Neglected ghosts of contested nurseries

The role of interpersonal trauma and psychosocial adversity for caregiving among parents with intellectual disability

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Abstract
Research on the general parent population has established that parental exposure to interpersonal trauma and psychosocial stressors may negatively influence caregiving and children’s development. Research also suggests that parents with intellectual disability (ID) are disproportionately exposed to interpersonal trauma and psychosocial stressors, and that such exposure may contribute to the elevated risk for caregiving and child developmental problems in this population. Conflicting findings have, however, also been reported, and there is no synthesized picture of the prevalence of interpersonal trauma among these parents, or of associated caregiving-related and child developmental outcomes. There is also a scarcity of research addressing these parents’ exposure to interpersonal trauma and psychosocial stressors, in relation to developmentally informed aspects of caregiving and child development.

This thesis aims to counter these knowledge gaps. Study I systematically reviewed extant empirical reports on interpersonal trauma among parents with ID, and links with caregiving-related and child developmental outcomes. The review indicated that > 50% of these parents have been exposed to interpersonal trauma. Findings regarding caregiving-related outcomes overall indicated that interpersonal trauma increases caregiving-related risks. Reports on links with child developmental outcomes were scant and inconsistent. Studies II and III present empirical works, focused on parental social-cognitive capacities among mothers with ID. Study II involved a sample of mothers with ID (n = 30), and comparison mothers with ADHD (n = 61), and examined the mothers’ exposure to interpersonal trauma and psychosocial adversity in relation to their capacity for parental mentalizing. Mothers with ID had a heightened risk for mentalizing difficulties, in the form of prementalizing modes of relating to their children. Cumulative interpersonal trauma uniquely predicted prementalizing across groups, whereas psychosocial adversity added to the risk for prementalizing specifically among mothers with ID. Study III involved a second sample of mothers with ID (n = 23) and their children, and socioeconomically matched mothers without ID (n = 25) and their children. This study examined the mothers’ capacity for interpreting infants’ emotions, in relation to the mothers’ exposure to interpersonal trauma, and their children’s attachment. Mothers with ID had a heightened proclivity to misinterpret infants’ emotional expressions as expressions of anger and shame. Shame misinterpretations were also linked with these mothers’ cumulative interpersonal trauma, and with child attachment insecurity and disorganization. An addendum to Study III also addressed the mothers’ psychosocial situation, in relation to maternal sensitivity and the children’s attachment. In both study groups, psychosocial adversity was linked with lower maternal sensitivity. The analysis also suggested that psychosocial adversity contributed to child attachment disorganization specifically among children of mothers with ID. Overall, the thesis points to the importance of acknowledging the parents’ relational history and psychosocial situation, when attempting to understand caregiving-related and child developmental difficulties in families headed by parents with ID. The thesis also outlines important steps for future research, and discusses implications of the findings for practitioners and policy-makers.

Keywords: Intellectual disability, Interpersonal trauma, Psychosocial Risk, Parenting, Child development, Social cognition, Parental mentalizing, Attachment.

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To my late maternal grandfather, Rolf, whose love and joyfulness will forever shimmer on in my memories.
One need not be a Chamber – to be Haunted –
One need not be a House –
The Brain has Corridors – surpassing
Material Place.

– Emily Dickinson

But injustice breeds injustice; the fighting with shadows and being defeated by them necessitates the setting up of substances to combat.

– Charles Dickens
Abstract

Research on the general parent population has established that parental exposure to interpersonal trauma and psychosocial stressors may negatively influence caregiving and children’s development. Research also suggests that parents with intellectual disability (ID) are disproportionally exposed to interpersonal trauma and psychosocial stressors, and that such exposure may contribute to the elevated risk for caregiving and child developmental problems in this population. Conflicting findings have, however, also been reported, and there is no synthesized picture of the prevalence of parental interpersonal trauma among these parents, or of associated caregiving-related and child developmental outcomes. There is also a scarcity of research addressing these parents’ exposure to interpersonal trauma and psychosocial stressors, in relation to developmentally informed aspects of caregiving and child development.

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misinterpretations were also linked with these mothers’ cumulative interpersonal trauma, and with child attachment insecurity and disorganization. An addendum to Study III also addressed the mothers’ psychosocial situation, in relation to maternal sensitivity and the children’s attachment. In both study groups, psychosocial adversity was linked with lower maternal sensitivity. The analysis also suggested that psychosocial adversity contributed to child attachment disorganization specifically among children of mothers with ID. Overall, the thesis points to the importance of acknowledging the parents’ relational history and psychosocial situation, when attempting to understand caregiving-related and child developmental difficulties in families headed by parents with ID. The thesis also outlines important steps for future research, and discusses implications of the findings for practitioners and policy-makers.
Sammanfattning


Denna avhandling syftar till att avhjälpa ovan nämnda kunskapsbrister. 

Studie I utgörs av en systematisk forskningsöversikt om interpersonella trauman bland föräldrar med IF, samt om kopplingar mellan sådan utsatthet och föräldraskaps- och utvecklingsutfall i de berörda familjerna. Översikten indikerade att > 50% av föräldrarna i denna population har erfarit någon form av interpersonellt trauma. Studier som undersökte kopplingar till föräldraskap in-dikerade sammantaget att interpersonella trauman hos föräldrar ökar risken för negativa föräldraskapsrelaterade utfall. Rapporter om kopplingar till barnens utveckling var fåtaliga och motstridiga. De efterföljande studierna II och III utgörs av empiriska arbeten, med fokus på socialkognitiva förmågor hos mödrar med IF. Studie II inbegrepp en grupp mödrar med lindrig IF (n = 30), samt en jämförelsegrupp bestående av mödrar med ADHD (n = 61), och undersökte mödrarnas erfarenheter av interpersonella trauman och psykosociala svårigheter, i relation till deras förmåga att mentalisera sina barn. Mödrar med IF hade en förhöjd risk för svårigheter med föräldrasmentalisering, i form av prementalisering, i form av föräldrarna; prementalisering specifikt bland mödrar med IF. Studie III inblandade en annan grupp
List of Studies

This doctoral thesis is based on the following studies, referred to in their Roman numerals:


Author Contributions

Study I

Mårten Hammarlund: Conceptualization, Methodology, Project administration, Investigation, Data curation, Formal analysis, Writing—Original draft, Writing—Review & Editing
Tommie Forslund: Conceptualization, Funding acquisition, Supervision, Data curation, Writing—Review & Editing
Pehr Granqvist: Funding acquisition, Supervision, Writing—Review & Editing

Study II

Mårten Hammarlund: Conceptualization, Methodology, Supervision, Investigation, Data curation, Formal analysis, Writing—Original draft, Writing—Review & Editing, Visualization
Mia Breitholtz: Investigation, Project administration, Data Curation, Formal analysis
Tommie Forslund: Funding acquisition, Investigation, Supervision, Data curation, Writing—Review & Editing
Pehr Granqvist: Funding acquisition, Supervision, Writing—Review & Editing

Study III

Mårten Hammarlund: Data curation, Formal analysis, Visualization, Writing—Original draft, Writing—Review & Editing
Tommie Forslund: Investigation, Data Curation, Supervision, Writing—Review & Editing
Pehr Granqvist: Conceptualization, Funding acquisition, Project administration, Methodology, Investigation, Data curation, Resources, Supervision, Writing—Review & Editing

(Contributions according to the Contributor Roles Taxonomy; CrediT)
Other Publications by the Author

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Prologue

This is a thesis about the role of parents’ exposure to interpersonal trauma and psychosocial adversity, for caregiving-related and child developmental outcomes in families headed by parents with intellectual disability. In a way, it is also about unveiling shadows. I took my first steps as a clinical psychologist a decade ago, at a child and adolescent mental health unit in Stockholm. The work consisted in psychotherapeutic work with children and their families, psychological assessments of children with various emotional or cognitive difficulties and, perhaps most of all, in providing support to parents struggling with comprehending and responding properly to their children’s behaviors and needs. With regard to the latter task, most of the staff agreed that among other things, it was important to consider the parents’ experiences of the caregiving received in their own childhood, as well as the wider psychosocial context of parenting, when attempting to understand their difficulties. As will be explained in the theoretical introduction, there were good reasons for this approach—but it was not equally applied to all parents. Occasionally, we encountered parents with intellectual disability, and in these cases, attempts to let recognition of the parents’ history and context inform the understanding of their present struggles were typically replaced by an almost exclusive focus on their disability, and its presumed implications for parenting. It was as if this particular diagnosis somehow displaced its subject, automatically providing the main answer to all the difficulties experienced by the parents. This essentializing tendency became even more striking as, upon inquiry, many of the parents in question reported absolutely gruesome childhood experiences and remarkable psychosocial hardships; experiences that often also seemed to negatively influence their interaction with, and understanding of, their children.

Indeed, the proclivity to let intellectual disability overshadow other factors that may be more important for understanding caregiving-related difficulties in this parent population, is not unique to clinicians. In legal settings, the presumption that parental intellectual disability per se inevitably results in caregiving problems, is reflected in the widespread discriminatory use of the diagnosis as a reason for revoking parental custody. Similarly, in spite of the vast general parent literature linking contextual factors to variation in parenting practices, researchers have historically paid little attention to corresponding links among parents with intellectual disability. Relatively few studies have, for instance, explicitly addressed these parents’ exposure to interpersonal trauma, and direct examinations of links between such exposure and
caregiving-related outcomes are very rare. Moreover, while general traumato-
logical research has repeatedly underscored the importance of addressing cu-
mulative exposure, hardly no research on parents with intellectual disability 
has taken such accumulation into account. As a result, the role of these par-
ents’ experiences of interpersonal trauma—the “ghosts in their nurseries”, to 
speak with infant mental-health pioneer Selma Fraiberg—for their caregiving 
has largely been allowed to remain in the shades.

Something similar can be said about psychosocial adversity. It has, on the 
one hand, long been known that poverty, parental mental health issues and 
social isolation may influence parenting negatively, and that the caregiving 
situation of parents with intellectual disability is, on the other hand, often sur-
rounded by such factors. Yet, there is a scarcity of research addressing accu-
mulation of psychosocial stressors among these parents, in relation to distinct 
and developmentally informed caregiving-related capacities. Consequently, 
the role of psychosocial adversity for caregiving among parents with intellec-
tual disability is also still partly laid in shadows.

With this thesis, my main aim is to shed some light on these issues. Study 
I consists of a systematic review of literature on experiences of interpersonal 
trauma among parents with intellectual disability, in relation to caregiving-
related and child developmental outcomes. Study II, in turn, investigates the 
role of cumulative childhood interpersonal trauma and psychosocial adversity 
for parental mentalizing difficulties among mothers with intellectual disabil-
ity. Study III, lastly, is based on a second sample of mothers, and examines 
the mothers’ capacity for interpreting infants’ facial emotional expressions, in 
relation to the mothers’ cumulative experiences of interpersonal trauma, and 
to their children’s attachment representations. In an addendum to Study III— 
novel to this dissertation—I will also present a secondary analysis of data from 
this project, addressing the role of psychosocial adversity for maternal sensi-
tivity and child attachment.

In the introduction that follows, I will provide a theoretical background to 
the studies. The first part introduces research pertaining to parents’ exposure 
to interpersonal trauma, and links to caregiving and child developmental out-
comes. The second part revolves around psychosocial adversity, and the rela-
tion between psychosocial strains and caregiving. Lastly, I turn to parents with 
intellectual disability and their children, and to the rationale for suspecting that 
knowledge about exposure to interpersonal trauma and psychosocial adversity 
may deepen the understanding of the caregiving-related difficulties sometimes 
seen in this contested group of parents. Before proceeding to the theoretical 
introduction, however, some brief remarks on the terminology used in this 
thesis are in order.
An Introductory Note on Terminology

Any scientific endeavor becomes a lot easier, if one has a clear view of whatever is under study. That’s where definitions come in handy. Definitions clarify the meaning of the terms used to denote concepts of interest, and help us to sort out from the surrounding world the phenomena whose properties correspond—and don’t correspond—to the concepts. In this way, definitions constitute a cohesive underlying element in all scientific enterprises; providing the investigation with structure and exactitude (Caws, 1959). At least in principle. In practice, most terms tend to elude even our best attempts at strict definition (for discussions on the topic, see e.g., Ramsey, 1929; Wittgenstein, 1953), and trauma is no exception in this regard. In the scholarly literature, this issue is partly reflected in markedly diverse uses of the term. For instance, whereas some authors use trauma to refer to the psychological response to physically or emotionally threatening or overwhelming events (e.g., Gerber et al., 2021; Schroeder et al., 2021), others use the term to refer to events themselves (e.g., child abuse and neglect, physical assaults, rape; e.g., Bernstein et al., 2003; Briere & Scott, 2015; De Bellis & Zisk, 2014).

There are advantages and limitations linked to both approaches. Response-oriented definitions enable a more nuanced understanding of the effects of threatening or overwhelming events, and are easier to align with the subjective nature of trauma. On the downside, this approach is often unpractical for research purposes; it is simply more complicated to assess psychological responses in a clear and consistent manner, than to map sheer exposure to certain events. The event-focused approach is, on the contrary, less suited for capturing experiential variation among victims of threatening or overwhelming events. It has, however, the advantage of offering a relatively practical and straightforward definition of trauma. For this reason, I will employ the event-focused approach throughout this thesis. In doing so, I am well aware that the parents described may have responded differently to what life has thrown at them. Nevertheless, as will be outlined in the following sections, the events that lie at the heart of the thesis are typically experienced as very stressful by the victims, and often have life-long negative effects on the individual.

The events in question, then, pertain—as suggested by the thesis’ title—to interpersonal relationships; that is, to interpersonal trauma. More specifically, the term interpersonal trauma will mainly be used to refer to incidents of
childhood (0–17 years) maltreatment, including physical, sexual and emotional abuse, and physical and emotional neglect. The term will also comprise childhood witnessing of violence involving caregivers—a type of exposure that is nowadays increasingly recognized as a form of maltreatment in itself, with possibly severe developmental consequences (e.g., van Rosmalen-Nooijens et al., 2017)—as well as sudden losses of, or involuntary and prolonged separations from, caregivers in childhood. Losses and prolonged separations from caregivers are often absent in examinations of interpersonal trauma, but inclusion of such events is highly motivated on attachment-theoretical grounds. This is because such events entail a disruption of the child’s attachment bond to the caregiver, and consequently block the child’s intrinsic motivation to ascertain physical or psychological proximity to the caregiver in frightening or distressing situations (Bowlby, 1969/1982). The overwhelming nature of such events is manifested in normative displays of intense anxiety, protest, and anger by the child, followed by depressive reactions and despair (Bowlby, 1973, 1980).

As the reader may have noted, the above implies that this thesis is focused on interpersonal trauma experienced in childhood. This is largely correct—although not entirely. In Study III, I had access to data on the parents’ experiences of threatening or overwhelming interpersonal events also in adulthood (e.g., intimate partner violence), and was thus able to examine the role of lifetime exposure. Similarly, in Study I, a few reports based on lifetime exposure were included in the review, in order to provide a maximally comprehensive account of the parents’ experiences of interpersonal trauma. To prevent confusion for the reader, I will, whenever relevant in the forthcoming, clearly note whether the discussed findings regard childhood or lifetime exposure. That being said, the vast majority of the trauma-related findings described in this thesis pertain to childhood experiences.

If the concept of interpersonal trauma has somewhat fuzzy boundaries, the concept of psychosocial adversity is even worse. Broadly speaking, this term is typically used to refer to social factors that increase an individual’s level of psychological stress, and that may thus contribute to the development of illness or maladaptive behavior (cf. American Psychological Association, 2023). On an applied level, however, there is little consistency among researchers with regard to which such factors should be included in the concept. For the purposes of this thesis, I will use the terms psychosocial stressor(s)/risk factor(s) interchangeably to refer to some of the most common markers of stress used in the literature; roughly relating to poverty, parental mental health problems, and limited social support. These markers include: parental unemployment; low household economic standard; accommodation in disadvantaged residential area; ethnic minority; parental mental health problems; young parent; single parent; and lack of support from own parents. Psychosocial adversity/risk will, in turn, be used interchangeably to refer to the degree of accumulation of psychosocial risk factors.
A few words should also be said about the term intellectual disability. This term is generally used to refer to significant limitations in intellectual (e.g., reasoning and problem-solving skills, planning, abstract thinking, theoretical learning) and adaptive functioning, that have originated during an individual’s developmental period (American Psychiatric Association, 2022). Significant intellectual limitations are typically thought to be reflected in IQ scores < 70 (i.e., two standard deviations below the population mean), although a specific full-scale IQ score is no longer required for diagnosis. With regard to adaptive functioning, three different domains are considered: (a) conceptual or academic functioning, including competence in e.g., language, reading, writing, memory, reasoning, and acquisition of knowledge; (b) social functioning, including e.g., interpersonal communication skills, social judgment, empathy, understanding of social signals, and the ability to maintain social relationships; and (c) practical functioning, including self-management with regard to e.g., personal care, management of money, job and household responsibilities, and organization of everyday tasks. Significant limitations are deemed to be present when an individual’s functioning within at least one domain, is sufficiently impaired that continuous support is needed in order to reach a developmentally and socioculturally expectable level of functioning. The disability is identified as mild, moderate, severe, or profound, depending on the extent of difficulties (Schalock et al., 2021). With regard to parents diagnosed with intellectual disability, the vast majority have a mild level of disability (International Association for the Scientific Study of Intellectual Disabilities; IAS-SID, 2008)—and this is true also of the parents described in this thesis. The studies reviewed in Study I focused exclusively or mainly on parents with mild intellectual disability, and in the empirical Studies II and III, all mothers with intellectual disability had a mild level of disability. Thus, although I will, for pragmatic and stylistic reasons, mostly refrain from specifying the severity of disability in the forthcoming, this thesis mainly concerns parents with mild intellectual disability.

