Impact of Different Kinds of Child Abuse on Sense of Parental Competence in Parents Who Were Abused in Childhood

The purpose of this article is to study the sense of parental competence in parents who experienced abuse during their childhood. It is also intended to differentiate between the effects of each kind of abuse (physical, emotional, sexual, neglect) on the sense of parental competence.

Sense of parental competence corresponds to the judgment that parents have of themselves and their own parenting skills (Duclos, 2009). It is a subjective representation of reality – the representation a parent has of himself/herself in that role – and does not necessarily correspond to objective reality or the reality experienced by the children or other people, such as the spouse (Duclos, 2009). Trudelle & Montambault (1994) defined it as the "internal history" of the parent, that is, the image he has of himself/herself as a parent. In this story, the parent represents the attitudes, feelings, expectations, experiences, conflicts and beliefs that he or she encounters in his or her child's education. For other authors (Lindahl-Norberg et al., 2014; Lindström et al., 2011; Loop, Mouton, & Roskam, 2015; Roskam, Brassart, Loop, Mouton, & Schelstraete, 2015), the sense of parental competence is influenced by four factors. These four factors emerge from Bandura's (1977) social learning model: active mastery experiences, vicarious experiences, verbal persuasion and the physiological and emotional states of the parent.

Although the concepts of parental competence and sense of parental competence differ in various ways, several authors have shown that actual competence is affected by the sense of parental competence (Duclos, 2009; Mouton & Roskam, 2015; Roskam, Brassart, Loop, Mouton, & Schelstraete, 2015). This finding highlights the value of studying the sense of parental competence, given that how parents perceive themselves has a substantial impact on how they fulfill their role and thus on real-life parental situations. Indeed, it has been shown in children’s clinics that, when parents are confident in their ability to act, it has a positive impact on their parenting practices in real life, which in turn has positive consequences for their children’s behavior, including decreasing the incidence of behavioral disorders (Loop, Mouton, & Roskam, 2015). Thus, studying and improving the sense of parental competence is crucial for improving the parenting practices (Roskam et al., 2015; Loop et al., 2015). These questions are essential when we know how behavioral disorders in children may disrupt the family and other children, and represent a significant cost for society because long-term psychological and academic follow-up must be done (Dupont, 2018).

In this context, several studies have shown that parents who experienced abuse during their childhood are more likely to feel a reduced sense of competence. Nevertheless, the data in the literature are inconsistent regarding what kinds of abuse can result in a sense of parental incompetence (Banyard, 1997; Berthelot, 2010; Cohen, 1995; Collin-Vézina, 2005; Fitzgerald, Shipman, & Jackson, 2005). This inconsistency may be explained by two limitations characterizing most current studies: the sample was small, given that abuse victims are difficult to find, and studies did not take into account the fact that a single person may experience different kinds of abuse (sexual, physical, emotional or neglect). In fact, it is rare for a child victim of abuse to be subject to only one kind of violence (Banyard, Williams, & Siegel, 2001; Collin-Vézina, 2005). Indeed, a previous study , conducted with a small sample, suggested that, if parenting practices are affected by a past of child abuse, it is not as a direct consequence of traumatic experiences but it is more related to factors in the context of the aggression and the more general social and familial context in which the parent grew up (Blavier, Fivet, Thiltges, & Wertz, 2013). Indeed, data from the literature show that a parent’s image of himself/herself is strongly influenced by variables such as social support (DiLillo, Tremblay, & Peterson, 2000; Ruscio, 2001), spousal support (DiLillo, 2001; Zuravin & Fontanella, 1999), and support from his/her own parents (Banyard, 1997).

Moreover, the literature identifies and discriminates between two components of the sense of parental competence, which affect each other reciprocally: the sense of efficacy and the sense of satisfaction. These two dimensions are very strongly correlated with childhood memories, values and one’s own family (Duclos, 2009). Blavier et al. (2013) showed that, although parents who have experienced abuse feel just as effective in taking care of their children as those who have not, they do not feel as satisfied (Blavier et al., 2013).

