mediator: <ul style="list-style-type: none"> Adulthood intimate partner violence
Rodriguez & Tucker (2011)	73 at-risk mothers raising children with behavior problems	Self-reports of perceived history of abuse via the CAPI	Risk: CAPI	"Greater reported abuse history was not significantly correlated with child abuse potential scores or overall dysfunctional parenting style."	"... [maternal] attachment to one's parents significantly predicted child abuse potential and dysfunctional disciplinary style independent of personal abuse history."

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Sidebotham, Heron, & ALSPAC Study Team (2006)	14,256 children participating in the Avon (in the United Kingdom) Longitudinal Study of Parents and Children	Self-reports	Children investigated or "registered" for maltreatment (neglect, emotional abuse, or sexual abuse) by social services during the first 6 years of life	"Parents with a history of abuse in their childhood have nearly twice the risk of having a registered child, although ... the absolute risk is low."	Likely mediating factors: <ul style="list-style-type: none"> • Age at parenting • Educational achievement • Psychiatric history • Influences of poverty
Smith et al. (2014)	83 low-income, primarily African-American mothers of elementary school-age children	Self-reports by G2 of childhood sexual, physical, and emotional abuse, via the Childhood Trauma Questionnaire	Risk: CAPI	"... a mother's experience of abuse as a child predicts later risk for abusive parenting."	Mediators: <ul style="list-style-type: none"> • Maternal emotional dysregulation • Negative affect
Thompson (2006)	220 mother-child dyads from poor, high-crime urban neighborhoods (via the Capelle Project, one site of LONGSCAN)	Mothers' (G2) responses to LONGSCAN survey questions regarding childhood physical or sexual abuse	Official CPS complaints against the family, but not necessarily naming the G2 parent as perpetrator	"...maternal history of childhood physical victimization was associated with about a two-fold increase in child risk of being maltreated."	Mediators: <ul style="list-style-type: none"> • Marital status • Depressive symptoms • Adult experiences of victimization
Thornberry & Henry (2013)	816 adolescents followed into adulthood (subsample of the Rochester Youth Development Study)	CPS records of substantiated incidents of neglect, physical abuse, emotional abuse, and sexual abuse for which a participant was named as victim, through age 17	State CPS records of substantiated incidents of any type of maltreatment for which participants were named as a perpetrator through age 33	"... a history of maltreatment victimization significantly increases the odds of becoming a perpetrator of maltreatment"—only for maltreatment that occurs in adolescence or that begins in childhood and persists into adolescence	N/A

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Thornberry et al. (2013)	711 adolescents followed into adulthood (subsample of the Rochester Youth Development Study)	CPS records of substantiated incidents in which participants were victims of maltreatment from birth to age 18	Statewide search of CPS records for substantiated incidents of maltreatment perpetrated by study participants, between the ages of 21 and 30	"... a history of maltreatment substantially and significantly increased the odds of maltreatment perpetration between the ages of 21 and 30 ... the odds of perpetration were about 2.6 times higher for study participants who were maltreated."	Protective factors: <ul style="list-style-type: none"> Relationship satisfaction (with an intimate partner) Parental satisfaction Attachment to child
Valentino et al. (2012)	70 first-time adolescent mothers and their children	Self-reports by G2 of experience of sexual abuse, physical abuse, and emotional abuse, via Childhood Trauma Questionnaire	Self-reports by G3 at age 18 via Childhood Trauma Questionnaire (sexual abuse, physical abuse, emotional abuse)	Maternal history of abuse clearly increased the risk for children to experience abuse prior to age 18 (54% of mothers with an abuse history had children who reported abuse).	Mediator: <ul style="list-style-type: none"> Exposure to community violence Protective factor: <ul style="list-style-type: none"> Authoritarian parenting attitudes (only among African-American families)

Citation	Sample	Measure of Parents' (G2) Childhood Maltreatment History	Measure of Child's (G3) Victimization	Findings: IGM	Findings: Mediators and Protective Factors
Widom et al. (2015)	908 (G2) children with documented cases of abuse or neglect, and a matched comparison group of 667 children from the same neighborhoods	CPS agency records for any (substantiated) child maltreatment naming G2 children as victims	CPS agency records, parents' self-reports of perpetrating physical and sexual abuse and neglect, and children's self-reports of experiencing physical abuse, sexual abuse, and neglect	"Individuals with histories of childhood abuse and neglect have higher rates of being reported to CPS for child maltreatment, but do not self-report more physical and sexual abuse than matched comparisons ... The strongest evidence for the intergenerational transmission of maltreatment indicates that offspring are at risk for childhood neglect and sexual abuse, but detection or surveillance bias may account for the greater likelihood of CPS reports."	N/A

Appendix B: Reading the Research

Given the range of approaches to researching this topic, it is important for child welfare practitioners to understand how to assess the strength and applicability of individual studies.

A review of the research identified 11 criteria for use in evaluating studies of intergenerational patterns of maltreatment (Thornberry, Knight, and Lovegrove, 2012). The authors' examination of 47 such studies revealed that none satisfied all of these criteria, few satisfied most, and the majority of studies failed to satisfy even half of them. Among the strongest studies, findings regarding IGM generally were modest; one study found no evidence of an intergenerational connection.

The following are criteria to consider when reviewing evidence of IGM:

- **Sample selection.** Results from studies conducted on small or nonrandom populations (e.g., economically disadvantaged groups) should be interpreted with caution.
- **Use of a control group.** Findings about the behavior of maltreated individuals should be compared to findings for similar individuals who were *not* maltreated. These groups must be closely matched on as many factors as possible (including, but not limited to, gender, race, and socioeconomic status).
- **Data collection.** Asking individuals to recall events that happened long ago can lead to underreporting. Studies that review outcomes occurring during the study period are likely to lead to more accurate estimates.
- **Period studied.** Studies with shorter follow-up periods will likely undercount maltreatment rates. One set of researchers suggests a minimum of 5 years for follow up (Thornberry et al., 2012).
- **Measurement.** A well-constructed study will not use reports by a single individual to measure maltreatment in two different generations. Individuals may have reason to either overreport maltreatment they experienced or underreport their own violent behavior. Well-constructed studies, therefore, use multiple measures of maltreatment, such as a combination of self-reports, surveys, and official records.
- **Definitions of maltreatment.** Some studies use a very broad definition of maltreatment, which may even include terms such as "harsh parenting" or "harsh discipline" that would not necessarily be defined as maltreatment in all jurisdictions. Other studies look only at specific types of maltreatment. Studies should clarify their definitions (e.g., frequency, severity, type of maltreatment) and apply them consistently for each generation studied.

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