Lastly, although the title of this thesis suggests that it concerns parents with intellectual disability in general, it is really mainly about mothers. Most of the research reviewed in Study I included only mothers, as did the two empirical works presented in Studies II and III. Nevertheless, while a small minority of fathers with intellectual disability are also represented in Study I, as well as in some of the research presented in the third part of the introduction, I deemed it suitable to use the term parents in all descriptions that do not refer exclusively to mothers. More specifically, I will use the terms parent(s) with intellectual disability/parental intellectual disability whenever a described research context or finding involves also fathers to some extent, and mother(s) with intellectual disability/maternal intellectual disability whenever the descriptions pertain solely to mothers.
Interpersonal Trauma and Caregiving

When browsing the scientific literature on childhood interpersonal trauma, one sometimes gets the impression that developmental sequelae of child maltreatment constitute a relatively recent discovery. Such an impression is likely a bit unfair to our ancestors. Admittedly, violent and offensive childrearing practices have been common, even sanctioned, throughout most of history (French, 2002)—but damaging effects of such practices are recognized already in the writings of Renaissance scholars Jean Gerson (1363–1429; 1899) and Mapheus Vegius (1407–1458; Grabmayer, 2004), the works of the early French neurologists (e.g., Janet, 1889/2021), and in the novels of, for instance, Shelley (1818/2012), Dickens (e.g., 1838/1992), Brontë (1847/2012), and Dostoevsky (e.g., 1880/2003). Possibly, such recognition could, at least to some extent, be dated even further back in history. After all, the notion that children are negatively affected by severe mistreatment has likely been grasped by intuition or common sense by many parents long before it entered historical records (Class, 1960). It is true, however, that certain relatively recent events—including a series of landmark reports on child abuse in the 1960’s (e.g., Griffiths & Moynihan, 1963; Kempe et al., 1962) and the concurrent emergence of cultural and structural dispositions favoring increased rights of children (Hart, 1991; Pfohl, 1977)—accentuated childhood interpersonal trauma as a social and public health problem. As a result, the past five decades have seen a monumental increase in the scientific engagement with the topic, yielding important insights into the consequences of maltreatment and related childhood adversities across numerous life domains. Such insights pertain, not least, to links between parents’ exposure to interpersonal trauma in childhood—particularly in cumulative form—and difficulties in their own parenthood. The forthcoming sections will focus on such links, starting with parents’ exposure to maltreatment as a risk factor for abusive or neglectful parenting. The second section discusses links with important but less pronounced caregiving difficulties, whereas the third section focuses on the children, and the role of the parents’ childhood histories for their development. The last section, in turn, concerns possible developmental pathways from childhood interpersonal trauma to caregiving difficulties, with special attention given to potential effects of cumulative exposure on the development of two important parental social-cognitive capacities: parental mentalizing and emotion-interpretation.
Intergenerational Transmission of Interpersonal Trauma

The notion that “maltreatment begets maltreatment” has long been accepted by researchers and clinicians alike. Its popularity likely stems, in part, from a number of widely disseminated early studies suggesting very strong links between parents’ exposure to childhood abuse or neglect, and their proclivity to maltreat their own children. For instance, Steele and Pollock (1968) found, in a sample of maltreating parents, that all parents had themselves been exposed to maltreatment. Relatedly, Egeland et al. (1988) reported that about 75% of mothers exposed to childhood maltreatment went on to maltreat their own children, or were suspected of doing so. As is mostly the case in science, the picture did, however, soon get more complex. Methodological issues in many of the early studies—such as unspecific operationalizations of maltreatment, a lack of longitudinal designs, and limited examinations of confounding variables—were noted already in a first review of the field (Kaufman & Ziegler, 1987), and when studies addressing such issues failed to replicate previous findings (e.g., Widom, 1989), this spurred a prolonged critical debate on the topic of intergenerational transmission of maltreatment (e.g., Ertem et al., 2000; Thornberry et al., 2012).

The many studies emanating from this debate have jointly contributed to muting the somewhat deterministic overtones of the early research. It is now clear, for instance, that the large majority of maltreated parents do not maltreat their own children (e.g., Augustyn et al., 2019; Berlin et al., 2011; Herrenkohl et al., 2013; Widom et al., 2015). Nevertheless, aggregated findings indicate that parental experiences of maltreatment in their own childhood indeed increase the risk that maltreatment will be perpetrated also on these parents’ own children; typically by the maltreated parent him/herself, but also by other parental figures. For instance, Madigan et al. (2019) synthesized findings from 80 studies examining intergenerational transmission of maltreatment, and concluded that children of maltreated parents were, overall, more likely to be subjected to maltreatment, with a combined effect size across studies of $d = .45^1$. A similar estimate was obtained also in the most comprehensive meta-analytic effort to date, in which van IJzendoorn et al. (2020) synthesized findings from 11 meta-analyses on parental antecedents of child maltreatment, three of which pertained to parental exposure to childhood maltreatment. They found that such exposure—in comparison with parental personality characteristics (insecure attachment style and dependency), adulthood intimate partner violence, low socioeconomic status, and physiological reactivity—constituted the

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1 Common convention holds that $d = 0.2/r = .10$ constitutes a small effect size, while $d = 0.5/r = .30$, and $d = 0.8/r = .50$ are medium and large, respectively (Cohen, 1988). More recent empirically derived guidelines for psychological research do, however, suggest that estimates of $d = 0.15/r = .12$, $d = 0.36/r = .24$, and $d = 0.65/r = .41$ could be regarded as corresponding empirical benchmarks for interpreting effect sizes (e.g., Lovakov & Agadullina, 2021).
most prominent risk factor for child maltreatment, with an umbrella effect size of $d = 0.47^2$.

These meta-analytic findings are important, for several reasons. First, they provide robust evidence for the relevance of attending to parents’ own caregiving experiences when attempting to understand caregiving risks. Second, the moderate effect sizes concurrently underscore the importance of not staring blindly at the parents’ past. I will return to the latter point in the section on psychosocial adversity and parenting. An important note should, however, be made here: The lion’s share of the research on intergenerational transmission of interpersonal trauma has either examined the role of sheer exposure (vs. non-exposure) to maltreatment among the parents, or focused on one specific type of exposure (e.g., childhood sexual abuse). As a consequence, the aforementioned meta-analyses have not been able to address the potential role of accumulation of maltreatment experiences across maltreatment types. This is an important limitation, because research in the adjacent domain of mental health clearly shows that mental-health risks linked to childhood maltreatment are largely proportional to the degree of exposure (e.g., Hughes et al., 2017; Teicher et al., 2022), and a similar dose-related relationship may apply also to the domain of caregiving. Indeed, studies that have accounted for multiple parental exposure to maltreatment consistently indicate, that the risk for intergenerational transmission of maltreatment is partly dependent on the parents’ cumulative exposure. For instance, in a study by Jaffee et al. (2013; $n = 1,116$ families), parental exposure to maltreatment in general predicted subsequent maltreatment perpetration (odds ratio; $OR = 3.55$), but the risk was particularly elevated for parents with high cumulative counts of childhood exposure ($OR = 5.31$). Bartlett et al. (2017; $n = 417$ dyads) also found that mothers with higher cumulative exposure to childhood maltreatment were at higher risk for negative outcomes, across eight perpetration-related outcomes. In particular, mothers’ exposure to multi-type maltreatment was linked to a marked increase in the odds of subjecting their own children to multi-type maltreatment ($OR = 6.35$). Relatedly, Ben-David et al. (2015; $n = 6,935$ dyads) found that only parental exposure to sustained neglect (hazard ratio; $HR = 2.12$) or multi-type maltreatment ($HR = 1.85$) predicted subsequent abusive or neglectful parenting. These and similar findings (e.g., Cohen et al., 2008; Dubowitz et al., 2001; Kim et al., 2010; Pears & Capaldí, 2001; Zuravin et al., 1996) jointly indicate that the links between parents’ childhood histories and subsequent abusive or neglectful caregiving are particularly strong for parents who were once themselves exposed to more extensive maltreatment.

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2 For the purposes of this thesis, it should also be noted that exposure to intimate partner violence constituted the third most prominent risk, with a combined effect size of $d = 0.41$. 
Parental Interpersonal Trauma and Normative-Range Caregiving Difficulties

Beyond the extreme caregiving difficulties manifest in parents’ maltreatment of their children, a substantial body of research has also examined links between parents’ exposure to interpersonal trauma and normative-range caregiving difficulties; spanning from higher levels of negative but non-abusive behaviors, to lower levels of positive behaviors. Analogous to the aforementioned findings regarding intergenerational transmission of maltreatment, this research overall indicates that parental interpersonal trauma increases the risk for caregiving difficulties. Vaillancourt et al. (2017), for instance, systematically reviewed 14 independent studies on links between mothers’ self-reported childhood abuse and observed mother-infant interactions, comprising socio-economically diverse samples and mainly longitudinal designs. Ten of the studies, including six out of seven high-quality studies, found maternal childhood abuse to be predictive of lower maternal sensitivity. Similar findings were reported by Greene et al. (2020), who synthesized evidence from 63 independent studies on caregiving among maltreated parents, spanning from the children’s first year up to adolescence. Across studies, the authors found clear support for links between parental maltreatment histories and a heightened risk for parental rejection/withdrawal, role reversal/confusion, and lower sensitivity to children’s signals. Links with parental hostile or intrusive behaviors, inconsistent discipline, authoritarian/punitive parenting, and lower levels of emotion socialization behaviors (e.g., affective communication) were also supported, though the evidence was more limited or mixed with regard to these outcomes.

In yet another systematic review, Ongilio et al. (2022) focused on mothers’ self-reported childhood adversity more generally—including maltreatment, witnessing violence involving caregivers, and loss of parent—in relation to mother–child interactions from infancy through the preschool years. This review comprised 29 studies, 26 of which were not included in the aforementioned reviews. All but three studies, and 11 of the 12 studies deemed to be of highest quality, found maternal childhood adversity to be linked to negative outcomes, including lower maternal sensitivity, impaired mother–child bonding, more rejecting behaviors, less positive affect and engagement with the child, and more disruptive or frightening interactive behaviors.

While these synthesized findings clearly point to links between parental exposure to childhood interpersonal trauma and caregiving difficulties, only one attempt has been made to quantitatively evaluate the strength of such

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3 This review additionally comprises 34 studies that relate exclusively to the topic of intergenerational transmission of maltreatment. However, as the previous section has already addressed this topic on the basis of meta-analytic findings, only findings pertaining to non-maltreating caregiving are described here.
links. In this study, focusing on parents of children aged 0–6 years, Savage et al. (2019) examined findings from 32 studies, 19 of which were included in the aforementioned systematic reviews. Their analysis revealed a significant negative effect of parental maltreatment-exposure on caregiving behavior (e.g., sensitivity, parental warmth), with an effect size across studies of $r = - .13$. The effect size was somewhat larger for studies focusing on dyadic aspects of caregiving (e.g., parent–child bonding or connection; $r = - .20$).

Mirroring the findings described in the previous section, these effect sizes are far from deterministic. In other words: Parents with harsh childhoods are by no means predestined to have difficulties with caregiving. Nevertheless, neither should these effect sizes be regarded as trivial. Echoing the importance of parent–child interactions for children’s development, many of the parenting behaviors that have been linked to parental interpersonal trauma, have in turn been associated with negative child developmental outcomes. Such outcomes include, not least, attachment insecurity and disorganization (Madigan et al., 2006a; Verhage et al., 2016), developmental delays (Fan et al., 2021), and internalizing/externalizing problems (e.g., Katsantonis & Symonds, 2023).

Furthermore, while data limitations prevented also Savage et al. (2019) from addressing the role of cumulative interpersonal trauma for caregiving behavior, a number of studies indicate that accumulation is of the essence here as well. For instance, Guyon-Harris et al. (2020; $n = 120$ dyads) prospectively investigated a community sample of mothers and their infants, and found that specifically high maternal exposure to childhood maltreatment increased the odds of disrupted caregiving behaviors, in the form of marked affective communication errors and role/boundary confusion ($OR = 3.43$ and $OR = 2.37$, respectively, compared to mothers with no or low exposure to maltreatment). Similarly, Khoury et al. (2021; $n = 179$ dyads) reported that mothers exposed to multiple types of maltreatment displayed markedly more withdrawal in relation to their infants, compared to both mothers without a maltreatment history, and mothers exposed only to emotional abuse. While no effect sizes were reported for this finding, examination of group mean differences suggests they were very large. Concordant findings have been reported also in several other studies, linking higher cumulative parental exposure to maltreatment and related childhood adversities to an increased risk for negative interactive outcomes, spanning from lower parental sensitivity and involvement, to higher rates of negativity and parent–infant mismatches (Bailey et al., 2012; Buisman et al, 2019; Crugnola et al., 2019; Lyons-Ruth & Block, 1996; Moioli et al., 2022; VanBronckhorst et al., 2023). Thus, there are again reasons to suspect that parents with higher cumulative rates of childhood interpersonal trauma are also at higher risk for caregiving difficulties—and, by extension, also for developmental problems in their children.
Parental Interpersonal Trauma and Child Development

The idea that parental interpersonal trauma may adversely influence children’s development was inherent already in the early theoretical accounts of the field (e.g., Fraiberg et al., 1975). An important body of pertinent research has been gathered by attachment scholars, who have examined the role of parental histories of childhood interpersonal trauma—in unresolved form4 as well as more generally—for children’s attachment quality. This work has yielded robust meta-analytic evidence for associations between parents’ unresolved interpersonal trauma and disorganized attachment among their children (van IJzendoorn, 1995; Verhage et al., 2016; \( r = .21\)–.31); associations that are partly mediated by marked parental insensitivity and frightening, disoriented and disrupted caregiver behaviors (e.g., Madigan et al., 2006a, 2006b, 2007). A number of studies have also reported links between more conventional measures of parental interpersonal trauma and insecure or disorganized child attachment. For instance, a small-sample study comprising maltreated mothers (Berthelot et al., 2015; \( n = 57 \) dyads) found that children of these mothers had notably higher odds of displaying insecure and disorganized attachment, in comparison with meta-analytic norms (insecure: OR = 7.58; disorganized: OR = 4.49; compared to van IJzendoorn et al., 1999)\(^5\). Relatedly, Pasalich et al. (2016; \( n = 112 \) dyads) found that a maternal history of maltreatment was predictive of lower attachment security in their infants (\( \beta = -0.27 \)). Alto et al. (2021; \( n = 123 \) dyads) also reported that mothers’ exposure to maltreatment indirectly predicted low maternal sensitivity, via maternal depression. Low sensitivity, in turn, predicted disorganized attachment among their children.

Beyond the attachment field, numerous studies have also examined parental interpersonal trauma in relation to a wider range of child developmental outcomes, including cognitive/adaptive development, behavior problems and mental health. To reiterate a theme that is likely familiar to the reader by now, these studies generally indicate that children’s developmental risks increase with the degree of cumulative exposure among their parents. For instance, a

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4 Unresolved interpersonal trauma—or, more specifically, unresolved loss or abuse—is a concept that is specific to attachment theory. Individuals are classified as unresolved based on marked incoherencies or disruptions in discourse, when interviewed about childhood experiences of abuse or loss of caregivers. While this classification necessitates exposure to childhood loss or abuse, far from all exposed individuals are classified as unresolved, and so the concept captures only a subpopulation of parents exposed to childhood interpersonal trauma. Whether the trauma histories in this subpopulation differ from the histories of exposed parents more generally is also unclear (e.g., Bakkum et al., 2023), although some studies suggest an overlap between unresolved status and high accumulation of interpersonal trauma (e.g., Bailey et al., 2007), as well as with PTSD (Stovall-McClough & Cloitre, 2006). The concept of unresolved interpersonal trauma thus deviates a bit from the definition of interpersonal trauma used elsewhere in this thesis. However, as it forms the basis for an important body of research relating to this section, it is nevertheless included here.

5 Odds ratios calculated by myself to facilitate interpretation; \( p \)'s < .0001.
retrospective cohort study by Folger et al. (2018; n = 433 dyads) examined parents’ exposure to maltreatment and other adversities, including witnessing caregiver violence and parental death, in relation to their children’s cognitive and motor development at child age 2 years. They reported an 18% increase in the risk of developmental delays for each adverse childhood experience reported by mothers, and a 34% increase for each exposure reported by fathers. Children of mothers exposed to more than three adverse events also had a heightened risk for pervasive delays (i.e., affecting several developmental domains; risk ratio; \( RR = 2.23 \)). Relatedly, Sun et al., (2017; 1,293 dyads) found that while parental exposure to maltreatment and other childhood adversities was related to higher odds of suspected developmental delays in young children (\( OR = 1.86 \)), the odds were the highest for children of multi-exposed mothers (\( OR = 2.21 \)). A prospective study by Zvara and Burchinal (2021; n = 1,292 dyads) also found that a higher degree of maternal exposure to childhood sexual abuse predicted lower teacher-rated verbal skills among first-graders (\( \beta = -0.49 \)). Lastly, Miccoli et al. (2022; n = 71 dyads) examined parents’ exposure to maltreatment and other childhood adversities, in relation to their children’s motor, cognitive, and language development. They found that children of multi-exposed parents were more likely to fall behind age norms in at least one developmental domain (\( OR = 4.50^6 \)).

With regard to children’s mental health outcomes, Schickedanz et al. (2018; n = 2,529 dyads) retrospectively examined a cohort of socioeconomically diverse families, and found that children of mothers who had been exposed to at least four types of childhood interpersonal trauma, had higher odds of developing problems with hyperactivity (\( OR = 3.10 \)) and of being diagnosed with a mental health disorder (\( OR = 5.40 \)). Similarly, Moog et al. (2023; n = 3,954 dyads) examined mothers and children from 69 socioeconomically and ethnically diverse cohorts. They found that while maternal exposure to childhood maltreatment generally increased the odds of clinical-range internalizing problems (\( OR = 2.29 \)) and a diagnosis of autism (\( OR = 1.70 \)) among the children, children of multi-exposed mothers had the highest risk (\( OR = 11.66 \) and \( OR = 5.17 \), respectively, compared to children of mothers with low exposure to maltreatment). Concordant evidence has also been reported in other well-controlled large-scale studies, focusing on children’s externalizing problems (Zvara & Burchinal, 2021; n = 1,292 dyads) and total load of socioemotional struggles (Ahmad et al., 2022; n = 1,127 dyads; Doi et al., 2021; n = 10,819 dyads). Thus, also with regard to child development, research suggests that the strength of links between parental exposure to interpersonal trauma and child developmental risks, is related to the degree of parental exposure.

\(^{6}\) Odds ratio calculated by myself to facilitate interpretation; \( p = .01 \).
Developmental Pathways

The recurring findings regarding the role of accumulation begs the question why high exposure to interpersonal trauma may have the potential to affect individuals’ future caregiving capacities, and thereby their children’s development. There is, of course, not only one answer to this question. The relationships between interpersonal trauma and caregiving are inherently complex, and numerous theoretical frameworks have been proffered to explain the pertinent links. For instance, social learning theory (Bandura, 1973) has obvious explanatory value in this context, particularly in the case of type-to-type transmission of maltreatment across generations (e.g., from exposure to perpetration of physical abuse; Widom & Wilson, 2015). Attachment researchers have, on their side, highlighted that childhood maltreatment or loss of caregivers may result in incoherent parental representations of attachment, or—most notably—unresolved states of mind with respect to childhood loss or abuse. Such incoherent representations (e.g., conflicting emotions and thoughts pertaining to being in need of comfort) and disintegrated traumatic experiences may then be triggered by the child’s display of vulnerability and distress, heightening the risk for insensitive and disrupted caregiving behaviors (e.g., Vaillancourt et al., 2017). Yet others researchers have used a developmental psychopathology framework to understand the links, proposing that extreme deviations from a child’s average expectable environment, for instance in the form of maltreatment, may impinge on the child’s capacity to successfully negotiate stage-salient developmental tasks (e.g., mastering emotion regulation, establishing peer relationships). In the course of development, maltreated children may thereby develop various social, cognitive, emotional, and neurophysiological difficulties. Such difficulties may, in turn, increase the risk for parental psychopathology, with corresponding increases in the risk for caregiving problems (Alink et al., 2019). Lastly, researchers have posited that childhood interpersonal trauma may interfere with the development of social cognition, including the capacity to perceive and understand the behavior of oneself and others against the background of underlying mental states (i.e., to mentalize; Fonagy et al., 2004), and to interpret emotional signals. According to these researchers, such trauma-related deviations in social cognition may underpin the caregiving difficulties often seen among maltreated parents (e.g., Camilo et al., 2020).

All of these frameworks have their merits, and to some extent, they are also complementary. For instance, attachment relationships have been proposed to constitute an optimized environment for the development of social cognition (e.g., Fonagy et al., 2007), and the formation of such relationships belongs to the stage-salient tasks accentuated within the developmental psychopathology framework (Cicchetti, 2016). Furthermore, acquisition of social-cognitive capacities is implicitly at the center of developmental tasks relating to the establishing of peer relationships. Nevertheless, when it comes to understanding
why specifically cumulative exposure to childhood interpersonal trauma can have repercussions on subsequent caregiving capacities, a focus on social-cognitive capacities—such as mentalizing and emotion-interpretation—may be particularly informative.