With regard to experiences of sexual abuse, it appears that it is not the assault as such that leads to a lower sense of parental competence; rather, this is linked to the intrafamilial or extrafamilial nature of the sexual abuse (Blavier et al., 2013). This finding is very important, as we know that the majority of sexual abuse cases are intrafamilial (Fiasse, Hainaut, & Decleire, 2009). In fact, extrafamilial sexual abuse accounts for only 15% of cases of abuse (Fiasse et al., 2009; Gérard & Service SOS Enfants, 2001; Haute Autorité de Santé, 2009).

Thus, a low sense of parental competence may be explained by having experienced intrafamilial assault and/or other kinds of abuse in addition to sexual abuse. The determining factor in reducing the sense of parental competence is the socio-familial context of the sexual abuse, rather than the abuse as such. Recent studies supporting this hypothesis have shown that extrafamilial abuse is generally less frequent but also less severe than intrafamilial abuse, which usually causes more psychological damage and more severe trauma in victims (Blavier et al., 2013; Bulik, Prescott, & Kendler, 2001; Roberts, O’Connor, Dunn, Golding, & the ALSPAC Study Team, 2004).

This distinction is mainly due to the fact that extrafamilial abuse is more likely to take the form of a single incident, and thus the victim does not have to face the abuser as often (Darves-Bornoz, 1996; Kim, Trickett, & Putnam, 2010). On the other hand, intrafamilial abuse is often repeated, at intervals of only a few days and over a long period, which forces the victim to live with an almost permanent feeling of insecurity (Darves-Bornoz, 1996). In addition, victims are usually older at the time of a first incident of extrafamilial abuse than when the abuse is intrafamilial (Erickson, Walbek, & Videll, 1988). Finally, when sexual abuse is intrafamilial, the perpetrator exercises control in subtle ways, for example with emotional blackmail (Parrot & Link, 1983; Séguin-Sabouraud, 2003).

Moreover, extrafamilial assault presents more positive determinants, such as support from family and friends, reassurance and a lack of ambiguity or ambivalence regarding the abuser, all of which attitudes are more common when the abuser comes from outside the family (Blavier et al., 2013; Darves-Bornoz, 1996). Conversely, in the case of intrafamilial sexual abuse, the victim feels ashamed and afraid of distressing the family and finds it more difficult to report the perpetrator’s actions (Darves-Bornoz, 1996; Parrot & Link, 1983; Séguin-Sabouraud, 2003). In fact, 39% of victims of extrafamilial abuse report the facts immediately, versus 17% in the case of intrafamilial abuse (Bolen, 2001). When intrafamilial sexual abuse occurs, the victim is more likely to internalize the event. And when a victim does speak out, the family may downplay the abuse or even break apart, which then constitutes an additional stress for the victim (Darves-Bornoz, 1996; Parrot & Link, 1983; Séguin-Sabouraud, 2003).

All of these factors partially explain why children who have experienced extrafamilial abuse are observed to develop better resilience, which should have a positive impact on their future sense of parental competence.

**Hypotheses**

In this theoretical context, our objective was to reproduce the Blavier et al. study with a larger sample in order to compare the sense of parental competence in a control group of parents and parents who had experienced abuse in their childhood. The studies in the literature did not distinguish between the specific effects of the experience of sexual abuse and those of other types of child mistreatment; in addition, they generally concentrated on mothers. The main goal of this study was to extend the results to fathers and to distinguish between four groups of parents: childhood victims of (1) only sexual abuse; (2) only nonsexual abuse; (3) sexual abuse accompanied by other kinds of abuse; (4) no abuse of any kind (= control group).

