

Stress regulation in maltreating parents

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON35068

Source

ToetsingOnline

Brief title

Stress regulation in maltreating parents

Condition

- Other condition

Synonym

child maltreatment

Health condition

al dan niet mishandelen van eigen kinderen

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit Leiden

Source(s) of monetary or material Support: RMPI - De Grote Rivieren

Intervention

Keyword: infant crying, maltreatment, stress regulation

Outcome measures

Primary outcome

Reactivity of heart rate, skin conductance, alpha-amylase, cortisol, and hand grip strength in response to listening to infant crying and laughter sounds will be assessed.

Secondary outcome

N/A

Study description

Background summary

Recently it was estimated that in the Netherlands annually 30 out of 1,000 children suffer from child maltreatment. Previous research has indicated that mothers at risk for maltreating their children show increased physiological responses to infant crying sounds, as well as increased arousal levels in response to infant smiling. In addition, excessive use of force in handgrip tasks was reported for parents at risk for maltreatment. A major limitation for the interpretation of these findings is that most of the studies focus on parents at risk for child maltreatment instead of actually maltreating parents. In order to draw firm conclusions about physiological risk factors for child maltreatment, it is important to investigate parents who have been reported for substantiated child maltreatment.

Research has also shown that own experiences with maltreatment in their youth and the attachment representation that parents have regarding the relationship with their own parents can play a role in physiological stress reactions as well as the risk for child maltreatment. Therefore, in the current study we will also focus on the effect of own experiences with maltreatment and the attachment representation of the parents on the physiological stress reactions that in turn are risk factors for child maltreatment.

Study objective

The aim of the current study is to gain more insight in the physiological mechanisms that are involved in child maltreatment by studying heart rate, skin conductance, alpha-amylase, cortisol, and hand grip strength responses to infant crying and laughter sounds during various paradigms in a sample of maltreating mothers and a control group of nonmaltreating mothers. We hypothesize that maltreating mothers show hyperreactivity in response to infants' socio-emotional signals as compared to nonmaltreating mothers. We also expect that an insecure or unresolved attachment representation and the experience of childhood trauma will partly explain the differences between the maltreating and nonmaltreating groups.

Study design

Heart rate, skin conductance, alpha-amylase, cortisol, and hand grip strength will be assessed in maltreating and nonmaltreating mothers during different paradigms. We will include 50 mothers in the maltreatment group and 50 in the nonmaltreating control group. The physiological responses of these mothers will be assessed during the Cry Paradigm of Zeskind (Zeskind & Shingler, 1991), which will be combined with paradigms of infant crying and laughter by Groh and Roisman (2009) and a visual mother-child comforting paradigm (Johnson, Dweck, & Chen, 2007). Finally, we will use the Adult Attachment Interview to assess the mother's attachment representation (George, Kaplan, & Main, 1985).

Study burden and risks

Subjects in the study will be asked to participate in three computer tasks and an interview. The computerized assessment and the interview will each take approximately one hour, and will be scheduled during two separate appointments. Mothers in the full-time and part-time treatment program will be assessed at the location of their treatment, in a separate quiet room. Mothers in the control group will be asked to come to the location where their child is receiving treatment. We aim to schedule the assessments for them during child treatment appointments.

For all participants an individual assessment by a child- and adolescent psychiatrist on their family background and childhood experiences is added (Dutch Childhood Trauma Questionnaire-Short Form; Thombs, Bernstein, Lobbestael, & Arntz, 2009). This psychiatric assessment involves questions on their own childhood experiences of maltreatment. For the mothers' emotional welfare, this assessment will take place in a treatment context. If participants become emotionally disturbed by the questions about their childhood experiences, the psychiatrist will terminate the assessment and provide intervention if necessary. In addition, participants will be asked to fill out a questionnaire on their parenting styles, in order to verify their nonmaltreatment status. Again, for the case group, the child- and adolescent psychiatrist will be present to provide a psychologically safe environment. All research procedures will be discussed with the child-and family

psychiatrist responsible for the treatment of the participating families to ascertain that no assessment will interfere with treatment programs.

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Case group: Presence of maltreatment based on CPS-records, female, mother
Control group: Absence of maltreatment, female, mother

Exclusion criteria

Insufficient understanding of the Dutch language

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Basic science

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	25-08-2010
Enrollment:	100
Type:	Actual

Ethics review

Approved WMO	
Date:	11-05-2010
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL31416.097.10