Parental Interpersonal Trauma and Mentalizing

From infancy to adolescence, the gradual development of mentalizing forms the basis for children’s successive mastering of increasingly complex social interactions, and establishment of constructive social relationships (Fonagy et al., 2004). When entering parenthood, the corresponding capacity to mentalize the child—parental mentalizing—is of crucial importance for the parent-child interaction. Meta-analytic research has, for instance, found that higher parental mentalizing fosters secure child attachment, both directly \( r = 0.30 \) and through positive effects on parental sensitivity \( r = 0.25; \) Zeegers et al., 2017). Research also suggests that higher parental mentalizing facilitates children’s emotional well-being and emotion regulation, as well as their own development of social cognition (for a review, see Camoirano, 2017).

The capacity to mentalize is multidetermined, and to some extent affected by genetic and epigenetic variations (e.g., Kim, 2015; Skyberg et al., 2022). It is, however, also thought to be heavily influenced by qualities in the child’s caregiving relationships (Fonagy & Target, 1997). Notably, it has been proposed that repeated exposure to maltreatment may be particularly detrimental to the pertinent developmental processes. This is because such experiences may make the child avoid attempts to interpret the potentially frightening mental states of others, distrust mind-related information conveyed in social relationships or, in the case of severe neglect, receive an insufficient degree of the interactive exchanges that stimulate the development of mentalizing (Fonagy et al., 2004; 2007). Supporting this proposal, numerous studies have reported poorer performance on mentalizing-related tasks among children exposed to higher levels of maltreatment (e.g., Cicchetti et al., 2003; Edwards et al., 2005; Pears & Fisher, 2005; Perlman et al., 2008; Shipman et al., 2005).

Researchers have also examined whether trauma-related difficulties with mentalizing extend to parenthood. While studies examining links between sheer maltreatment exposure and measures of global parental mentalizing have reported mixed findings (e.g., Moser, 2019; Stacks et al., 2014), studies accounting for cumulative exposure have been more consistent. For instance, Berthelot et al. (2019; \( n = 301 \)) found that higher exposure to maltreatment among expecting parents was related to lower mentalizing capacity \( \beta = -0.17 \), which in turn was predictive of lower psychological investment toward the unborn child. Similarly, Garon-Bisonette et al. (2022; \( n = 111 \) dyads) found that parental exposure to multi-type maltreatment predicted more extensive parental mentalizing difficulties \( \beta = 0.30 \), which in turn predicted
lower child development scores. Importantly, recent research also suggests that rather than increasing the risk for lower global mentalizing, sustained exposure to childhood interpersonal trauma may be a risk factor for more specific mentalizing difficulties. Garon-Bisonette et al. (2023; n = 116 mothers), for instance, found no association between expecting women’s maltreatment histories and their global mentalizing capacity; however, women exposed to multi-type maltreatment had a tenfold increase in the odds of a particular distorted and inconsistent way of mentalizing, reflective of so-called prementalizing modes. Such modes can be said to constitute essentially non-mentalizing ways of relating to other people’s minds, and are characterized by a limited ability to regard other people’s mental states, or by conflation of one’s own and other people’s mental states, as manifest in a tendency to make concrete, rigid and often malevolent interpretations of the internal causes of other people’s behavior (Fonagy et al., 2004). Related findings have been reported by Condon et al. (2022; n = 97 dyads) and Manshadi et al. (2023; n = 489 parents), who both found that more extensive parental exposure to maltreatment predicted higher rates of prementalizing (β = 0.46 and β = 0.24, respectively).

In sum, a large number of studies suggest that sustained exposure to maltreatment in childhood increases the risk for mentalizing difficulties, and that these difficulties may extend to parenthood, particularly in the form of elevated levels of parental prementalizing. Parental prementalizing has, in turn, been associated with lower sensitivity (Krink et al., 2018; Luyten et al., 2017), lower tolerance of child distress and autonomy (Rostad & Whitaker, 2016; Rutherford et al., 2015), and a heightened risk for neglect (Mao et al., 2023). With regard to child development, it has also been linked with insecure child attachment (Luyten et al., 2017), regulatory disorders (Georg et al., 2018), and child socioemotional problems (Madsen et al., 2023; Nijssens et al., 2020). Thus, there is reason to suspect that the aforementioned links between cumulative childhood maltreatment and negative caregiving-related outcomes, are partly underpinned by a trauma-related parental proclivity for prementalizing.

Parental Interpersonal Trauma and Emotion-Interpretation

A related route from sustained childhood maltreatment to negative caregiving-related outcomes, may go via atypical parental interpretation of children’s emotions. Emotional cues play a crucial role in infants’ attempts to engage their social environment, and caregivers’ capacity to interpret and respond to such cues has bearing on numerous aspects of child development, including on attachment (e.g., Beebe et al., 2010; Leerkes et al., 2015). Conversely, researchers have proposed that trauma-related parental difficulties with processing infants’ emotional cues, in combination with difficulties in regulating own emotions and distinguishing them from the infant’s, may hamper the capacity for responding to the infant in a contingent manner. As a result, the infant may repeatedly experience insufficient dyadic regulatory support,
which could increase the risk of insecure and disorganized attachment (De-Oliveira et al., 2004; Lyons-Ruth et al., 1999).

Several studies have reported atypical patterns of emotion-interpretation among severely maltreated children (for a review, see Luke & Banerjee, 2013). While findings have been mixed with regard to adults—likely due, in part, to measurement inconsistencies (Bérubé et al., 2023)—there are also indications that such patterns may remain until parenthood. For instance, a large prospective study by Young and Widom (2014; \( n = 1,575 \)) found that individuals maltreated in childhood were, as adults, less able to correctly interpret the valence of facial emotional expressions (\( \beta = -0.11 \)). Evidence indirectly suggestive of such links also comes from studies on parents at risk for child maltreatment and other severe caregiving difficulties. As already described, these parents have more often been exposed to childhood maltreatment themselves (e.g., van IJzendoorn et al., 2020). Meta-analytic data also indicates that parents at risk for child maltreatment and other severe caregiving difficulties are less accurate in interpreting children’s facially expressed emotions (Wagner et al., 2015; \( d = 0.47 \)), and more likely to have children with insecure and disorganized attachment (\( d = 0.67 \) and \( d = 0.77 \), respectively; Cyr et al., 2010).

A few studies have also examined links between childhood maltreatment and more specific parental emotion-interpretation difficulties. Some of these studies suggest that childhood maltreatment may be associated with a heightened parental proclivity to misinterpret negative infant emotions, including anger and fear (Dayton et al., 2016; Francis & Wolfe, 2008; Teeters et al., 2014; Turgeon et al., 2020). Other studies suggest a rare parental proclivity among maltreated parents to perceive shame in infant faces (Hildyard & Wolfe, 2007; Moran et al., 2008). This latter proclivity has also been linked with more intrusive maternal behaviors among mothers at risk for caregiving difficulties (Butterfield, 1993). Thus, although findings are less conclusive in this area, aggregated evidence suggests that the links between parents’ maltreatment histories and subsequent caregiving-related outcomes, may be partly underpinned also by trauma-related difficulties with emotion-interpretation.

With that said, we have now reached the end of this rather lengthy overview of parental interpersonal trauma and caregiving. We have seen that parental exposure to interpersonal trauma increases the risk for an array of negative outcomes, including caregiving difficulties of varying quality and severity, as well as for developmental difficulties in the next generation. We have also seen that findings are generally more consistent, and the effects often larger, when parents’ cumulative exposure is taken into account. Lastly, we have seen that this recurring finding may in part be explained by trauma-related deviations in social-cognitive capacities, such as parental mentalizing and emotion-interpretation. In other words: There are good reasons for keeping an eye on parents’ past, when attempting to understand their current caregiving struggles. On the other hand, such struggles are multidetermined, and influenced also by numerous other factors in the caregiving context.
The Role of Psychosocial Adversity

It is easy to imagine that parenthood may be more challenging, if one’s own experiences of caregiving are imbued with distress, fear, intense frustration or unpredictability. It is, however, equally easy to see that parenthood may be tougher, if one simultaneously has to grapple with economic uncertainty, mental health problems, and lack of social support. Moreover, parents with maltreatment histories have been found to be disproportionately exposed also to psychosocial strains (e.g., Bunting et al., 2018; Maxfield et al., 2023; McKay et al., 2021), and this “double exposure” may further contribute to the caregiving-related difficulties often seen among these parents. While not directly addressed in the previous sections, this possibility has been implicit in much of the research reviewed thus far. For instance, whereas the aforementioned studies have linked parents’ maltreatment histories to negative caregiving and child developmental outcomes even after control for a variety of psychosocial risk factors, such controls have often decreased the strength of the links (e.g., Ben-David et al., 2015; Madigan et al., 2019). A large body of research has, however, also more explicitly examined the role of psychosocial risk factors for caregiving and child development. In this second part of the introduction, I will focus on this research. I will start by reviewing links between psychosocial risk factors and caregiving, and will thereafter examine psychosocial stressors in relation to child development. Lastly, I will describe the potential role of psychosocial adversity for parental social cognition.

Psychosocial Risk Factors and Caregiving

Although caregiving difficulties occur across all socioeconomic strata, such difficulties are more common among families living in poverty. Sedlak et al. (2010; \( n = 1,256,600 \) children), for instance, found that children in families with low economic standard had about 3 times the incidence rate of abuse, and 7 times the rate of neglect, compared to children from less disadvantaged families. Similarly, children of unemployed parents had 2 times the rate of abuse, and 3 times the rate of neglect. Relatedly, Kenny et al. (2020; \( n = 1,240,874 \) children) found that children raised in disadvantaged neighborhoods had more than 2 times the rate of maltreatment. These findings from large-scale studies are consistent with meta-analytic estimates. Stith et al. (2009), for instance,
scrutinized 155 studies on risk factors for child maltreatment, and found that parental unemployment was associated with a higher risk of child maltreatment \( (d = 0.30; k = 8) \), whereas higher socioeconomic status was linked to lower risk \( (d = -0.28; k = 16) \). Mulder et al. (2018) also examined 36 studies on risk factors for child neglect, 23 of which were not analyzed by Stith et al. (2009), and found that parental unemployment and low socioeconomic status both increased the risk of child neglect \( (r = .14 \text{ and } r = .17, \text{ respectively}) \).

While there is a scarcity of research directly addressing poverty in relation to observations of normative-range caregiving difficulties, a few studies also suggest that economic disadvantage is linked to lower parental sensitivity. For instance, Bakermans-Kranenburg et al. (2005; \( n = 1,144 \) dyads) found that lower observed attachment security among children of African–American mothers (compared to children of white mothers) was attributable to poverty-related negative effects on maternal sensitivity. This finding resonates with a study by Shaw and Vondra (1995; \( n = 100 \) dyads), in which family income was positively correlated with maternal involvement and responsiveness \( (r = .35 \text{ and } r = .34, \text{ respectively}) \). Similarly, Klebanov et al. (1998; \( n = 347 \) families) found that parental poverty predicted lower levels of cognitive stimulation and emotional support in relation to the children \( (\beta = -0.21) \).

Another psychosocial stressor that has been extensively studied in relation to caregiving, is parental mental health problems. Although findings have been somewhat mixed in this area, the sum of the evidence clearly indicates that mental health problems heighten the risk for caregiving difficulties. The aforementioned meta-analysis by Stith et al. (2009), for instance, found that both general parental psychopathology and parental depression were associated with a heightened risk of maltreatment perpetration (general psychopathology: \( d = 0.59; k = 13 \); depression: \( d = 0.55; k = 14 \)). Ayers et al. (2019) also meta-analyzed findings from a completely different set of 17 studies on perinatal mental health problems and subsequent maltreatment risk, and found that occurrence of maternal mental health problems was linked with a three-fold increase in the odds of child maltreatment.

With regard to non-abusive caregiving, Lovejoy et al. (2000) meta-analyzed 46 studies on the role of maternal depression for negative (e.g., harsh, coercive, intrusive), disengaged, and positive (e.g., affectionate, warm) caregiving behaviors. They found that depression substantially increased the risk for negative and disengaged behaviors \( (d = 0.40 \text{ and } d = 0.29, \text{ respectively}) \), while the effect size was smaller for positive behaviors \( (d = -0.16) \). Relatedly, Bernard et al. (2018) synthesized findings from a different set of 48 studies on maternal depression and sensitivity to infants’ signals, and reported a combined effect of maternal depression on sensitivity at \( r = -.16 \). Notably, while parental depression is by far the most commonly examined mental-health risk factor in the literature, concordant findings have been reported also among mothers with anxiety (e.g., Crugnola et al., 2016; Holmberg et al., 2020) and personality disorders (for a review, see e.g., Steele et al., 2019).
Researchers have also examined markers of lack of support in relation to caregiving difficulties. Although reports have been somewhat inconsistent here as well, the meta-analysis by Stith et al. (2009) found that single parenthood was linked to an increased risk for child maltreatment, with a combined effect size of $d = .24$ ($k = 22$). This link has also been further corroborated by several subsequent large-scale studies (e.g., Euser et al., 2013; Seldlak et al., 2010; Tran et al., 2018; Vanderminden et al., 2019). Relatedly, having unsupportive relationships with one’s own parents has also been found to increase maltreatment risk (Stith et al., 2009; $d = 0.44$; $k = 11$). Research directly examining these psychosocial factors in relation to normative-range caregiving is scarce, but Daryanai et al. (2016; $n = 385$ dyads) reported that single motherhood had small positive associations with controlling and rejecting parenting behaviors, and Hilton et al. (2001; $n = 90$ families), found that single motherhood was linked to lower rates of positive parenting behaviors. Relatedly, Neuhauser (2018; $n = 248$ dyads) found that lack of social support was predictive of lower maternal sensitivity among mothers at risk for caregiving difficulties, and Rubertsson et al. (2015; $n = 718$ mothers) reported that low support from partner and own parents was linked with lower levels of affectionate mother–fetus bonding among expecting mothers.

Lastly, several studies have suggested a heightened risk for caregiving difficulties among young parents and parents with ethnic minority status (e.g., Brown & Lowry, 2022; Flink et al., 2012; Ierardi et al., 2022; Jernbro & Jansson, 2017; Lanier et al., 2014; Mulder et al., 2018). However, although factors such as adolescent immaturity and cultural variation in child-rearing practices may to some extent lie behind these findings, this heightened risk is mainly explained by the concurrent overrepresentation of other risk factors in these groups, such as poverty, limited access to societal resources, mental health problems, and low education (e.g., Kim & Drake, 2018; Letourneau et al., 2011; Pelton, 2015; see also Afifi, 2007). Thus, although statistically related to a heightened risk for negative caregiving outcomes, young parenthood and ethnic minority status should first and foremost be regarded as broad indicators of relative psychosocial disadvantage.

The above remark brings us back to the issue of accumulation. Mirroring the previously discussed empirical picture of parental exposure to maltreatment and caregiving, much research on psychosocial risk factors has examined the role of specific risk factors in isolation, thus precluding insights into the role of accumulated strains. This is an important limitation; first, because for a substantial minority of the exposed individuals, risk factors tend to cluster (e.g., Borja et al., 2019; Evans et al., 2013), and disentangling effects of individual risk factors is thus often both theoretically and empirically complicated (see e.g., Burchinal et al., 2000). Second, because psychosocial risk factors are thought to affect parenting mainly via increased parental stress (e.g., Masarik & Conger, 2017), and stress can reasonably be assumed to increase...
with the number of risk factors that one is exposed to (e.g., Roskam & Mikolajczak, 2022). It thus seems intuitive that higher accumulation of risks may be more closely related to caregiving difficulties. This possibility is accounted for in research employing a cumulative risk paradigm (Rutter, 1979). Such research focuses on people’s aggregated psychosocial load; typically by examining participants’ concurrent exposure to a set of dichotomous risk factors (e.g., not poor = 0/poor = 1; not single parent = 0/single parent = 1; no mental health problems = 0/mental health problems = 1), and then constructing cumulative risk exposure by summing up the dichotomous scores. Indeed, while findings have been somewhat sprawling with regard to links between specific psychosocial stressors and caregiving, research based on this cumulative risk paradigm has generally been more consistent. For instance, MacKenzie et al. (2011; n = 842 dyads) followed a group of mothers oversampled for maltreatment risks from childbirth to child age 16 years. They found that mothers exposed to high levels of psychosocial adversity at study onset had almost 7 times the risk of maltreating their child before child age 16, compared to mothers with low levels of adversity. Moreover, after accounting for cumulative risk, most single risk factors ceased to be significant predictors of child maltreatment. Relatedly, Solomon et al. (2016; n = 194 families) found that among families involved with the child protection system, the odds of maltreatment recidivism increased with 55% for each additional risk factor displayed by the family; a finding that was replicated by Yang et al. (2018; n = 1,181 families).

Corresponding findings with regard to normative-range caregiving difficulties have also been reported. For instance, Sidor et al. (2018; n = 419 dyads) found that mothers with a higher cumulative load of psychosocial risk displayed lower sensitivity when interacting with their children (d = −0.40), a finding that was replicated with even larger effect size in a small-sample study by Bernard et al. (2018; n = 73; d = −0.83). A prospective study by Gerlach et al. (2022; n = 197 dyads) yielded a similar pattern, with higher parental psychosocial risk being predictive of lower parental sensitivity, both at child age 12 months (β = −0.18) and 18 months (β = −0.17). Relatedly, Burchinal et al. (2008; n = 1,292 families) found that cumulative psychosocial risk was prospectively associated with lower parental warmth and positive engagement (d = −0.32 and d = −0.35, respectively), and with more harsh parenting (d = 0.29).

\[ \text{Effect size is not reported in the original article, but as it provides all the necessary information, I have computed Cohen’s d to facilitate interpretation (p < .0001).} \]
Psychosocial Risk Factors and Child Development

The consequences of psychosocial adversity for children’s development have been thoroughly documented by researchers in the past half-century. While findings are not completely unequivocal—partly due to notable measurement inconsistencies and differing operationalizations of key constructs—this body of research strongly indicates that children raised under disadvantaged circumstances have a heightened risk for unfavorable outcomes across several developmental domains. With regard to poverty, for instance, Madigan et al. (2023) scrutinized 285 studies on child attachment quality, and found that children in impoverished families had lower rates of secure attachment, compared to non-disadvantaged children (42% vs. 55%), and higher rates of disorganized attachment (31% vs. 21%). Concordant findings have been obtained also with regard to child developmental delays. For instance, a population-based study by Gibson-Davis et al. (2022; n = 7,798 children) found that poverty was linked to child developmental delays in the domains of math and reading skills, and Correia et al. (2019; n = 3,200 families), examining child development across family income strata, found that the odds of any child developmental delay was about 47% higher among the poorest families, compared to the richest. Large-scale international data, revealing a heightened risk for developmental delays among children from impoverished rearing contexts, further support the suggested links (Gil et al., 2020; n = 330,613 children). Adjacent research has also linked poverty to child behavioral and mental health problems. Pryor et al. (2019; n = 40,192 families), for instance, reported that poverty was prospectively linked to child conduct problems ($RR = 1.38$) and symptoms of hyperactivity/inattention ($RR = 1.28$), and Ahmad et al. (2022; n = 1,127 dyads) found that parental socioeconomic risk was predictive of child social/behavioral problems ($\beta = 1.03$). A meta-analytic synthesis of findings from 13 large population cohorts (Peverill et al., 2021) further supports these links, with poverty being associated with an elevated risk for child psychopathology ($g = 0.19–0.32$, depending on poverty measure).