The originality and the major contributions of this study derive from the assessment of the effects of different kinds of child abuse over the long term (i.e., in adulthood) and the examination of less frequently studied populations (e.g., men). Another original aspect of this study is that it concerns not only risk factors but also, and primarily, resilience factors that should be promoted. Our working hypothesis was that an experience of abuse (physical, emotional or neglect) impairs the sense of parental competence. On the other hand, we predicted that the experience of sexual abuse (intra or extrafamilial), not accompanied by any other kind of mistreatment (physical, emotional or neglect), would not affect a parent’s feeling of competence. Thus, the scores obtained by participants on the Parenting Sense of Competence Scale would vary based on their experiences, as shown in Figure 1.

<Figure 1 about here>

**Methods**

**Population**

We collected data from 828 parents: 675 women and 153 men. Within this sample, 195 parents had experienced nonsexual abuse, 36 had experienced sexual abuse, 126 had experienced sexual abuse accompanied by at least one other kind of abuse, and 471 had not been abused during their childhood. The participants were recruited via social media such as Facebook, web pages for victims of abuse and/or sexual assault during childhood, web pages focusing on parenting, and web pages unrelated to parenting. The questionnaires were also administered online.

The participants’ mean age was 36.5 years with a standard deviation of 11 years. The two youngest subjects in the sample were less than 18 years old and the two oldest were 80. The mean age of women was 35.14 years with a standard deviation of 10.37 years, and the mean age of men was 42.5 years, with a standard deviation of 11.4 years. Table 1 shows the number and mean age of participants in each of the groups we compared in our analyses.

<Table 1 about here>

**Procedure and Materials**

The data were collected using self-report questionnaires posted online. The instruments used to collect data were the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1994) and the Questionnaire d’Auto-Évaluation de la Compétence Éducative Parentale (QAECEP; Terrisse & Trudelle, 1988), the French adaptation of the Parenting Sense of Competence scale (Gibaud-Wallston & Wandersman, 1978). The CTQ assesses five kinds of childhood trauma: emotional abuse, physical abuse, emotional neglect, physical neglect and sexual abuse. The higher the score, the more often that kind of abuse had been experienced. The CTQ demonstrates a high level of fidelity, validity and internal coherence (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997; Bernstein, et al., 1994; Bernstein & Fink, 1998; Bifulco, Brown, Lillie, & Jarvis, 1997; Mcmahon, Fung, & Ossiander, 1996; Spieker, Bensley). The internal consistency of the scales, evaluated by the Cronbach alphas, is excellent and varies between 0.68 and 0.91. The temporal stability is also excellent, varying between 0.73 and 0.94. The QAECEP measures the two dimensions of the sense of parenting competence, namely satisfaction (which measures the affective dimension of the parent’s role via the degree of frustration, anxiety and motivation related to it) and efficacy (which measures the instrumental dimension via the perceived degree of competence and skill). This questionnaire was subject to content validation as well as cultural standardization with experts (Gibaud-Wallston, 1977).

**Statistical analyses**

The CTQ enabled us to classify participants into four groups: parents who had not experienced childhood abuse; parents who had experienced sexual abuse; parents who had experienced nonsexual abuse; and parents who had experienced both sexual and nonsexual abuse.

The data were analyzed with an approach based on multiple regression models. Each dependent variable (sense of parental competence, satisfaction and efficacy) was modeled with the help of one or more dichotomous (e.g., sex), categorical (e.g., kind of abuse) or continuous (e.g., age) explanatory variables. Table 2 provides a list of the abbreviations used for these variables.

<Table 2 about here>

**Results**

Our results show that parents in the control group had significantly higher sense of competence and satisfaction than parents who had experienced nonsexual abuse (Qspc = 8.135, *df* = 1, *p* = 0.004; Qsps = 10.517, *df* = 1, *p* = 0.001) or parents who had experienced both sexual and nonsexual abuse (Qspc = 15.925, *df* = 1, *p* < 0.001; Qsps = 16.008, *df* = 1, *p* < 0.001) during their childhood.

With regard to the sense of efficacy, parents in the control group scored significantly higher than parents who had experienced both sexual and nonsexual abuse in childhood (Q = 6.771, *df* = 1, *p* = 0.009) but not the other groups.