With regard to parental mental health problems, numerous studies have examined maternal depression in relation to child attachment quality. The reported effects have varied considerably, but meta-analytic examinations indicate that maternal depression doubles the odds of insecure child attachment (Barnes & Theule, 2019; $OR = 1.80$; $k = 42$). Concordant findings have also been reported with regard to children’s behavioral and mental health problems. Hetherington et al. (2015; n = 1,688 dyads), for instance, followed a group of socioeconomically diverse families from childbirth to child age 5 years, and found that persistent maternal depression increased the odds of child externalizing behaviors ($OR = 4.20$). Relatedly, Lawrence et al. (2019)

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8 The effect size was stated as "two thirds of a standard deviation", corresponding to $d \approx -0.66$.
9 Odd ratio computed by myself to facilitate interpretation; $p < .01$. 
concluded, based on meta-analysis of 25 studies, that children of parents with anxiety disorders had an increased risk of developing both anxiety disorders and depression ($RR = 1.76$ and $RR = 1.31$, respectively). Similar indications were reported by Song et al. (2022), who meta-analyzed a completely different set of 34 studies, and found that higher maternal anxiety was linked to higher global rates of child behavioral problems ($r = .27$).

Considerably less research has been made with regard to the role of parental lack of support for children’s development. Huth-Bocks et al. (2004; $n = 204$ dyads) did, however, report that higher levels of support from close others was linked with higher infant-mother attachment security ($\beta = 0.35$), and other studies are indirectly indicative of the importance of social support, in demonstrating that parental lack of support partly mediates the relationships between other risk factors (e.g., parental depression, poverty) and children’s developmental outcomes (see e.g., Elgar et al., 2004, for a review).

Again, accumulation is key to consider. Children’s negative developmental trajectories typically result from inherently complex interactions between numerous risk factors (and relative lack of protective ones), and studies attempting to account for such complexity have often found that developmental risks are better captured by cumulative models than by isolated risk factors. For instance, a meta-analysis by Cyr et al. (2010; $k = 55$) found that while several individual psychosocial stressors were linked to disorganized child attachment, accumulation of stressors yielded even stronger links—and at the level of five concurrent psychosocial stressors, the risk for disorganized attachment was statistically comparable to that of maltreated children. Relatedly, Raviv et al. (2010; $n = 252$ children) found, in a sample of severely disadvantaged children, that the odds of clinical-level anxiety problems increased with 43% for each additional psychosocial risk factor in the child’s caregiving environment. Similarly, Gach et al. (2018; $n = 241$ families) tested the relative importance of cumulative psychosocial risk versus individual risk factors for predicting child externalizing behaviors, and found that cumulative exposure was a markedly more powerful predictor (about 3–4 times the explained variance, depending on comparison risk factor). Concordant findings, prospectively linking cumulative psychosocial risk to lower child social competence, effortful control, theory of mind, and executive functioning, as well as to higher child stress-dysregulation, have also been reported (e.g., Evans & Kim, 2007; Lengua et al., 2007; Wade et al., 2016).
Psychosocial Adversity and Parental Social Cognition

Although the capacity for mentalizing is thought to be partly rooted in childhood caregiving experiences, it is not stable from childhood onwards. This has to do with the relationship between mentalizing and psychological stress. Research indicates that during high levels of stress, controlled efforts to enter the internal worlds of others may be replaced by less reflective or non-mentalizing modes of understanding other people’s behavior (e.g., Luyten & Fonagy, 2015). In this way, it is possible that high levels of stress, as indicated by extensive accumulation of psychosocial risk factors, may negatively affect parents’ capacity for mentalizing their children. Very little research has explicitly examined this hypothesis, but preliminary evidence is available from a few recent reports. Smaling et al. (2016; \(n = 133\) dyads), for instance, prospectively examined a group of mother–child dyads oversampled for risk factors for negative child development. They found that higher rates of maternal psychosocial risk were associated with lower parental mentalizing (\(r = -0.39\)), and that lower parental mentalizing partly mediated the negative relationship between psychosocial risk and maternal sensitivity during teaching and play interactions with the child. Similarly, in a prospective study on normative mothers from the general population, Wade et al. (2018; \(n = 501\) dyads) found that higher maternal psychosocial risk around childbirth was predictive of lower parental mentalizing at child age 18 months (\(\beta = -0.19\)). Parental mentalizing was, in turn, predictive of maternal sensitivity at child age 3 years (\(\beta = 0.29\)), which, lastly, predicted child executive functioning (\(\beta = 0.27\)), theory of mind (\(\beta = 0.19\)), and receptive language (\(\beta = 0.28\)) at child age 4.5 years. Concordant indications were also reported by Arkle et al. (2023; \(n = 146\) dyads), who found that higher cumulative risk was associated with lower parental mentalizing (\(\rho = -0.38\)).

These findings close this second part of the introduction. To sum up, we have seen that beyond the effects of interpersonal trauma, psychosocial stressors in adulthood may—especially when accumulated—also contribute to negative caregiving and child developmental outcomes, including maternal insensitivity and child attachment insecurity and disorganization. Furthermore, although the evidence is limited, it seems possible that parental mentalizing plays a role in this context as well; this time in the form of adversity-related repercussions on parents’ capacity for entering their children’s internal worlds. With that said, it has become time to move on to the main characters of this thesis, and to examine how the research discussed thus far may shed light on their situation.

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10 Because potential links between psychosocial adversity and emotion-interpretation were not examined in the empirical works included in this thesis (see the addendum to Study III), research pertaining to emotion-interpretation will not be discussed here.
The caregiving capacities of individuals with intellectual disability have been questioned since the earliest days of modern welfare states, and considerable efforts have been made to restrict or control birth rates in this population (see e.g., Mickelson, 1949). In Sweden, for instance, eugenic legislation to prevent reproduction among the “feebleminded” resulted in 17,000–18,000 individuals—mainly women—with intellectual disability being subjected to forced sterilization between 1934 and 1975 (SOU 2000:20; Swedish Code of Statutes 1934:171). Such practices have since been recognized as a violation of several human rights (e.g., Convention on the Rights of Persons with Disabilities, 2006, art. 23), and overt forced sterilization is nowadays principally prohibited in most Western countries. Nevertheless, reproduction among individuals with intellectual disability has remained a charged issue, and more covert attempts to control birth rates in this population are still common, also in the Western world. Such attempts include, for instance, more or less subtle pressure from professionals to consent to sterilization, or to abort the fetus in the case of pregnancy; withholding of information necessary to give informed consent to sterilization; transfers of sterilization consent rights to a third party (e.g., a parent or guardian); unwarranted provision of other surgical treatments (e.g., endometrial ablation or hysterectomy in order to facilitate menstrual management) that have sterility as a side effect; and coercion to use contraception (European Disability Forum, 2022; Patel, 2017; Rowlands & Amy, 2019; Walmsley et al., 2016; see also Li et al., 2018; McConnell & Phelan, 2022). Findings from several countries also show that when individuals with intellectual disability do give birth to children, they are frequently met with strong skepticism by different types of professionals. To illustrate, a large survey study by Höglund et al. (2013) found that 70% of Swedish midwives regarded mothers with intellectual disability as categorically unable to satisfactorily manage their parenting role. Furthermore, 36% of the midwives stated that women with intellectual disability should better not become pregnant or give birth at all, and a fifth partly or completely agreed that when these women do give birth, out-of-home placement is automatically the best option for their children. With regard to social workers, Gur and Stein (2020) found that a majority of Israeli child protection professionals had negative opinions about the caregiving capacities of parents with intellectual disability, and that...
these opinions were typically related to a stereotypical belief that the parents would inevitably put their children in danger and hamper their development. Relatedly, Proctor and Azar (2013) examined American child protection workers’ perceptions of risk for children, based on case vignettes in which parents were labelled as either having an intellectual disability or not. Despite the vignettes being identical in all other respects, the child protection workers consistently rated the risk as being higher if the parent was described as having an intellectual disability. This latter finding has also been replicated by Retzer et al. (2020) in a sample of British social workers.

While stereotypes may influence the view on parents with intellectual disability, the perception that these parents are at heightened risk for caregiving difficulties is, however, not taken out of the blue. Parents with intellectual disability are, for instance, markedly overrepresented in child protection settings, and although prejudice and insufficient provision of support likely contribute to this overrepresentation (e.g., Booth et al., 2005; Callow et al., 2017; DeZelar & Lightfoot, 2018; McConnell et al., 2002; see also Francis, 2019), research also indicates that parents with intellectual disability are indeed at heightened risk for maltreating their children, even compared to other parents at risk. McConnell et al. (2011a), for instance, analyzed a nationally representative sample of Canadian child maltreatment investigations, involving parents with \( n = 1,170 \) and without \( n = 10,391 \) confirmed or suspected intellectual disability. They found that parental intellectual disability increased the odds of maltreatment substantiation \( (OR = 1.84) \), and that parents with intellectual disability were more likely to have had maltreatment of their children substantiated also in the past \( (OR = 2.21) \). A replication study based on a second sample (McConnell et al., 2021) yielded similar findings; parents with confirmed or suspected intellectual disability \( n = 1000 \) had, compared to other parents involved with child protection services \( n = 14,980 \), increased odds of maltreatment substantiation \( (OR = 2.16) \), and of having a history of previous maltreatment reports \( (OR = 2.09) \). Concordant findings have been reported also by DeZelar and Lightfoot, in a population-based study in the USA (2020; \( n = 1,178,974 \) child protection cases, 9,265 of which involved children of parents with intellectual disability). The types of maltreatment substantiated were not reported in either of these studies, but suspected neglect was by far the most common reason for opening investigations involving parents with intellectual disability. In-depth analysis of the first Canadian sample also suggests that the heightened risk primarily applies to this type of maltreatment (McConnell et al., 2011b). A population-based Swedish study (Wickström et al., 2017) does, however, indicate that parental intellectual disability may be a risk factor also for abuse. In this study, children of mothers

\[11\] Odds ratio has been calculated by myself, based on data in the original article; \( p < .0001 \).
\[12\] Odds ratio has been calculated by myself, based on data in the original article; \( p < .0001 \).
with intellectual disability \((n = 2,749\) mothers) had a more than sixfold increase in the odds of being subjected to abuse before the age of 7 years, compared to children of mothers without intellectual disability \((n = 475,828\) mothers). Due to data limitations, the extent to which the mothers themselves were the perpetrators of the reported abuse could, however, not be determined.

Given the widespread concerns about the caregiving capacities of parents with intellectual disability, surprisingly little research has focused on aspects of their caregiving beyond the context of child maltreatment. This is particularly true for research involving direct assessments of caregiving-related capacities. There are likely several reasons for this research gap. First, as noted by scholars in the field (e.g., Collings & Llewellyn, 2012), research on parents with intellectual disability quickly came to focus on maltreatment risk and interventions to alleviate such risk, and basic research on developmentally relevant but less extreme aspects of caregiving in this population has thus remained comparatively sidelined. Second, while recruitment constitutes a ubiquitous challenge in all research on parents with intellectual disability, this challenge may be especially prominent for studies involving direct assessments of caregiving. As mentioned above, many parents with intellectual disability have experienced their parenthood being criticized and viewed with skepticism by other people. Low parental self-esteem is also common in this population (e.g., Cleaver & Nicholson, 2007), and many of the parents have previously had a child removed from their care, or have otherwise been involved in stressful assessments of caregiving capacity in the context of alleged parental incompetence (e.g., Llewellyn & Hindmarsh, 2015). Against this background, it is easy to see how participation in research, in which aspects of one’s caregiving is up for scrutiny by strangers in positions of perceived authority, may evoke fears of being judged or of having one’s caregiving capacities deemed inadequate. Common everyday struggles among the parents, such as high parenting stress (e.g., Meppelder et al., 2015), may constitute additional obstacles to participation. Nevertheless, a number of small studies have directly assessed aspects of caregiving, by means of the HOME Inventory (Caldwell & Bradley, 1984). The findings have been mixed; some studies indicate that mothers with intellectual disability display less stimulating interactions with their children, compared to socioeconomically matched mothers without intellectual disability (Feldman & Walton-Allen, 1997; Keltner, 1994), or to normative mothers from the general population (e.g., Aunos et al., 2008). However, other studies suggest that mothers with intellectual disability may, on average, not be different from normative mothers in this regard (e.g., Feldman et al., 1985; McConnell et al., 2003). Relatedly, Lindberg et al. (2017) examined parental sensitivity among mothers with intellectual disability \((n = 23)\), utilizing the same sample as Study III in this thesis, and found that these mothers displayed lower sensitivity than socioeconomically
matched comparison mothers \((n = 25)\) across all interactive situations examined, with the group difference for total sensitivity corresponding to a very large effect size \((d = 1.78)\).

Research is similarly scarce regarding developmental outcomes among children of parents with intellectual disability, and findings have been somewhat inconsistent also in this area. The overall picture does, however, indicate that these children have an elevated risk for negative developmental outcomes. A community-based study by Emerson & Brigham (2014), for instance, found that children residing with at least one parent with intellectual disability had increased odds of visitor-rated developmental delays \((OR = 8.94)\), speech and language problems \((OR = 6.60)\), behavior problems \((OR = 5.90)\), and frequent accidents and injuries \((OR = 4.96)\), compared to children from all other families. Findings indicative of a heightened risk for child developmental delays and behavioral/emotional problems have been reported also in several other studies, from child protection and clinical settings (e.g., Cleaver & Nicholson, 2007; Gillberg & Geijer-Karlsson, 1983; McConnell et al., 2011a, 2021; Orthmann Bless & Hellfritz, 2021; see also Booth & Booth, 1998), as well as community contexts (Bowling & Keltner, 1996; Keltner et al., 1999; Powell & Parish, 2017; Wickström et al., 2017). Relatedly, Granqvist et al. (2014) examined attachment outcomes among children of mothers with intellectual disability, using the same sample as Study III in this thesis, and found that two thirds of the children had insecure attachment representations; a proportion which is higher than in the general population (cf. Madigan et al., 2023). Lastly, a number of small retrospective interview studies have also examined the childhood experiences of adolescent and adult children of parents with intellectual disability. Although the representativeness of these studies is hard to establish, it has been a recurring finding that these children express a pronounced ambivalence about their childhoods, involving feelings of love and closeness with their parents, as well as experiences of rejection and distance, emotional and practical hardships, and role-reversing and at times frightening interactions (e.g., Booth & Booth, 2000; Faureholm, 2010; Lindblad et al., 2013; O’Neill, 2011; Weiber, 2015; Wołowicz-Ruszkowska & McConnell, 2017).

Caregiving Put in Context

While research has linked parental intellectual disability with an increased risk for caregiving and child developmental problems, a few important things should, however, be kept in mind. First, the risk applies to the group-level—not to all individual parents in the group. Contrasting with the widespread view that parents with intellectual disability are inherently and chronically incapable of adequate caregiving, previous research has often found that a substantial proportion of the parents provide their children with adequate care,
especially if provided with sufficient support (e.g., Aunos et al., 2008; Emerson & Brigham, 2014; Orthmann Bless, 2021; Willems et al., 2007). Similarly, although their children have a heightened risk for developmental problems, a large portion of the children are not representative of this group-level risk (for a discussion, see e.g., Collings & Llewellyn, 2012). Furthermore, some of the developmental problems observed among children of parents with intellectual disability may also be influenced by factors external to the caregiving environment (e.g., developmental delays resulting from genetic predispositions; see e.g., Lichtenstein et al., 2022). Second, as previously mentioned, the vast majority of parents diagnosed with intellectual disability have a mild level of disability, and within this group of parents, IQ has repeatedly been found to be of little or no value for explaining variation in caregiving-related capacities, particularly when IQ > 60 (e.g., Azar et al., 2012; Lindberg et al., 2017; McConnell et al., 2003; Willems et al., 2007; see also Benjet et al., 2003; Tymchuk, 1992). In other words: Intellectual disability or IQ alone are typically rather poor predictors of negative caregiving-related and child developmental outcomes. Against this background, researchers have increasingly moved beyond the diagnostic label in their attempts to understand caregiving and child development in families headed by parents with intellectual disability. Much of this research has been inspired by the contextual-interactional model of caregiving among parents with intellectual disability, proposed by Feldman (2002; Feldman & Aunos, 2020). This model draws on well-established ecological process models of caregiving (Belsky, 1980, 1984; Bronfenbrenner, 1986; Sameroff & Chandler, 1975), and conceptualizes caregiving-related outcomes among parents with intellectual disability as a result of interacting risk and protective factors within various domains in the caregiving context (e.g., the parent’s own caregiving and life history; parent and child characteristics; family situation, financial and employment situation; access to support and services). In line with the cumulative risk approach to caregiving and child development, caregiving difficulties among the parents are, accordingly, thought to vary with the degree of concurrent risks, and absence of protective factors, within and across domains.

Parents With Intellectual Disability and Interpersonal Trauma

There are several reasons for suspecting that interpersonal trauma constitutes one factor in the life histories of parents with intellectual disability, that may contribute to negative caregiving-related outcomes. First, while interpersonal trauma has, as previously described, been robustly linked to caregiving difficulties in the general parent population, research indicates that such experiences are particularly common among parents with intellectual disability. For instance, whereas studies on child maltreatment in the UK have found that about 20% of adult citizens report exposure to some form of maltreatment during childhood (Office for National Statistics, 2020), a UK study by McGaw
et al. (2010; \(n = 101\) parents, mainly mothers) found that the corresponding proportion among parents with intellectual disability was about 52%. Similarly, while it is estimated that roughly one-third of the Canadian population has experienced maltreatment at some point during childhood (Centre for Surveillance and Applied Research, 2020), such experiences were found among 60% of the parents with intellectual disability in the aforementioned Canadian study by McConnell et al. (2011a). Second, there are also indications that such exposure is—just as in the general parent population—associated with caregiving-related outcomes among parents with intellectual disability. In the study by McGaw et al. (2010), for instance, a history of childhood maltreatment was much more common among parents deemed to be at high risk for marked caregiving problems, compared to parents at low risk (62% vs. 37%). Similarly, the aforementioned studies by Lindberg et al. (2017) and Granqvist et al. (2014) found that higher maternal exposure to interpersonal trauma was associated with lower maternal sensitivity among mothers with intellectual disability (\(r = -0.43\)), and with lower attachment security and higher attachment disorganization among their children (\(r = -0.45\) and \(r = 0.63\), respectively).

While these findings indicate that attention to traumatic interpersonal events is warranted when attempting to understand variation in caregiving-related outcomes among parents with intellectual disability, conflicting indications have, however, also been reported. For instance, Hellfritz (2018) examined a sample of German parents with intellectual disability \((n = 127)\), the vast majority of whom were mothers, and reported a childhood maltreatment rate of 41%; a rate that is not particularly elevated compared to prevalence estimates for German women in general (33%; Witt et al., 2018). Furthermore, whereas most of the parents’ children displayed developmental delays pertaining to language, cognitive, motor and adaptive skills, parental maltreatment exposure was unrelated to these outcomes. Similarly, Tymchuk and Andron (1990; \(n = 33\)) found that a maternal history of maltreatment did not differentiate between mothers with intellectual disability who maltreated their children, and those who did not. Given these inconsistencies, a synthesized picture of the prevalence of interpersonal trauma among parents with intellectual disability, and the relationship between such experiences and caregiving and child developmental outcomes, would be highly valuable for the research field. Yet, no such synthesis has been conducted to date.

Knowledge about parental exposure to interpersonal trauma in relation to the parents’ capacities for parental mentalizing and emotion-interpretation would be similarly valuable. Parental difficulties with understanding and interpreting children’s social and emotional signals constitute a common concern among professionals working with parents with intellectual disability (e.g., Alexius & Hollander, 2014; Höglund et al., 2013; Swedish National Board of Health and Welfare, 2014). Research on the general population of individuals with intellectual disability also suggests that these individuals
have a heightened risk for difficulties with emotion-interpretation (e.g., Scotland et al., 2015, 2016), as well as with capacities that overlap conceptually with mentalizing, such as theory of mind (i.e., the capacity to recognize that other people have mental states that may differ from one’s own; Jacobs et al., 2020; Sappok et al., 2022; Yirmiya et al., 1998) and social perspective taking (e.g., Gore et al., 2010; van Nieuwenhuijzen et al., 2011). Yet, no study has hitherto examined mentalizing or interpretation of children’s emotions among parents with intellectual disability, let alone how these parental capacities are related to the parents’ exposure to interpersonal trauma. These knowledge gaps are quite remarkable, considering the aforementioned importance of parental mentalizing and emotion-interpretation for caregiving and child development, the relationship between these capacities and exposure to interpersonal trauma found in the general parent population, and the possible overrepresentation of interpersonal trauma among parents with intellectual disability.

Parents With Intellectual Disability and Psychosocial Adversity
Numerous studies have also, albeit to varying extent, examined aspects of the wider psychosocial situation that characterizes families headed by parents with intellectual disability. These studies have overall demonstrated that the lives of these families often include many of the psychosocial risk factors for caregiving difficulties described in previous sections, and that such risk factors are often related to their heightened group-level risk for caregiving and child developmental difficulties. Parents with intellectual disability are, for instance, often poor and unemployed, and live in disadvantaged residential areas (e.g., Akobirshoev et al., 2017; Emerson & Hatton, 2008; Fairthorne et al., 2020; Powell et al., 2017). Mental health problems and single parenting are also common among these parents (e.g., Höglund et al., 2012; Kassee et al., 2023), and they are more likely to be young (e.g., Mitra et al., 2015) and to have low social support (e.g., Emerson et al., 2015; Mithen et al., 2015). Studies accounting for such concurrent psychosocial risk factors have typically found that they partly or completely explain the elevated caregiving-related risks associated with parental intellectual disability. For instance, in the aforementioned studies on child protection-involved families by McConnell and colleagues, the heightened odds of maltreatment substantiation associated with parental intellectual disability completely disappeared (2011a), and was substantially reduced (2021), respectively, after adjustment for a range of psychosocial risk factors, including parental mental health issues, social isolation, and unemployment. In the same vein, the study by Wickström et al. (2017) found that the heightened odds of child abuse associated with maternal intellectual disability decreased by about 50% after accounting for maternal characteristics external to intellectual disability, including mental health problems and socioeconomic indicators. Similar findings were reported also in the study
by Emerson and Brigham (2014); the elevated odds of negative child developmental outcomes in households headed by parents with intellectual disability were reduced by 61%–76% after adjustment for contextual stressors, including, for instance, poor financial and housing conditions, single parenting, and family social isolation.

Support for the role of psychosocial risk factors has been reported also by Feldman et al. (2012), employing the same child protection sample as McConnell et al. (2011b). In this study, parental mental health issues and low access to social support were both significant predictors of children’s emotional/behavioral problems in families headed by parents with intellectual disability. Wade et al. (2015; n = 120 parents with intellectual disability, mainly mothers) also found that better parental mental health and higher access to social support were both predictive of more positive self-reported parenting practices (β = 0.26, and β = 0.37, respectively), which in turn was predictive of higher parent-reported child well-being (β = 0.28). Relatedly, a population-based longitudinal study by Hindmarsh et al. (2017) examined parent- and teacher-rated social-emotional health among children of mothers with intellectual disability (n = 74). While these children were found to have poorer social-emotional health than children of mothers without intellectual disability (n = 18,478), adjustment for child, maternal, and environmental characteristics—including poverty, single parenting, maternal mental health problems, and neighborhood deprivation—rendered most group differences small and statistically insignificant.

These findings all attest to the importance of considering the psychosocial context, when attempting to understand caregiving-related difficulties displayed by parents with intellectual disability. However, previous research has primarily examined various psychosocial risk factors in relation to rather crude or simple caregiving-related outcomes (e.g., maltreatment risk, self-reported parenting practices), whereas studies addressing the aggregated load of psychosocial strains in relation to developmentally informed caregiving capacities (such as parental mentalizing and sensitivity) and child outcomes (such as child attachment) are conspicuously absent. Data pertaining to this knowledge gap would also contribute in advancing the field.
General Aims

The overarching aim of this thesis was to gather more insight into links between parental exposure to interpersonal traumatic events and psychosocial adversity, on the one hand, and caregiving-related and child developmental outcomes, on the other hand, in families headed by parents with intellectual disability.

Study I contributes to this aim on a general level, by means of a systematic review of studies reporting on the prevalence of interpersonal trauma among parents with intellectual disability, and on links between such exposure and caregiving-related or child developmental outcomes.

The empirical works presented in Studies II and III, then, address the aforementioned knowledge gaps pertaining to social-cognitive abilities among parents with intellectual disability, and links between such abilities and contextual hardships. Study II is based on a sample of mothers with mild intellectual disability, and a comparison group of mothers with ADHD, and examines the role of cumulative maternal exposure to childhood interpersonal trauma and psychosocial risk for predicting maternal mentalizing capacities. Study III, lastly, goes on to include also the children, and addresses a second social-cognitive capacity—maternal interpretations of infants’ emotions—in relation to the mothers’ cumulative lifetime experiences of interpersonal trauma, as well as to their children’s attachment representations. This study uses a second sample of mothers with mild intellectual disability and their children, and a comparison group of socioeconomically matched mothers with normative IQ and their children. An addendum to study III also addresses cumulative psychosocial risk in relation to maternal sensitivity and child attachment.
Overview of the Studies

Study I: Interpersonal Trauma Among Parents With Intellectual Disability

Given the aforementioned inconsistencies with regard to reported prevalence rates of interpersonal trauma among parents with intellectual disability, and links between such experiences and caregiving-related and child developmental outcomes (e.g., Granqvit et al., 2014; Hellfritz et al., 2018; McGaw et al., 2010; Tymchuk & Andron, 1990), Study I aimed to obtain synthesized knowledge on these matters. Such knowledge would be valuable for several reasons. First, a synthesis would clarify the evidence base with regard to eventual overrepresentation of, and risks associated with, interpersonal trauma in the pertinent parent population, and would also have the potential to guide future research in this area. Second, practitioners often grapple with assessing and treating caregiving-related risks among these parents, and more thorough knowledge about the prevalence of interpersonal trauma, and potential links with relevant outcomes, could inform this practice. Third, more robust knowledge on these matters could also serve to contextualize caregiving difficulties among parents with intellectual disability and, thereby, counteract discriminatory practices. To obtain the pertinent knowledge, we conducted a systematic review, guided by the following research questions: (a) How common are experiences of interpersonal trauma among parents with intellectual disability, in general and across types?, and (b) are such experiences linked with caregiving-related outcomes among the parents?, and (c) with developmental problems among their children?

Method

Extant literature was reviewed in accordance with the updated PRISMA guidelines for systematic reviews and meta-analyses (Page et al., 2021). Databases MEDLINE, CINAHL, PsycINFO, and PTSDPubs were searched for peer-reviewed empirical articles that reported on exposure to interpersonal trauma among parents with intellectual disability, based on systematic assessments (for a thorough outline of the search strategy and process, see the appended, full article). Eligible reports of interpersonal trauma included: unspec-
ified interpersonal trauma (i.e., a global score, comprising any type of maltreatment); childhood physical, sexual, and emotional abuse, neglect, witnessing abuse in the family, and loss of/prolonged childhood separations from caregivers; or lifetime experiences of physical or sexual abuse. Studies pertaining to research question (a) were required to be based on independent samples (i.e., studies were not allowed to share participants). For research questions (b) and (c), sample overlap was allowed, given that the studies reported unique results pertaining to links between interpersonal trauma and caregiving-related/child outcomes. Finally, relevant articles from the search were entered into Google Scholar, to identify papers citing these articles. This forward search also included dissertations and book chapters. A manual search of reference lists was also conducted, as were free hand searches on Google.

After removal of duplicates, the search process yielded 2,802 articles. Titles and abstracts were screened for inclusion, and the remaining articles ($n = 95$) were assessed for eligibility by myself and co-author TF. Disagreements were discussed among all authors until consensus was reached. Ultimately, 20 articles were included in the review. Relevant data (e.g., sample characteristics; timing and assessment of interpersonal trauma; types and prevalence of interpersonal trauma; caregiving-related and child developmental outcomes) were extracted using a standardized spreadsheet, and the study summaries were independently reviewed by the research-group members to establish accuracy. Lastly, the quality of each included study was assessed, using the NIH quality assessment tools for cohort, cross-sectional, and case-control studies (NIH, 2013). These assessments cover a wide variety of quality aspects, and yield an overall appraisal of each study (good/3, fair/2, or poor/1).

Results

Overview of the Reviewed Studies

The included studies were published between 1983 and 2021, with a majority ($n = 12$) from 2010 and onwards. All studies came from Western high-income countries, including Canada ($n = 5$), United Kingdom ($n = 4$), Sweden ($n = 4$), Australia ($n = 3$), the United States ($n = 3$), and Germany ($n = 1$). Most studies ($n = 16$) were deemed to be of “fair” quality, while four studies were rated as “poor” (see the appended article for an overview of common methodological limitations). Fourteen studies were based on independent samples, while six studies included overlapping or identical samples with previously unreported examinations of links between parental interpersonal trauma and pertinent outcomes. Most studies ($n = 14$) used samples from clinical settings (e.g., parent support centers), whereas five studies used court/child protection samples. Only one sample was community-based. The number of parents with intellectual disability in the studies ranged from 12 parents in the smallest study, to 1,244 parents in the largest one.
With regard to demographics, nine of the studies focused exclusively on mothers, while nine studies also included a small minority (2%–28%) of fathers/other non-maternal caregivers with intellectual disability. Two studies did not report on parental gender. The typical mean age of the parents in the studies was in the range 30–35 years. Concerning the parents’ psychosocial situation, 18 studies reported on factors relating to socioeconomic status, and consistently indicated that financial hardships were very common among the parents. Fourteen studies provided data on partner status, and 12 of these reported rates of single parenting ≥ 40%. The prevalence of parental mental health problems, investigated in nine studies, ranged between 18% and 71%, with seven studies reporting rates ≥ 40%.

Concerning the assessments of interpersonal trauma, most studies (n = 16) focused on childhood exposure, whereas four studies assessed lifetime exposure. There was marked heterogeneity with regard to how these assessments were conducted. Nine studies used information from clinic charts or social service/child protection case files; five studies used structured or semi-structured instruments, or parts of such instruments, as a basis for interviews; three studies used screening questions in structured background interviews; two studies posed questions about interpersonal trauma and verified the answers against case files; and one study used two different questionnaire-based assessments. There was notable variation also with regard to the types of interpersonal trauma studied. Five of the independent studies only reported on unspecified interpersonal trauma; five studies reported on specific types while also providing an unspecified estimate comprising any type of interpersonal trauma; and four studies exclusively reported on a few specific forms. Sixteen studies reported on parental interpersonal trauma in relation to either caregiving-related outcomes, child development, or both. Only four of these studies accounted for cumulative exposure.

**Main Findings: Prevalence of Interpersonal Trauma**

Prevalence of *unspecified interpersonal trauma* was reported in ten studies, mainly from clinical samples (n = 7). The weighted median proportion of parents subjected to interpersonal trauma across studies was about 60%, with the lowest estimate (42%) reported in the community-based study. Due to the higher number of clinical studies, separate estimates were also computed for these samples, yielding a combined prevalence of 58% (n = 416 parents), and a weighted median prevalence close to 52%. Across sampling contexts, three studies included comparison groups, which were reasonably matched for socioeconomic status. These studies consistently found interpersonal trauma to be markedly more common among parents with intellectual disability.

With regard to specific types, four studies reported on *physical abuse*, with the proportion of exposed parents ranging between 31% and 61%, and a weighted median prevalence of 50%. Exposure to *sexual abuse* was reported
in six studies, with estimates ranging from 24% to 58%, and a weighted median prevalence of about 38%. Estimates for prolonged childhood separations from caregivers were available in four studies, reporting prevalence rates of 17%–36%, with a weighted median prevalence close to 36%. For the remaining specific types, the available reports were too few, in order for combined estimates to be meaningful. Reported estimates for emotional abuse (n = 3 studies) ranged from 38% to 54%, with the higher estimates coming from the relatively larger studies. With regard to neglect, two small studies reported prevalence rates of 17% and 35%, respectively, whereas a comparatively large study reported that 12% of the parents had experienced emotional neglect, and 13% to physical neglect. The overlap between these two types of neglect was, however, not reported. Lastly, only one study provided an unambiguous estimate for witnessing abuse in the family. In this comparatively large study, 48% of the parents reported having witnessed abuse during childhood.

Main Findings: Links With Caregiving-Related and Child Outcomes

Studies examining parental interpersonal trauma in relation to child protection outcomes (n = 5) were somewhat inconsistent, but overall indicated that interpersonal trauma constitutes a risk factor in this context. One comparatively large clinical study, employing a comprehensive assessment of childhood maltreatment exposure, found that maltreated parents had a higher risk for child protection involvement or child removal. Relatedly, two very large court-based studies suggested that parents’ childhood exposure to maltreatment and prolonged separations, respectively, contributed to the heightened risk for maltreatment of their own children. Two studies did not find corresponding links; however, these studies were smaller and used non-comprehensive assessments of interpersonal trauma. Studies examining parental mental health problems (n = 4) reported consistent findings, with all pertinent studies linking exposure to childhood interpersonal trauma to impaired parental mental health. Two studies also focused on self-reported parenting practices. One study found that parental exposure to maltreatment was linked to negative outcomes, whereas the other found that higher cumulative interpersonal trauma was linked with higher parenting role satisfaction, and unrelated to negative outcomes. While the latter study was larger, it did, however, have very high attrition rates for the assessment of negative parenting behaviors. Two additional studies reported on observational caregiving-related outcomes in relation to parental interpersonal trauma, and found that higher cumulative interpersonal trauma was associated with more negative outcomes. These studies did, however, originate in the same small sample.

Lastly, only four studies examined child developmental outcomes, and the findings were inconsistent. One large court-based study found that parental exposure to childhood interpersonal trauma predicted child learning and developmental problems, and a small clinical-sample study found that higher cumulative exposure to interpersonal trauma among mothers was linked with
child attachment insecurity and disorganization. In contrast, two clinical-sample studies found no association between parental exposure to interpersonal trauma and children’s scores across several developmental domains.

Conclusions
Our review of extant literature clearly indicated that exposure to interpersonal trauma is a markedly common experience among parents with intellectual disability. Overall, more than half of the parents were found to have been exposed to some form of interpersonal trauma, and estimates for specific types also typically indicated elevated rates compared to population norms (cf. Moody et al., 2018; Stoltenborgh et al., 2015). Further, although our combined prevalence estimates for unspecified interpersonal trauma (60% across all independent samples; 52%–58% across clinical samples) should be interpreted with caution, given the heterogeneity of assessments, it seems unlikely that the estimates are inflated. This is because most included studies used relatively brief and simple assessments of interpersonal trauma, implying a heightened risk for under-detection (Glaesmer, 2016). Indeed, studies using more comprehensive assessments typically reported higher prevalence rates.

Overall, the reviewed studies also indicated links between IPT and adverse caregiving-related outcomes, thus providing support for a contextual-interactional model of caregiving among parents with intellectual disability (Feldman, 2002). Yet, findings were sprawling and a coherent picture was obstructed by marked methodological discrepancies. The most consistent evidence appeared in relation to parental mental health, with all pertinent studies reporting links between parental interpersonal trauma and mental health problems. Some evidence was also obtained with regard to links between interpersonal trauma and caregiving difficulties as indicated by child protection involvement, with a majority of the pertinent studies, including the methodologically strongest ones, supporting such a link. Data pertaining to other caregiving-related outcomes, as well as to child development, was generally too scarce and/or inconsistent to enable a uniform summary.

With regard to future research, the review revealed several limitations in the extant evidence base (see the appended article). Most notably, only a small minority of the included studies accounted for the parents’ cumulative exposure to interpersonal trauma. This is a crucial limitation, because as described in the introduction, the most relevant variation in this context may pertain to the degree of exposure to interpersonal trauma, rather than to sheer exposure (vs. non-exposure) to such events. Naturally, this may be the case especially in severely disadvantaged parent groups, such as parents with intellectual disability, in which variation in sheer exposure is relatively limited.
Study II: Parental Mentalizing Among Mothers With Intellectual Disability

In Study II, we sought to remedy the scarcity of research on cumulative exposure to interpersonal trauma among parents with intellectual disability, while also countering the lack of knowledge about parental social cognition in this population. This was done by examining links between cumulative childhood exposure to interpersonal trauma and parental mentalizing, in a sample of mothers with mild intellectual disability.

As described in the introduction, parental mentalizing constitutes a crucial caregiving capacity. Parents who have been subjected to severe interpersonal trauma in childhood do, however, have an increased risk for difficulties with this capacity—particularly in the form of prementalizing modes of relating to the child’s mind. Such difficulties have, in turn, been linked with negative caregiving (e.g., Luyten et al., 2017; Mao et al., 2023; Rutherford et al., 2015) and child developmental (e.g., Georg et al., 2018; Nijssens et al., 2020) outcomes. In study I, we established that the rates of childhood interpersonal trauma are elevated among parents with intellectual disability. There are thus reasons to believe that these parents may have a heightened risk for parental mentalizing difficulties, due to abusive or neglectful childhood experiences.

Parental mentalizing is, however, a multidetermined capacity, and beyond childhood experiences, parents’ current mentalizing capacity may also be affected by psychosocial stressors in the caregiving environment (e.g., Arkle et al., 2023; Smaling et al., 2016). While such stressors are similarly common in the lives of parents with intellectual disability, we sought to examine also the role of psychosocial adversity for parental mentalizing among the mothers. Lastly, it is possible that parents with intellectual disability have a heightened risk for mentalizing difficulties also for reasons having to do with their disability. As previously mentioned, research on the broader population of individuals with intellectual disability indicates that these individuals more often display underdevelopment of functions that are conceptually close to mentalizing, such as theory of mind (i.e., the capacity to recognize that other people have mental states that may differ from one’s own; Jacobs et al., 2020; Sappok et al., 2022; Yirmiya et al., 1998) and social perspective taking (e.g., Gore et al., 2010; van Nieuwenhuijzen et al., 2011). Thus, the role of intellectual disability for the mothers’ mentalizing capacities was also addressed in Study II.