All other comparisons are non-significant. In fact, we can see that parents who had experienced only sexual abuse tended to have lower sense of competence, satisfaction and efficacy than parents in the control group, but this difference is not statistically significant (Qspc = 1.613, *df* = 1, *p* = 0.204; Qsps = 2.367, *df* = 1, *p* = 0.124; Qspe = 0.211, *df* = 1, *p* = 0.646) (see Table 3).

<Table 3 about here>

To measure the effect of the intrafamilial or extrafamilial nature of sexual abuse, we had to eliminate some participants who were not asked the question about the perpetrator of the abuse, as well as six participants who did not identify a perpetrator although they were classified as victims of sexual abuse.

Thus, the analysis of the impact of the intrafamilial or extrafamilial nature of sexual abuse was carried out with the remaining 333 participants out of the initial sample of 828. These 333 participants were divided into six groups: control group (*n* = 206); victims of only intrafamilial sexual abuse (*n* = 19); victims of only extrafamilial sexual abuse (*n* = 5); victims of nonsexual abuse (*n* = 46); victims of intrafamilial sexual abuse plus nonsexual abuse (*n* = 40); victims of extrafamilial sexual abuse plus nonsexual abuse (*n* = 17). Given the small numbers of subjects in some groups, we did a comparison using the non-parametric Kruskal-Wallis test (see Table 4).

<Table 4 about here>

Our analyses show no statistically significant difference regarding sense of parental competence, satisfaction or efficacy among the six groups (KWspc = 7.832, *df* = 5, *p* = 0.166; KWsps = 5.921, *df* = 5, *p* = 0.314; KWspe = 7.170, *df* = 5, *p* = 0.208).

Regarding the effect of sex combined with type of childhood experience on the sense of parental competence, our data show that there is no difference between women and men regarding the sense of parental competence and efficacy (Qspc = 2.166, *df* = 4, *p* = 0.705; Qspe = 0.725, *df* = 4, *p* = 0.948), but sex did have an impact on the sense of satisfaction, regardless of type of experience during childhood: overall, the sense of parental satisfaction is higher in men than in women (Q = 4.601, *df* = 1, *p* = 0.032). More specifically, the sense of parental satisfaction in fathers who had experienced sexual abuse is significantly higher than in women who had the same childhood experience (Q = 7.300, *df* = 1, *p* = 0.007) (see Table 5).

<Table 5 about here>

As for the impact of age, the sense of parental efficacy decreases with age (Q = 17.035, *df* = 1, *p* < 0.001). In addition, at any given age, the sense of parental efficacy is statistically identical for parents in the control group, parents who had experienced sexual abuse and parents who had experienced nonsexual abuse (Q = 1.830, *df* = 2, *p* = 0.400). On the other hand, it is significantly lower in parents who had experienced both sexual and nonsexual abuse (Q = 6.497, *df* = 1, *p* = 0.011). Finally, we found a significant effect of age that differed between men and women. Among women, the sense of parental competence does not depend on age: it is consistent (Q = 0.025, *df* = 1, *p* = 0.874). Among men, however, the sense of parental competence declines with age (Q = 3.904, *df* = 1, *p* = 0.048). Note that this effect is borderline, meaning that there are substantial differences between participants’ results (see Figure 2).

<Figure 2 about here>

**Effects of Sex and Age as a Function of Type of Childhood Experience**

The results specifically concerning the sense of parental satisfaction must be further refined because there are interaction effects among age, sex and childhood experience.

Mothers who had experienced only nonsexual abuse in childhood show a change in the sense of parental satisfaction that is statistically identical to that of mothers who had experienced both nonsexual and sexual abuse (Q = 1.014, *df* = 2, *p* = 0.602). In both groups, the sense of parental satisfaction is lower than in the control group among younger women (Qnsa = 8.941, *df* = 1, *p* = 0.003; Qsa+nsa = 6.644, *df* = 1, *p* = 0.010), but it increases significantly with age, ultimately exceeding the values observed for the control group (Qnsa = 8.390, *df* = 1, *p* = 0.004; Qsa+nsa = 4.844, *df* = 1, *p* = 0.028).