Method

Research Ethics
The study was conducted after approval from the Swedish Ethical Review Authority (Dnr. 2019–91131), and consistently adhered to the standards of the
Declaration of Helsinki (World Medical Association, 2013). To offer a maximally secure study setting for the mothers, all mothers were invited to meet with a member of the research group before deciding on their eventual participation, and they were also allowed to perform all study tasks at a place of their own preference (e.g., at home, or at their habilitation center). Information pertaining to informed consent, including the voluntary nature of participation, confidentiality, the right to reject questions, and the right to withdraw from participation without any consequences, was developed with guidance from SUF Resource Center; a leading Swedish knowledge center focused on parents with cognitive difficulties. Written consent was obtained separately for all parts of the data collection, both before and after task completion, using both simple written and spoken language, together with picture-based support. Since we inquired about potentially traumatic events, we were careful in attending to signs of distress during the data collection, and we also offered the mothers to contact us afterwards, in case any discomforting feelings or thoughts would arise. We also ascertained that the mothers had contact with trusted practitioners and/or relatives/friends, to whom they could turn for aid in handling eventual reactions related to their participation.

Participants, Procedure, and Instruments
Thirty mothers formally diagnosed with mild intellectual disability ($M$ age = 36.2 years; range 21–52 years) were recruited from parent support and habilitation centers. To enable examination of the role of intellectual disability for parental mentalizing, we also recruited a comparison group of 61 mothers formally diagnosed with ADHD ($M$ age = 38.5 years; range 22–53 years). We chose this group because we wanted comparison mothers with normal variations in IQ, but who also had cognitive difficulties on a clinical level, and a heightened risk for caregiving problems (Johnston et al., 2012), childhood interpersonal trauma (Dinkler et al., 2017), and psychosocial adversity (Owens et al., 2017). Comparison mothers were recruited via parent support centers and parent communities on Facebook. No mother with intellectual disability had an established diagnosis of ADHD, and no mother with ADHD had a diagnosis of intellectual disability. Two mothers with intellectual disability had a concurrent diagnosis of level 1 (mild) autism spectrum disorder; none of these mothers were outliers with regard to the study variables. Study instructions were designed in collaboration with SUF Resource Center, and delivered in simple language. Mothers with intellectual disability had access to cognitive support throughout all tasks, and the procedure was pilot-tested with two mothers with intellectual disability.

Data was collected on two occasions. The mothers first completed a standardized interview, covering background information and exposure to childhood (0–17 years) interpersonal trauma. Assessment of Childhood interpersonal trauma was based on two well-established screening tools (ETI-SR;
Bremner et al., 2007; CARI; Crowley et al., 2003), and comprised 22 questions about experiences of physical, sexual and emotional abuse, neglect, witnessing violence involving caregivers, and loss of/prolonged separations from caregivers. Affirmative answers were followed up for substantiation, and cumulative scores were used in the analyses.

Psychosocial adversity was assessed using a cumulative index, modelled after extant literature (Smaling et al., 2016). The index ranged from 0 to 8, and comprised the following information from the background interview: maternal unemployment; low household economic standard; disadvantaged residential area; ethnic minority; has other psychiatric diagnoses; young at child birth; single mother; and lack of support from own parents.

Parental mentalizing was assessed on a second occasion, about one year after the first, using the Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017). This instrument yields scores for three core dimensions of parental mentalizing: (a) Prementalizing, capturing extensive mentalizing difficulties (i.e., non-mentalizing); (b) Certainty of mental states, capturing the parent’s certainty in one’s own interpretations of the child’s mental states, and (c) Interest and curiosity, capturing the parent’s interest in the child’s mental states. On the Prementalizing scale, higher scores reflect mentalizing difficulties, while the opposite is generally held to be the case for the two other scales (Pitzen, 2021). The mothers were asked to have their youngest child in mind whilst considering the statements. To examine whether our PRFQ data conformed to the three-factor model reported in previous research (Luyten et al., 2017), we conducted a confirmatory factor analysis. This analysis revealed considerable issues with items belonging to the Interest and curiosity factor, and as these issues could not be resolved without substantial modifications of the factor, it was excluded from further analysis. The new two-factor model, with Prementalizing and Certainty of mental state items, displayed acceptable fit with data ($\chi^2 = 64.4, df = 51, p = .10; \chi^2/df = 1.26; RMSEA = 0.05, 95\% CI [0.00, 0.09]; CFI = 0.95; NNFI = 0.93$). Internal consistency was good ($\omega = .76–.85$) for all the remaining measures, except for the psychosocial risk index ($\omega = .64$). As the purpose of this index was to summarize risk factors, rather than to capture a unified construct, this was nevertheless deemed acceptable for subsequent analyses.

Results

Mothers with intellectual disability had higher prementalizing scores, $t(89) = 4.71, p < .001$, than mothers with ADHD, at a large effect size level (Hedge’s $g = 1.04$). Within-group variation was substantial, however, and 30% of the mothers with intellectual disability had prementalizing scores around or below the mean score of mothers with ADHD. No group difference was observed for certainty of mental states, and the mean scores of both groups were in the
midrange of the scale. The groups did not differ with regard to childhood interpersonal trauma, but mothers with intellectual disability reported higher levels of psychosocial adversity, \( t(89) = 4.63, p < .001 \), at a large effect size level (Hedge’s \( g = 1.02 \)). Prementalizing correlated with childhood interpersonal trauma in both groups (intellectual disability: \( r = .42, p = .02 \); ADHD: \( r = .27, p = .04 \)). Among mothers with intellectual disability, prementalizing also correlated with psychosocial adversity (\( r = .64, p < .001 \)), whereas no such correlation was observed among mothers with ADHD. Certainty of mental states was unrelated to both predictor variables in both groups, and was thus not examined further. Consequently, prementalizing was used as the sole criterion variable in the final analysis.

The relative contributions to prementalizing by intellectual disability, childhood interpersonal trauma, and psychosocial adversity were examined through hierarchical linear regression analysis (summarized in Table 1).

**Table 1**

*Results from Hierarchical Regression Analysis With Prementalizing Regressed on Diagnosis of Intellectual Disability, Childhood Interpersonal Trauma, and Psychosocial Adversity (n = 91)*

<table>
<thead>
<tr>
<th>Step 1</th>
<th>( B ) [BCa 95% CI]</th>
<th>( SE )</th>
<th>( \beta )</th>
<th>( t )</th>
<th>( F )</th>
<th>( R^2(AR^2) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>1.81 [1.58, 2.05]</td>
<td>0.11</td>
<td>0.11</td>
<td>15.02***</td>
<td>22.20***</td>
<td>.20</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>0.99 [0.55, 1.36]</td>
<td>0.21</td>
<td>0.45</td>
<td>4.71***</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2</th>
<th>( B ) [BCa 95% CI]</th>
<th>( SE )</th>
<th>( \beta )</th>
<th>( t )</th>
<th>( F )</th>
<th>( R^2(AR^2) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>1.89 [1.69, 2.15]</td>
<td>0.12</td>
<td>0.12</td>
<td></td>
<td>14.12***</td>
<td>.33 (.13)</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>0.74 [0.30, 1.15]</td>
<td>0.22</td>
<td>0.34</td>
<td>3.38***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPT</td>
<td>0.05 [0.01, 0.09]</td>
<td>0.02</td>
<td>0.21</td>
<td>2.23*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>0.18 [0.02, 0.34]</td>
<td>0.08</td>
<td>0.25</td>
<td>2.41*</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Step 3</th>
<th>( B ) [BCa 95% CI]</th>
<th>( SE )</th>
<th>( \beta )</th>
<th>( t )</th>
<th>( F )</th>
<th>( R^2(AR^2) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>1.83 [1.62, 2.08]</td>
<td>0.13</td>
<td>0.13</td>
<td></td>
<td>13.05***</td>
<td>.38 (.05)</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>0.59 [0.15, 1.04]</td>
<td>0.22</td>
<td>0.27</td>
<td>2.70**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPT</td>
<td>0.05 [0.01, 0.08]</td>
<td>0.02</td>
<td>0.20</td>
<td>2.16*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>0.04 [-0.13, 0.24]</td>
<td>0.09</td>
<td>0.06</td>
<td>0.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis*PA</td>
<td>0.36 [0.08, 0.63]</td>
<td>0.14</td>
<td>0.32</td>
<td>2.63*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. CIPT = childhood interpersonal trauma; PA = psychosocial adversity.*

\* \( p < .05 \). ** \( p < .01 \). *** \( p < .001 \).
Intellectual disability was entered in the first step, and revealed a statistically significant model ($F(1, 89) = 22.20, p < .001$) that explained 20% of the variance in prementalizing. Addition of childhood interpersonal trauma and psychosocial adversity, in the second step, increased the explained variance of the model by 13% ($\Delta R^2 = 0.13, F(3, 87) = 4.12, p < .001$), with all predictors contributing significantly. Lastly, to address the possibility of differential effects of psychosocial adversity on prementalizing, as suggested by the two groups’ differential correlation patterns, an interaction term between type of diagnosis and psychosocial adversity was added in the third step. This further increased the explained variance by 5% ($\Delta R^2 = 0.05, F(4, 86) = 13.05, p < .001$). In the final model, psychosocial adversity was, however, no longer in itself a significant predictor ($t = 0.49, p = .63$). The interaction effect of intellectual disability and psychosocial adversity on prementalizing was further examined through a simple slope analysis, which showed that psychosocial adversity predicted prementalizing among mothers with intellectual disability ($\beta = 0.56, p = .00$), but not among mothers with ADHD ($\beta = 0.06, p = .66$).

Conclusions

Elevated levels of parental prementalizing have repeatedly been linked to negative caregiving and child developmental outcomes in the general population. Our finding of elevated prementalizing among mothers with intellectual disability consequently suggests that such mentalizing-related difficulties may contribute to the overrepresentation of caregiving and child developmental problems in this population. Equally important, however, is our finding that such difficulties were far from universal among the mothers. A substantial minority (30%) had scores comparable to the mean score of mothers with ADHD, as well as with that of normative low-risk mothers (cf. Pazzagli et al., 2018). Additionally, the Certainty of mental states score of mothers with intellectual disability was fully comparable with that of mothers with ADHD, and with that of normative low-risk mothers (cf. Pazzagli et al., 2018). Lastly, although intellectual disability remained a significant predictor of parental prementalizing even after accounting for cumulative interpersonal trauma and psychosocial adversity, such contextual influences were also found to make substantial contributions to mentalizing difficulties among the mothers.
Study III: Emotion-Interpretation Among Mothers With Intellectual Disability

In Study III, we again sought to remedy the scarcity of research on cumulative interpersonal trauma and parental social cognition among parents with intellectual disability. This time, however, we focused on the less reflective social-cognitive capacity of maternal emotion-interpretation.

As previously described, parents’ capacity to interpret and respond to infants’ emotional cues constitute a crucial basic caregiving skill, which is related to numerous aspects of caregiving and child development (e.g., Beebe et al., 2010; Leerkes et al., 2015; Wagner et al., 2015). Parents who have been exposed to severe interpersonal trauma may, however, have an elevated risk for difficulties with emotion-interpretation, including lower accuracy and a heightened proclivity to misinterpret specific—and potentially trauma-related—emotions, such as anger, shame, and fear (e.g., Hildyard & Wolfe, 2007; Turgeon et al., 2020). Such difficulties could, in turn, contribute to disruptions in parent–infant dyadic regulatory processes, or to recurrent and unpredictable bouts of noncontingent/unmarked parental mirroring of negative infant emotions, with an associated increased risk of child attachment insecurity and disorganization (DeOliveira et al., 2004; Lyons-Ruth et al., 1999).

Research on the general population of adults with intellectual disability suggests that difficulties with emotion-interpretation are more common among these individuals (e.g., Owen & Maratos, 2016; Scotland et al., 2015). However, the extent to which such difficulties are present also among mothers with intellectual disability is unknown, as is the relation between emotion-interpretation difficulties and interpersonal trauma in this parent population. Additionally, links between emotion-interpretation and child attachment outcomes in the pertinent families have never been previously examined. These knowledge gaps were addressed in a second sample of mothers with mild intellectual disability and their children.

Method

Research Ethics
Study III was conducted after obtaining ethical advice from the regional ethical research board at Uppsala University (2006/258), and information pertaining to informed consent was developed with guidance from FUB; the national Swedish association for individuals with intellectual disability. The ethical precautions taken were otherwise identical to those in Study II.

Participants, Procedure, and Instruments
Twenty-three mothers formally diagnosed with mild intellectual disability (M age = 34.2 years; range 25–44 years), without concurrent autism, and their
children (M age = 6.6 years; range 5–8 years; 58% boys) were recruited from parent support and habilitation centers. To allow for relevant comparisons, we also recruited 25 mothers without intellectual disability (M age = 34.1 years; range 21–47 years) and their children (M age = 6.6 years; range 5–8 years; 56% boys), who were matched against the target families with regard to child age, maternal income, and residential area sociodemographics (e.g., frequency of social allowances, unemployment rate). Comparison mothers were identified through a birth register, and were invited to the study via postal mail. All study instructions were designed in collaboration with FUB, and delivered in simple language.

Data was collected on two occasions, adjacent in time. The mothers first completed an interview covering background information and exposure to interpersonal trauma. On the second occasion, the dyads completed a laboratory visit, comprising assessment of maternal emotion-interpretation and child attachment representations. During this visit, maternal IQ was also screened with the “block design” subtest of the Wechsler Adult Intelligence Scales (WAIS-III; Wechsler 2003), to enable control for maternal fluid intelligence. The results pertaining to child attachment have been reported in a previous article from the project (Granqvist et al., 2014).

*Exposure to interpersonal trauma* was assessed with a semi-structured interview, comprising 30 questions based on the same instruments used in Study II. The questions covered childhood (0–17 years) physical, emotional, and sexual abuse, neglect, witnessing violence involving caregivers, and loss of/prolonged separations from caregivers. To account for interpersonal trauma occurring after childhood, we also asked about experiences of physical and sexual abuse in adulthood. Affirmative answers to the questions were followed up for substantiation.

*Maternal emotion-interpretation* was assessed by asking the mothers to identify the emotions depicted on 30 naturalistic pictures of infant faces (IFEEL Pictures; Emde et al., 1993). Construction of “accuracy” variables for positive (surprise, interest, joy, contentment) and negative (passive, sad, cautious, shame/guilt, disgust, anger, distress, fear) emotions was guided by a procedure established in previous research (e.g., Broth et al., 2004). According to this procedure, “accuracy” is conceptualized as the degree of concordance with a normative reference sample, described in the IFEEL manual. Scores for misinterpretations of potentially trauma-related emotions (anger, shame, fear) were similarly constructed for each pertinent emotion, by summing up the total number of interpretations that were not concordant with those of the reference sample.

*Child attachment representations*, lastly, were examined with the Separation Anxiety Test (SAT; Kaplan, 1987); a semi-structured interview for assessment of attachment representations among children in lower middle-childhood. Answers can be coded both for continuous security, as well as for the
four conventional attachment categories. In order to retain all available variance, as well as to maximize statistical power in light of the limited number of participants, we used the continuous security scale and a semi-continuous scale for attachment disorganization (D; 0 = no D classification; 1 = secondary D classification; 2 = primary D classification).

Results

Both groups scored descriptively lower on accuracy than what has been reported in previous research on mothers at risk for suboptimal parenting (cf. Broth et al., 2004), except in the case of comparison mothers’ accuracy for negative emotions. Shame misinterpretations were very rare (n = 3 in the total sample; all in the intellectual disability group), but proportionally in line with previous research employing the IFEEL (e.g., Bernstein et al. 2014; Butterfield, 1993; Dayton et al., 2016; Francis & Wolfe, 2008; Hildyard & Wolfe, 2007). No group difference was observed with regard to accuracy for positive emotions, t(46) = −0.10, obs. diff. = −0.43, BCa CI 95% [−8.25, 8.33], p = .92, Hedge’s g = −0.03, or for negative emotions, t(46) = −1.75, obs. diff. = −8.45, BCa CI 95% [−17.88, −0.06], p = .09, Hedge’s g = −0.49, but the relatively low p value for negative emotions, together with the substantial effect size and the bootstrapped confidence interval not including zero, suggests that this null-finding may have been due to sample size limitations. Regarding misinterpretations of anger, shame, and fear, mothers with intellectual disability displayed a heightened proclivity to misinterpret anger, t(46) = 3.12, obs. diff. = 0.99, BCa CI 95% [0.34, 1.71], p = .00, at a large effect size level (Hedge’s g = 0.61), and shame, G = 4.63, p = .03, φ = .27, BCa 95% CI [.12, .44], bordering on a medium effect size. No group difference was observed with regard to fear. All emotion-interpretation variables were unrelated to maternal fluid intelligence in both groups (p values > .25 for mothers with intellectual disability, and > .16 for comparison mothers).

Concerning relations with the other study variables, misinterpretations of anger were unrelated to cumulative interpersonal trauma and child attachment outcomes in both groups (all p values > .38). Among mothers with intellectual disability, however, shame misinterpretations were positively associated with cumulative interpersonal trauma (r_{pb} = .47, p = .02) and child attachment disorganization (r_{pb} = .43, p = .04), and negatively associated with child attachment security (r_{pb} = −.41, p = .04). Supplemental partial correlations also indicated that shame misinterpretations accounted for parts of the associations between cumulative interpersonal trauma and child attachment insecurity and disorganization, that had been reported in a previous publication from the same project (see Granqvist et al., 2014).
Conclusions
Mothers with mild intellectual disability were not generally less accurate than matched comparison mothers in their interpretations of positive and negative infant emotions, although uncertainty surrounds the latter null-finding. Mothers with intellectual disability did, however, display a heightened proclivity to misinterpret infants’ emotions as expressions of anger, as well as a rare proclivity to misinterpret shame. The proclivity to misinterpret shame, specifically, was in turn related to higher levels of maternal lifetime exposure to interpersonal trauma, and to child attachment insecurity and disorganization.

Addendum: Psychosocial Adversity, Maternal Sensitivity, and Child Attachment

In the original articles based on the Study III sample (Granqvist et al., 2014; Lindberg et al., 2017; Hammarlund et al., 2021), cumulative psychosocial risk was not explicitly addressed. The project data did, however, include the same variables used to create the psychosocial risk index used in Study II. Thus, to enable examination of how cumulative psychosocial risk related to outcomes of interest also in the Study III sample, I created an identical index. Given the small sample size, I focused on only one of the caregiving-related capacities included in the project, in order to limit the number of statistical analyses. In this regard, maternal sensitivity was deemed appropriate, because of the widespread acceptance of, and strong evidence-base for, this caregiving construct (e.g., Cassidy & Shaver, 2016). Psychosocial stress is also more likely to affect complex aspects of caregiving, such as sensitivity, than the more automatized function of emotion-interpretation (e.g., Luyten & Fonagy, 2015). Supporting this line of reasoning, research on adults’ psychosocial stress in relation to sheer facial emotion-interpretation has typically found no or trivial links (e.g., Chevalier et al., 2023; Graumann et al., 2021; Koenig et al., 2023).

The analysis revealed that the mothers with intellectual disability were exposed to higher levels of psychosocial adversity, $t(46) = 5.78$, obs. diff. = 2.52, BCa 95% CI [1.64, 3.40], $p < .001$, at a very large effect size (Hedge’s $g = 1.53$). Psychosocial adversity was also strongly negatively correlated with maternal sensitivity, both among mothers with intellectual disability ($r = -.61, p = .00$) and among comparison mothers ($r = -.47, p = .02$). While the $p$ value for this association dropped just outside of the conventional significance level for comparison mothers following control for cumulative interpersonal trauma ($partial r = -.40, p = .05$), it remained intact among mothers with intellectual disability ($partial r = -.51, p = .01$). Thus, also in this sample, psychosocial adversity was related to a negative caregiving-related outcome among mothers with intellectual disability.
With regard to child attachment, maternal psychosocial adversity was linked with lower attachment security ($r = -.44, p = .04$) and higher disorganization ($r = .57, p = .00$) among children of mothers with intellectual disability, but unrelated to attachment outcomes among children of comparison mothers ($p$ values > .12). Control for maternal cumulative interpersonal trauma rendered the link with attachment security clearly insignificant ($partial r = -.28, p = .21$), whereas the association with disorganization dropped just outside of the conventional significance level ($partial r = .40, p = .07$).
General Discussion

The overarching aim of this thesis was to contribute with increased knowledge about parental interpersonal trauma and psychosocial adversity among parents with intellectual disability, and about links between such experiences and caregiving-related and child developmental outcomes in the pertinent families. Study I demonstrated that experiences of interpersonal trauma are overrepresented among parents with intellectual disability. It also indicated that such experiences are linked with caregiving-related risks among the parents, particularly in the form of parental mental health problems, while findings pertaining to links with the children’s development were scarce and inconsistent. Study I also revealed a lack of studies addressing parents’ cumulative exposure to interpersonal trauma; a limitation that was addressed in the succeeding two empirical works of the thesis. Study II found that cumulative interpersonal trauma and psychosocial adversity were independently predictive of parental prementalizing among mothers with intellectual disability. Study III found that cumulative interpersonal trauma was linked with a rare maternal proclivity to misinterpret shame from infant faces; a proclivity which, in turn, was linked with child attachment insecurity and disorganization. Secondary analyses of the same sample also indicated that cumulative psychosocial risk contributed to maternal insensitivity among the mothers. In this concluding section of the dissertation, I will discuss these findings in relation to previous research, methodological limitations of the studies, future research needs, and implications for clinical practice. I will close the thesis with some general reflections on ethical aspects of the work presented.

Main Findings and Their Relations to Previous Research

On a general level, the findings of this thesis corroborate previous reports of elevated rates of interpersonal trauma (e.g., McConnell et al., 2011a) and psychosocial disadvantage (e.g., Kassee et al., 2023) among parents with intellectual disability, and links between such experiences and negative caregiving-related outcomes (e.g., Hindmarsh et al., 2017; McGaw et al., 2010). In doing so, the thesis provides further support for a contextual-interactional model of caregiving among parents with intellectual disability (Feldman, 2002). Beyond sheer support for such a model, the findings presented in this thesis do,
however, also contribute in expanding existing knowledge about contextual risk factors and caregiving-related outcomes in the pertinent parent population. Some of these findings are worth highlighting. First, the two empirical works jointly indicate that the influence of contextual risks applies also to the domain of parental social cognition. This finding is novel to the field of research on parents with intellectual disability, but accords with previous research on parents without intellectual disability, where experiences of childhood interpersonal trauma and psychosocial adversity have repeatedly been found predictive of parental mentalizing difficulties (e.g., Garon-Bisonette et al., 2023; Manshadi et al., 2023; Smaling et al., 2016). The same can be said about our finding of a heightened proclivity to misinterpret shame among trauma-exposed mothers with intellectual disability. Admittedly, this latter finding should be interpreted with caution, given the sample limitations and the low number of shame misinterpretations observed. Nevertheless, the same rare proclivity to misinterpret shame has been repeatedly observed also among severely trauma-exposed mothers without intellectual disability (e.g., Hildyard & Wolfe, 2007; Moran et al., 2008). Moreover, just as we found shame misinterpretations to be linked with child attachment insecurity and disorganization, previous research on mothers without intellectual disability has found such misinterpretations to be a characteristic of mothers at risk for caregiving difficulties (Butterfield, 1993; Hildyard & Wolfe, 2007; Moran et al., 2008).

While our findings regarding parental prementalizing are theoretically expectable, given the aforementioned influence of caregiving experiences and psychosocial stress on mentalizing, the observed shame misinterpretations in Study III are not equally as easy to make sense of. Theoretically, it could be speculated that these misinterpretations are related to the mothers’ own representational models of the self. Notably, the mothers who misinterpreted shame were all among the mothers who reported the highest cumulative exposure to interpersonal trauma, and post-hoc analyses revealed that this exposure consisted particularly of extensive childhood emotional abuse and neglect. Outside the population of parents with intellectual disability, such high accumulation of interpersonal trauma, particularly in the form of emotional abuse and neglect, has repeatedly been found related to representational models of the self as shameful or defective (e.g., Bennett et al., 2010; Feiring et al., 2002; Kealy et al., 2018; Ross et al., 2019). For parents, such self-shame may, in turn, be misattributed to one’s children. Indeed, difficulties in distinguishing one’s own emotions from those of others have been described as a common consequence of sustained childhood interpersonal trauma (Fonagy et al., 2004; Streeck-Fisher & van der Kolk, 2000). Thus, it is possible that the observed shame misinterpretations reflect the mothers’ own struggling with feelings of shame and worthlessness, primarily related to severe exposure to childhood emotional abuse and neglect. However, future research, directly addressing maternal trauma-related self-shame, is of course required to substantiate this theoretical speculation with empirical data.
With regard to the observed links between shame misinterpretations and child attachment status, it is possible that such misinterpretations may contribute directly to child attachment insecurity and disorganization. Most developmental theorists agree that young infants are not yet capable of expressing the emotion shame (e.g., Mills, 2005; Rochat, 2018), and maternal responses to perceived infant shame are thus necessarily noncontingent on the infant's expression, with the risk of disturbing infant–mother regulatory processes (e.g., DeOliveira et al., 2004). A perhaps more nuanced possibility is, however, that shame misinterpretations are nested within a broader set of trauma-related risk factors. That is, rather than having notable effects on child attachment quality in and of themselves, shame misinterpretations may work as an additional risk factor in the context of maternal traumatization. Compatible with this speculation, our partial correlation analyses found maternal shame misinterpretations to account for parts of the previously reported (Granqvist et al., 2014) relations between maternal interpersonal trauma and child attachment insecurity and disorganization. Yet another, but related, possibility—if we follow the speculative hypothesis that shame misinterpretations are related to maternal self-shame—is that such misinterpretations constitute a marker for other risk factors for child attachment insecurity and disorganization, that were insufficiently captured in our study. In the general population, trauma-related self-shame has, for instance, been linked with more severe psychopathological symptoms and higher distress (e.g., DeCou et al., 2023), more dissociative problems (e.g., Oh et al., 2016), more hostile parenting behaviors (Menke, 2014), and more resistance towards seeking help from others (Dunford & Granger, 2017). Thus, to the extent that the observed shame-misinterpretations relate to the mothers' own self-shame, it is possible that the links with their children’s attachment status are due to the concurrent presence of other shame-related risk factors for caregiving, rather than to the misinterpretations per se. Naturally, this speculative possibility would also have to be empirically substantiated by future studies directly addressing maternal self-shame and associated risks.

The second finding worth highlighting regards the link presented in the Study III addendum, between cumulative psychosocial strains and maternal insensitivity. This finding—pertaining to a chief observational caregiving outcome, whose developmental significance has been demonstrated by a huge body of research (Cassidy & Shaver, 2016)—is also novel to the field of research on parents with intellectual disability. It does, however, accord with previous research on mothers without intellectual disability, where financial struggles, mental health problems, and insufficient support have repeatedly been linked with maternal insensitivity (e.g., Bakermans-Kranenburg et al., 2005; Bernard et al., 2018; Neuhauser, 2018). Furthermore, psychosocial adversity was also strongly linked with child attachment disorganization, although the $p$ value for this association dropped just outside of the conventional significance level after control for maternal exposure to interpersonal trauma.
While this indicates that the pertinent association was partly due to overlap between maternal exposure to interpersonal trauma and psychosocial adversity, the substantial strength of the remaining partial correlation ($partial r = .40$) and the relatively low $p$ value ($p = .07$) suggest that failure to reach statistical significance may have been due to power issues. To the extent that this holds true, this finding is in line with the aforementioned meta-analysis by Cyr et al. (2010), in which cumulative psychosocial risk was found to contribute independently to child attachment disorganization.

The third finding to highlight regards how exposure to interpersonal trauma was measured in the two research projects, on which this thesis was based. Both projects employed a cumulative measure, based on comprehensive assessments of a complete range of interpersonal trauma types. Both projects also consistently found theoretically expectable links with caregiving-related (parental mentalizing, emotion-interpretation, sensitivity) and child developmental (attachment insecurity and disorganization) outcomes. This contrasts with the mixed findings documented in our systematic review—most of which were based on simple assessments of sheer exposure—and suggests that previous inconsistencies with regard to the links in question may have been partly due to the use of incomplete measurements of parental interpersonal trauma. It also suggests that an important nuance should be added to the contextual-interactional model. More specifically, this model assumes cumulative risk in the sense of accumulation of risk factors across various domains in the caregiving context (e.g., Aunos & Feldman, 2007, p. 8). Parental exposure to interpersonal trauma is, then, treated as one out of many risk factors that could be present or absent in the larger cluster of risk factors in the family environment. In line with previous research on parents without intellectual disability (e.g., Ahmad et al., 2022; Ben-David et al., 2015; Folger et al., 2018; Guyon-Harris et al., 2020), our findings do, however, point to the importance of accounting also for accumulation within the risk factor of parental interpersonal trauma, when attempting to understanding caregiving-related and child developmental problems in families headed by parents with intellectual disability.

The above highlighted findings suggest that the determinants of caregiving are more similar than different among parents with intellectual disability, compared to the general parent population. One important exception should, however, also be noted. The elevated risk for prementalizing among mothers with intellectual disability, observed in Study II, remained even after accounting for cumulative interpersonal trauma and psychosocial adversity. This suggests that intellectual disability per se may constitute a risk factor for parental mentalizing difficulties. It does, however, not imply that IQ is of primary importance in this context. Indeed, cognitive intelligence and interpersonal abilities are often differentially developed among individuals with intellectual disability (e.g., Sappok et al., 2014, 2022), and it is possible that, for instance, social aspects of adaptive functioning are more important than IQ for understanding this finding. In line with this reasoning, a post-hoc analysis revealed
that a proxy for maternal fluid intelligence (scores on the “block design” sub-test of WAIS-IV; Wechsler, 2010) was completely unrelated to prementalizing scores among the mothers with intellectual disability ($r = .01, p = .95$).

Lastly, it is also important to note that while both empirical works found mothers with intellectual disability to be at heightened risk for negative caregiving-related outcomes, there was also substantial variation among the mothers. In Study II, a sizable minority of the mothers had prementalizing scores that were fully comparable with those of mothers with ADHD and normative mothers. Similarly, in Study III, many mothers with intellectual disability scored in line with comparison mothers for both negative and positive emotional interpretations. Moreover, the misinterpretations that conveyed risk for the child developmental outcomes examined were displayed only by a small minority. These findings accord with previous research that emphasizes heterogeneity with regard to caregiving-related abilities among parents with intellectual disability (e.g., Aunos et al., 2008; Emerson & Brigham, 2014; Orthmann Bless, 2021; Willems et al., 2007).

Methodological Considerations and Future Research

Given the methodological differences between the systematic review (Study I) and the empirical works (Studies II and III) presented in this thesis, they will be discussed separately in the following. With regard to the systematic review, I will also discuss methodological aspects of the included studies as well as of the review itself, as both are closely tied to future research needs.

Study I

Concerning the empirical reports examined in our systematic review, the most obvious limitation regards the remarkable inconsistency with which exposure to interpersonal trauma was measured. This limits direct comparability across studies, and negatively affects the certainty of the synthesized picture of prevalence obtained through the review. As described above (Study I, Conclusions), it is unlikely that this picture constitutes an overestimation of actual prevalence, but in order to obtain more certain estimates, future studies should employ more comprehensive assessments. Such assessments should be based on validated instruments, and cover a complete range of interpersonal trauma types. To further counteract the scarcity of empirical data on cumulative exposure, future studies should also account for accumulation of interpersonal trauma among the parents.

There was little consistency also with regard to the outcomes focused on in the included studies, and how these outcomes were measured. In particular, there was a marked lack of studies employing observational methods to tap
caregiving behaviors or otherwise developmentally informed caregiving constructs. This is an important limitation, because observational methods are considered superior to other methods for assessing caregiving (e.g., Hawes & Dadds, 2006). Thus, future research should also strive to use observational methods for caregiving-related outcomes. To increase comparability with the general developmental literature—and not least to maximize the potential to inform practitioners’ struggling with supporting and assessing caregiving risks among parents with intellectual disability—the methods employed should preferably also pertain to caregiving behaviors/constructs with undisputed developmental relevance. Such behaviors/constructs include both socioemotional caregiving capacities, such as sensitivity, parental mentalizing, and atypical/disrupted (e.g., Bronfman et al., 2014) or frightened/frightening (e.g., Abrams et al., 2006) parental behaviors, as well as didactic capacities, such as parental scaffolding and autonomy support (e.g., Valcan et al, 2018). Admittedly, to ask of individual research groups to employ both comprehensive assessments of interpersonal trauma and observational assessments of developmentally informed caregiving constructs, while also gathering enough parents with intellectual disability to enable meaningful analyses, may be to ask for the moon. As previously mentioned, recruitment constitutes a very challenging task in research on this parent population, and researchers are typically forced into a feasibility trade-off between better assessments (yielding small samples) and larger samples (necessitating simpler assessments). In the course of the two empirical projects included in this thesis, we have indeed experienced this challenge first hand. Collaborative multi-center arrangements may offer one way out of this dilemma.

A third important limitation regards the scarcity of research examining parental interpersonal trauma in relation to child development. Studies pertaining to such links were so scant, the findings so mixed, and the methodological approaches so different, that no firm conclusion could be drawn at all in this area. This is also a crucial limitation, given the links between parental interpersonal trauma and child development demonstrated in the general parent population. To bridge this knowledge gap, future research on parental interpersonal trauma among parents with intellectual disability should strongly consider including assessments of the children’s development.

Lastly, the vast majority of the parents included in our systematic review were mothers, and the significance of interpersonal trauma for caregiving-related outcomes among fathers with intellectual disability is consequently unclear. In part, this focus on mothers can be viewed as developmentally motivated, because women with intellectual disability are more likely to have children and to be involved in their children’s upbringing (e.g., Stancliffe et al., 2022). Fathers with intellectual disability are typically also very hard to reach for research purposes, as they are much less likely to be involved with the support services that offer the primary recruitment channels within this field of research (e.g., McGaw et al., 2010). Nevertheless, fathers with intellectual
disability who do take part in raising their children are, of course, also important in this context, and the relative scholarly neglect of these fathers is therefore unfortunate. Future studies should attempt to tackle this issue by striving to also include fathers.

Apart from limitations in the studies included in the review, some limitations of the review itself should also be noted. First, the assessments of interpersonal trauma were highly varying in depth and quality, and it could be argued that some studies should have been excluded for methodological reasons. However, there was no previous systematic review of the pertinent research area, and imposing stricter methodological inclusion criteria would have resulted in a more limited selection of studies. That could, in turn, have yielded an overly narrow picture of the parents’ experiences. Conversely, it could also be argued that our inclusion criteria were too strict. During the review process, we did, for instance, exclude a number of qualitative studies, in which a high proportion of the parents with intellectual disability spontaneously reported exposure to interpersonal trauma. With regard to the aims of the review, this decision was methodologically well-motivated, considering the unsystematic assessments of exposure in these studies. It does, however, point to a related limitation in the review: Our focus was on prevalence estimates and statistical links, whereas experiential aspects of the hardships reported by the parents, as well as their strategies for dealing with their harsh experiences, were left unaddressed. Considering that a relatively large number of qualitative studies in the field have examined such topics (e.g., Booth & Booth, 1993; Collings et al., 2020; Graham et al., 2022; McCarthy et al., 2019; Pacheco & McConnell, 2017; Pestka & Wendt, 2014; Strnadová et al., 2019), obtaining synthesized knowledge also in this area appears an important task for future research.

Studies II and III

Similar to previous research involving direct assessments of caregiving-related capacities among parents with intellectual disability, the most obvious limitation of the empirical works—particularly Study III—regards the small sample sizes, which restrict statistical power as well as the range of suitable methods for statistical analysis. To partly counteract this limitation, we bootstrapped the analyses (Bias corrected accelerated; BCa; 1000 samples), and mainly employed small-sample corrected estimations of effect sizes (e.g., Hedge’s $g$). Nevertheless, while the bootstrapped estimates indicated that the links found in the studies were not due to sample biases, the actual strength of these links is very uncertain (as indicated by wide bootstrapped 95% confidence intervals). Consequently, our findings should be interpreted with caution, and replication studies using larger samples are needed before any firm conclusions can be drawn. Given the aforementioned difficulties in recruiting large enough samples of parents with intellectual disability, collaborative efforts between labs are again encouraged.
The difficulties in recruiting parents with intellectual disability for research also translate into potential issues with sample representativeness. As mentioned above, many parents with intellectual disability may hesitate to participate in research, due to, for instance, perceived risks of becoming stigmatized, or because the number of every-day obstacles make participation seem overpowering. It could thus be asked whether the mothers who chose to participate in our empirical studies had higher confidence in their caregiving skills, and/or a lower problem load, than typical mothers from this population. This applies especially to Study III, because while as many as 40% of mothers with intellectual disability are estimated to lose custody over their children due to real or perceived caregiving difficulties (Llewellyn & Hindmarsh, 2015), all mothers in this study were still living together with their children. It is of course hard to determine whether these mothers were for some reason unusually well-functioning, but at least little suggests that they were unusually problem-free. Their rates of interpersonal trauma were, for instance, alarmingly high, and most mothers were poor and unemployed. Social isolation was also common, and many of the mothers struggled with mental health issues. Furthermore, a substantial portion of the mothers were to some extent involved with child welfare services, and some of them had previously had other children removed from their care. Thus, with regard to the overarching characteristics of the caregiving situation, the mothers compared well with previous research on mothers with intellectual disability, including research from high-risk contexts (cf. e.g., McGaw et al., 2010).

Some limitations pertain also to the instruments used in the studies. With regard to parental interpersonal trauma, for instance, we used retrospective self-report instruments, and such instruments are necessarily insufficient for detecting exposure during the very first years of life. One way of handling this would have been to instead use the mothers’ own child protection records, or sentinel reports, as the data source for interpersonal trauma. This was, however, not feasible within the realm of our projects, and such sources are also known to severely underestimate the true occurrence of child maltreatment (e.g., Stoltenborgh et al., 2015). Supporting the use of self-report instruments, self-reported childhood exposure has also repeatedly been found more strongly linked with negative outcomes throughout development, than has exposure revealed through other sources (e.g., Danese & Widom, 2020; Francis et al., 2023; Negriff et al., 2017; Newbury et al., 2018; Kisely et al., 2021). Nevertheless, to increase the chances of capturing also very early exposure, future studies should consider combining self-reports with other data sources.

It may also be asked whether self-report instruments may yield inflated rates of exposure to interpersonal trauma; for instance due to mood-congruent memory biases, or the questions’ openness to individual interpretation. In this regard, however, research suggests that the risk of false positive responses is very low for the pertinent instruments (e.g., Fergusson et al., 2011; Hardt & Rutter, 2004). To further counteract the risk of over-reporting, we also posed
all questions about interpersonal trauma in interview-form, followed up affirmative responses for substantiation, and employed comparatively conservative criteria for coding of exposure. Thus, the risk for inflated rates of interpersonal trauma in our studies could reasonably be considered minimal.