Among men, on the other hand, there is no change in the sense of parental satisfaction with age (Qnsa = 0.096, *df* = 1, *p* = 0.756; Qsa = 0.5521734, *df* = 1, *p* = 0.457; Qsa+nsa = 0.081, *df* = 1, *p* = 0.776) (see Figure 3 and Figure 4).

<Figures 3 and 4 about here>

**Discussion**

The literature has extensively studied the consequences of the experience of sexual abuse and/or nonsexual abuse, particularly on the construction of a sense of parental competence. However, studies rarely considered comorbidity between these two kinds of abuse and generally focused only on women. Nevertheless, within the population there is considerable comorbidity between experiences of nonsexual and sexual abuse (Banyard et al., 2001; Briere & Runtz, 1990; Collin-Vézina, 2005; Silverman, Reinherz, & Giaconia, 1996). The primary aim of this article was therefore to distinguish between their respective impacts on parents, taking sex into consideration.

First of all, the sense of parental competence is significantly lower in parents who experienced nonsexual abuse (with or without sexual abuse as well) during childhood than in parents in the control group. This result is consistent with data in the literature that postulate that factors in the familial context determine the construction of the sense of parental competence. And in fact, these factors are more likely to be negative in situations of physical or emotional abuse or neglect than in cases of extrafamilial sexual abuse (Blavier et al., 2013; Browne & Finkelhor, 1986; Bulik et al., 2001; Ginsburg, 1995; Roberts et al., 2004). One explanation is that the familial context affects the development of attachment and self-esteem and that it could be connected to the construction of a sense of parental competence. In addition, intrafamilial abuse tends to be repeated and spread out over a long period (Darves-Bornoz, 1996; Kim et al., 2010), and the victim may not receive as much support from other people as in cases of extrafamilial abuse (Darves-Bornoz, 1996; Hébert, 2011; Séguin-Sabouraud, 2003).

In addition, we confirmed the finding of a previous study (Blavier et al., 2013), conducted with a smaller sample, showing that the sense of parental competence is statistically identical in parents in the control group and parents who experienced only sexual abuse in childhood. The sense of parental competence tends to be lower in parents who have been victims of sexual abuse in childhood, but this difference is not significant despite our large sample. However, it should be noted that the sample of parents who had experienced sexual abuse is made up of 34 women and 2 men, whereas the control group of parents comprises 356 women and 115 men. Thus, although scores for the two groups of parents are not significantly different, this may be related to the small sample size of parents who had experienced sexual abuse. Nevertheless, our study with a large sample replicates the results obtained by Blavier et al. (2013) with a smaller sample, which suggests that this finding is strong.

We then specifically analyzed the two components of the sense of parental competence: sense of satisfaction and sense of efficacy (Duclos, 2009). The results concerning the sense of parental satisfaction are identical to those described above for the sense of parental competence in general. On the other hand, regarding the sense of efficacy, parents who have experienced nonsexual abuse feel just as effective as parents in the control group and parents who have experienced sexual abuse, statistically speaking. Thus, only parents who experienced both sexual abuse and at least one other kind of abuse felt significantly less effective than parents in the control group. An explanation of this result could be that, in situations of multiple abuses (nonsexual abuse and sexual), the individual is subject to a more chaotic, disorganized family context than if he/she experienced only one kind of abuse. In polytraumatic situations, multiple factors affect the child’s personal and familial resources. In these situations, as well, there is generally a longer exposure period, and the violence is more frequent and more severe, which results in more psychological damage and more severe trauma in the victim (Bulik et al., 2001; Haesevoets & Glowacz, 1996; Roberts et al., 2004). In such cases, the child’s personality is more damaged, particularly self-esteem, self-confidence (Deslandes, 2004; Duclos, 2009) and emotional regulation (Hébert, 2011). These factors are determinants in the development of self-efficacy, given that it depends on parents’ perception that people in their social environment will support their efforts, that their children will respond in accordance with their expectations, and that they have the necessary capacities to do a good job (Coleman & Karraker, 1997).