Additionally, our operationalization of exposure to interpersonal trauma was based on the cumulative approach, and while this approach has clear benefits compared to non-cumulative approaches, it is not without limitations. Most notably, the cumulative approach implicitly assumes that very different experiences (e.g., rape vs. physical neglect) contribute to negative outcomes in an equal and additive manner. This may of course not be the case. Indeed, recent research in the adjacent field of child development (e.g., McLaughlin et al., 2016, 2021; Miller et al., 2018), suggests that accumulation within the experiential dimensions of “threat” (e.g., children’s exposure to physical and sexual abuse) and “deprivation” (e.g., physical and emotional neglect), respectively, are in part differentially related to negative developmental outcomes. Although such a “dimensional model” has not yet (to the best of my knowledge) been directly examined in the parenting literature, it is possible that a similar pattern would be present also with regard to caregiving outcomes. Future studies, employing larger samples, would enable examination of this possibility among parents with intellectual disability.

A related methodological issue regards our operationalization of cumulative psychosocial risk. In line with most research within the cumulative risk paradigm, we used a set of dichotomized risk indicators, and summed up the scores to form a cumulative risk index. This approach has many benefits; for instance, the use of a composite risk variable, rather than several individual risk variables, facilitates parsimony of predictive models, and evades the common problem of collinearity of predictors resulting from overlapping psychosocial risk factors (e.g., Burchinal et al., 2000). It is also well suited to capture the influence of concurrent risk factors even in smaller samples, and produces readily interpretable results. On the downside, the dichotomization of risks inevitably results in loss of potentially important information. For instance, while financial strains constitute a general risk factor for parenting problems, extreme poverty likely conveys more substantial risk, than economic hardships just below the chosen poverty cut-off. Similarly, while parental psychiatric problems increase the risk for caregiving difficulties, this risk is in large part dependent on the severity of the psychiatric condition. One way of handling this issue would have been to consistently use continuous risk variables, transform the variables into standardized scores (e.g., z-scores), aggregate the standardized scores, and then use the mean or sum standardized score in the analyses (see e.g., Evans et al., 2013). By maintaining the relative rank-ordering of participants across each individual risk variable, this approach would have enabled a more sophisticated capturing of differential risk exposure among our participants. Unlike the approach based on dichotomized scores,
this approach also has the potential advantage of allowing certain risk variables (i.e., those with a greater range in standardized scores) to contribute more to the overall index (e.g., Ettekal et al., 2019). In the empirical works presented in this thesis, we did, however, not have access to the data necessary for computing cumulative risk in line with this approach. A disadvantage of this approach is also that it produces more sample-specific estimates of cumulative risk, as the standardized scores are based on the standard deviation within the sample of interest. Nevertheless, future studies should consider using different operationalizations of cumulative risk, and compare their respective utility for understanding caregiving difficulties among parents with intellectual disability.

With regard to Study II, specifically, it could also be questioned whether the use of a verbal measure of parental mentalizing, such as the PRFQ, is well suited to capture parental mentalizing among parents with intellectual disability. More specifically, the impaired language skills seen among most parents with intellectual disability may render the validity of such instruments uncertain for this population (cf. Camoirano, 2017). To counter this risk, we delivered the PRFQ in interview form, using simple language. We also pilot-tested the PRFQ and, as recommended by the pilot mothers, gave the mothers concurrent access to all questions in written form, with cognitive support for the response options. Confirmatory factor analysis also indicated adequate validity of the two subscales used. Nevertheless, further research on the suitability of PRFQ for parents with intellectual disability would be valuable. Such studies should preferably examine the degree of concurrent agreement between PRFQ and measures of parental mentalizing that rely less on verbal skills, such as observation-based Mind-Mindedness (Meins, 1997) or Parental Embodied Mentalizing (Shai & Belsky, 2017). Relatedly, due to Covid-19 restrictions, we were not able to examine parental mentalizing in relation to observational measures of caregiving behavior. Thus, although numerous studies have linked elevated parental prementalizing, as measured by the PRFQ, to caregiving problems, it cannot be concluded with certainty that corresponding links would be present also among the mothers in our study. Naturally, neither can it be concluded with certainty that low levels of prementalizing among the observed mothers are indicative of a lack of caregiving difficulties. Future research should clarify these matters, by examining prementalizing among the pertinent parents in relation to observational measures of caregiving.

Lastly, with regard to Study III, our measure of emotion-interpretation relied on static photographs of facial emotional expressions. It should, however, be borne in mind that emotional interpretations in everyday life are informed also by other sources of information, such as kinesthetic (e.g., de Gelder & de Borst, 2015) and vocal (e.g., Hawk et al., 2009) cues. Thus—as with most research on facial emotion-interpretation—the degree to which our findings translate to the mothers’ global emotion-interpretation capacities in real life is
not clear. Furthermore, notwithstanding the importance of parental facial emotion-interpretation abilities, the developmental significance of parents’ evaluations of infants’ emotional states goes far beyond sheer interpretation. A crucial aspect also concerns the parent’s capacity to remain open to the infant’s responses to one’s interpretations, and to repair misattunements (e.g., Tronick, 2007). To address these limitations, future studies on emotion-interpretation among parents with intellectual disability should consider including also other sources of emotional information beyond facial expressions, as well as using interactive assessments of emotional communication.

Beyond limitations pertaining to sample size and measurements, a final limitation of Studies II and III regards study design, which in neither case allows any conclusions with regard to causality. In the case of childhood exposure to interpersonal trauma, this limitation is somewhat attenuated by the fact that retrospective self-reports of such exposure necessarily refer to experiences in the past, and—as noted above—are seldom biased by false positive responses. Of course, it could be speculated that some mothers may have had social-cognitive difficulties already in childhood (e.g., due to genetic predispositions), and that these difficulties may have resulted in a heightened risk for exposure to maltreatment. While this possibility cannot be ruled out in the case of individual mothers, it is unlikely to be true on the group-level. For instance, findings from large-scale longitudinal studies indicate that while high accumulation of maltreatment substantially increases the risk for social-cognitive difficulties later in development, children with early social-cognitive difficulties are not more likely than their peers to be exposed to maltreatment (Crawford et al., 2020). Thus, it appears more likely that the group-level process direction goes from childhood interpersonal trauma to social-cognitive difficulties, than the other way around. Nevertheless, we can of course not formally exclude that some unmeasured third variable was involved in the observed associations. The situation is similarly tricky with regard to psychosocial adversity. It could, for instance, be speculated that maternal insensitivity and prementalizing overlap with more general interpersonal difficulties that may, in turn, have caused some of the psychosocial risk factors included in our index variable (e.g., single motherhood, social isolation, and mental health problems resulting from difficulties in maintaining close relationships). In order to obtain a clearer picture of process directions in these areas, future studies should consider employing longitudinal designs. Admittedly, such studies are incredibly hard to accomplish in research on parents with intellectual disability, and previous attempts (e.g., Wade et al., 2017) have also had substantial problems with participant attrition. Multi-center collaborations may, again, prove valuable in order to overcome such problems.
Strengths of the Studies

Notwithstanding the limitations noted above, the studies presented in this thesis also have several important strengths. The systematic review provides the first synthesized picture of experiences of interpersonal trauma among parents with intellectual disability in the published literature, and was based on state-of-the-art guidelines for conducting systematic reviews. With regard to the empirical works, a notable strength concerns the use of relevant comparison groups with comparable rates of contextual stressors, which minimizes the impact of potential confounds related to the life circumstances of the mothers with intellectual disability. Indeed, the use of insufficient comparison groups, or lack of comparison groups altogether, has been highlighted as one of the most prominent limitations in previous research on parents with intellectual disability (e.g., Hindmarsh et al., 2015). Contrasting with most research in the field, both studies also employed comprehensive assessments of exposure to interpersonal trauma, while also accounting for cumulative exposure. Similarly, our assessment of psychosocial adversity was comparatively rigorous, and enabled examination of the mothers’ aggregated hardships. Lastly, in contrast to most previous research in this field, both studies used well-validated instruments to directly assess developmentally informed caregiving-related and child developmental outcomes, whose importance have been demonstrated in numerous studies in the general population of parents.

Clinical Implications

The findings of this thesis have several important implications for clinical practice. First, in line with previous research, the heterogeneity of caregiving-related capacities among the observed mothers points to the limited value of intellectual disability per se, for predicting caregiving difficulties. Practitioners should consequently—as with other parents—assess the caregiving abilities and support needs of parents with intellectual disability on an individual basis, rather than using intellectual disability as a proxy for caregiving difficulties.

Second, notwithstanding the noted heterogeneity, many parents with intellectual disability do struggle with aspects of caregiving, and the findings of this thesis indicate that accumulated experiences of interpersonal trauma may be one factor contributing to such struggles. This does not necessarily indicate that parents with intellectual disability should be offered trauma-focused therapy whenever such experiences are revealed. After all, humans have been through hardships even before the construal of modern psychiatry, and have in most cases managed to handle such experiences through other strategies (for an interesting discussion, see e.g., Watters, 2010, Ch. 2). Such strategies include, for instance, what has more recently been summarized under the label
“trauma-informed care” (e.g., Reeves, 2015): the inclusion of victims in safe and welcoming social environments, where one’s life story is respected and listened to by continuously accessible others, and through which one may be supported in gradually establishing the autonomy and trust—in both oneself and others—that has so often been damaged as a consequence of maltreatment and abuse. Indeed, the importance of supportive relational environments for breaking intergenerational cycles of negative parenting practices has been amply demonstrated in the literature (e.g., Bartlett & Easterbrooks, 2015; Schofield et al., 2013; Jaffee et al., 2013). To enable such environments also for parents with intellectual disability, professionals working with these parents should screen for trauma history among their clients, and ascertain appropriate training in trauma-informed care. However, for some severely traumatized parents, trauma-informed practices may not be enough. Practitioners should therefore also be trained in recognizing marked symptoms of post-traumatic stress and, when warranted, support parents in accessing suitable therapeutic interventions. Evidence for the efficacy of trauma-focused psychotherapy for individuals with intellectual disability is limited, but preliminary evidence suggests that particularly Eye Movement Desensitization and Reprocessing Therapy (EMDR; Shapiro, 2001) is a both feasible and efficient treatment option (e.g., Byrne, 2022; Keesler, 2018).

Third, the mothers in our studies were often also severely burdened by psychosocial adversity, and these burdens were related to parental prementalizing and lower maternal sensitivity. In line with recent recommendations (e.g., Feldman & Aunos, 2020), these findings point to the importance of contextually informed support, whereby struggling mothers can be aided in, for instance, relieving financial stress, seeking employment, taking care of the household, and overcoming social isolation. Crucially, rather than being delivered in a time-limited format—as is not seldom the case; not least in a current Swedish social service context that stresses the value of clients’ independence—such support may often have to be sustained. Positive effects of support are often less stable in severely disadvantaged families (e.g., Leijte et al., 2013), and families headed by parents with intellectual disability may be in particular need of long-term support in order to benefit from interventions (MacIntyre et al., 2019; Pixa-Kettner, 2008). Admittedly, such long-term support is expensive, and support services often grapple with limited resources. The benefits may, however, be substantial. For instance, a German study (Orthmann Bless, 2021) examined a wide range of outcomes in families of parents with intellectual disability (n = 130), who were enrolled in a comprehensive long-term support program. The parents displayed remarkably lower rates of severe caregiving problems, compared to what is typically reported in the literature, and their children’s physical health and subjective well-being were fully in line with national norms. Such indications should also be viewed in light of the considerable costs of out-of-home care, and the very high rates
of caregiving instability associated with such interventions—not least in Sweden (Swedish National Board of Health and Welfare, 2023)—with corresponding risks for the children’s development (e.g., Dubois-Comtois et al., 2021; Vinnerljung & Sallnäs, 2008). Thus, although out-of-home placements are, regrettably, sometimes necessary—among families headed by parents with intellectual disability, as well as among other families—comprehensive and sustainable supportive measures in the child’s original home may have the potential to prevent many out-of-home placements, at high value for both the families and society as a whole.

Lastly, our finding of a heightened proclivity for prementalizing, a well-known risk factor for caregiving and child developmental problems, suggests that interventions to promote parental mentalizing could complement existing support services for parents with intellectual disability. Randomized controlled or clinical trials indicate that mentalization-based parenting interventions have positive effects across a wide range of relevant outcomes—including parental mentalizing capacity, sensitivity and parenting stress, and child attachment quality and behavioral problems—even among families from high-risk contexts (e.g., Ordway et al., 2014; Salo et al., 2019; Slade et al., 2020; Suchmann et al., 2017). Research has also found that structured parenting interventions can be helpful for many parents with intellectual disability (e.g., Feldman & Tahir, 2016). It is, of course, an open empirical question whether effects of mentalization-based interventions apply also to parents with intellectual disability, and existing interventions may also have to be adapted to fit the specific needs of these parents. Nevertheless, practitioners should consider exploring the usefulness of such interventions among their treatment offers.

Ethics, Etc.

We have now arrived at the end of this journey. However, before closing this thesis, I would like to address a few important issues—mostly relating to ethical aspects of the work presented—that have not been touched upon thus far. First, it could perhaps be questioned whether it is really suitable to inquire mothers with intellectual disability about potentially traumatic events. In the course of our research projects, some practitioners have, for instance, expressed worry that our interviews would reactivate difficult experiences, and thereby affect the mothers’ well-being negatively. Such considerations are of course important, and questions about interpersonal trauma to parents with intellectual disability should—as with people in general—be posed with attention to, and respect for, the individual’s reactions. On the other hand, people carry their past around regardless of whether someone asks about it, and excessive caution in initiating conversations on these matters may inadvert-
ently prevent the parents from having their life stories listened to and acknowledged by other people. Indeed, many of the mothers that we encountered in our projects spontaneously expressed relief and gratitude after the interviews, for having been allowed to share their life stories. Disheartening enough, many of them also explained that this experience was novel to them. Crucially, as noted by numerous clinical researchers in the field (e.g., Mevissen et al., 2020; Rittmansberger et al., 2020), reluctance to talk about the hardships experienced by parents with intellectual disability may also obstruct suitable support interventions, and increase the risk that trauma-related difficulties are mistakenly attributed to intellectual disability per se, and/or labelled in a way that detaches the difficulties from their experiential roots (e.g., as “challenging behaviors”; Jopp & Keys, 2001; Wigham et al., 2011). Thus, while a certain degree of prudence should always be maintained when initiating conversations on potentially traumatic experiences, there may be important risks associated with avoiding such conversations altogether.

A second issue regards the overarching approach of the projects, on which this dissertation is based. In recent decades, disability theorists have increasingly adopted a critical perspective on intellectual disability, inspired by emancipatory ideals, and postmodernist conceptualizations of intellectual disability as a result of power operations aiming to normalize and control individuals (see e.g., Siebers, 2008). Within this framework, it has been argued that an unreflected understanding of parents with intellectual disability as “vulnerable” and “in need of support” may reinforce stereotypical, paternalist images of these parents, that stigmatize them and limit their autonomous participation in society (e.g., Leach Scully, 2014; see also Clifton, 2020). Naturally, it could be asked whether this critique applies to the work presented in this thesis, with its focus on caregiving-related risks and support needs of parents with intellectual disability. Having a background in the humanities myself, I view such considerations as important. Indeed, empirical research within the social sciences is often characterized by a lack of reflection on its implicit governing presumptions, and as demonstrated by numerous thinkers in the broad postmodern tradition (e.g., Foucault, 1961/2006; Kutchins & Kirk, 1997), the nature of the constructs that we examine in this field is often far less robust and clear-cut—and our gaze more influenced by factors beyond actual findings—than we tend to think. As a PhD student, it is certainly also all too easy to simply adopt a prominent discourse within one’s field, without giving sufficient thought to the latent value judgements that one may thereby contribute to maintaining.

Nevertheless, as a developmental psychologist and a child and family clinician, I also think it is utterly important to strive for balance between such discursive considerations, and what the empirical data actually indicates. In the latter regard, it does indeed appear clear-cut that parents with intellectual disability do constitute a vulnerable parent population—in the sense that they have, on the group-level, a heightened risk for caregiving difficulties, and their
children for developmental problems. Furthermore, many parents with intellectual disability do themselves request caregiving support, and the requests often exceed the support offered (e.g., Koolen et al., 2020). A recent Swedish survey on the support needs of parents with cognitive disabilities (Swedish Agency for Participation, 2017) did, for instance, reveal that about 50% of these parents had received no parenting support at all—despite their own acknowledgement of such needs. Furthermore, 90% of the parents who did receive support experienced that the support offered was inadequate in relation to their needs. Downplaying such circumstances may just as well be perceived by decision-makers as an incentive for further cut-downs in the support offered to the families, with potential negative consequences for both the parents and their children. Thus, I think it is important to carefully acknowledge both sides of this issue, and take the group-level risks seriously, while also striving to design support practices in a manner that facilitates the parents’ autonomy and opportunities for full-fledged participation in society.

Crucially, acknowledging that parents with intellectual disability constitute a vulnerable parent population does not imply that this vulnerability is solely, or even mainly, inherent to intellectual disability per se. Rather, the studies in this thesis align with an ever-increasing series of findings indicating that caregiving-related risks among the pertinent parents are heavily influenced by often lifelong histories of abuse, deprivation, poverty, and isolation. Hinting at the consequences of extreme socioeconomic inequality, the implications of these findings extend far beyond the provision of support services. Applied politics is, admittedly, outside my own area of expertise, but as noted by several prominent political philosophers (e.g., Rawls, 1971), no one is deserving of the social position into which one is born, or of the cognitive and physical resources that one is endowed with at birth. It should therefore be the responsibility of any morally legitimate government to strive to compensate for the unjust distribution of resources that arise in the wake of inborn inequality (e.g., Dworkin, 2000). While the exact scope of this responsibility is of course open to debate, it could reasonably be argued that many Western governments, including Sweden’s, are currently pretty far from even minimal fulfillment (see e.g., Lancet Regional Health – Europe, 2023; Piketty, 2017). Issues such as these should be addressed on a policy level.

Lastly, it could perhaps be argued that this thesis gives undue attention to the parents, while focusing too little on their children. Such concerns are also important. Indeed, if parents with intellectual disability constitute a vulnerable group, children are even more vulnerable, and sometimes, the rights and needs of children may collide with those of the parents. When this happens, and the situation at hand is either severe enough to pose an acute threat to the child, or very hard to alleviate within a developmentally reasonable time span, I am certainly not opposed to giving priority to the child’s needs—regardless of whether the parent is diagnosed with intellectual disability or not. Generally, however, I do not agree with the common practice of juxtaposing children’s
and parent’s rights, as if they mainly concerned competing interests. Seven decades of attachment research have demonstrated that the maintenance of children’s bonds with their caregivers is typically of substantial developmental importance, even when caregiving involves normative-range caregiving difficulties (Forslund et al., 2021). As noted above, the breaking of such bonds is also linked with important developmental risks for the child (e.g., Baldwin et al., 2019; Jones-Mason et al., 2021; Sariaslan et al., 2022), especially when followed by prolonged caregiving instability (e.g., Dubois-Comtois, 2021; Rubin et al., 2007). Absent abuse and other grave forms of mistreatment, children are therefore mostly better off with their parents, than under alternative caregiving arrangements. This means that caregiving difficulties should typically—even with children’s best interests in mind—be met with qualified and individually tailored family support; in families headed by parents with intellectual disability, as well as in other families. Or, to paraphrase the words of John Bowlby (1951, p. 84): “If a community values its children, it must cherish all of their families”.
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