On the other hand, regarding the sense of efficacy, all parents, regardless of their experiences, feel less and less effective with age. One explanation of this finding is that our society perceives older people as being less effective (Macia, Chapuis-Lucciani, & Boëtsch, 2007), and social representations affect individuals’ self-representations regarding parenting, particularly by verbal persuasion (Lindahl Norberg, Mellgren, Winiarski, & Forinder, 2014; Lindström, Aman, & Norberg, 2011; Loop et al., 2015; Roskam et al., 2015). In addition, as children grow up, and particularly when they enter adolescence, parents report experiencing more difficulties and encountering more intergenerational conflict (Cloutier, 1996; Larson & Richards, 1991; Steinberg, 1987).

In future, longitudinal studies would be interesting in order to track children at risk of feeling low parental competence in adulthood. Further studies would also be able to take more factors regarding participants’ childhood into consideration. In this study, we assessed the subjects’ childhood based on Bernstein and Fink’s (1994) classification. This method allows participants to be tested anonymously at home, which enabled us to obtain a larger sample. On the other hand, this classification is based on participants’ perception of whether or not they had been abused in childhood. Meeting participants face to face might have enabled experimenters to classify the subjects differently. In addition, to ensure the clinical value of our results, it would be useful to measure not only the sense of parental competence but also parents’ actual competence. Finally, although the sense of parental competence is affected by factors that are specific to each parent and by factors related to the family context in childhood, it is also influenced by factors related to his/her own child(ren) and the current family context (presence of spouse, number of children, etc.). Thus, it would be interesting to consider all of these factors in future studies of this question.

**Conclusions**

The purpose of this paper was to study the sense of parental competence of parents who had experienced abuse during their childhood. Many researchers have studied the consequences of abuse during childhood but they did not measure the impact of experiencing several kinds of abuse simultaneously. However, many children are subject to more than one kind of abuse at the same time. Moreover, past studies often drew conclusions on the basis of a small sample and generally concentrated only on mothers (Blavier et al., 2013). Finally, this study is original in that it attempted to distinguish between the two components of the sense of parental competence: sense of efficacy and sense of satisfaction.

The results we obtained here with a very large sample show that parents who have a background of nonsexual abuse (physical, emotional, neglect) have a significantly lower sense of parental competence than parents in the control group. Parents who have experienced sexual abuse in childhood (but no other kind of abuse) also tend to feel less competent than parents in the control group, but this tendency is not significant. Thus, our results are consistent with those of a previous study (Blavier et al., 2013), which hypothesized that the determining factor in developing a sense of parental competence is not a history of sexual abuse but rather a history of general abuse, since the latter is associated with factors in the social and familial context that are harmful to the development of a sense of parental competence. Indeed, the social and familial context affect children’s development of attachment and self-esteem. Children who face abusive family situations tend to have a disorganized attachment profile (Main & Hesse, 1990) and lower self-esteem than children the same age who are not in such family situations (Roustit & Chauvin, 2012). In addition, factors in the familial context participate in the construction of parents’ identity and also of their representation of what a parent’s role involves.

Our results also show that the sense of parental competence in parents who have experienced abuse in childhood is not modulated in the same way as that of parents in the control group. With advancing age, women who have experienced abuse (sexual or nonsexual) become increasingly satisfied with their parental role and eventually prove to be more satisfied than all other parents.

However, our study has an important limitation: any information was collected concerning the children of the participants. However, studies show that the age and number of children can influence the feeling of parental competence.

We have highlighted a set of risk and resilience factors that cumulatively affect the development of a sense of parental competence and that differ based on a parent’s childhood experiences. The identification of these factors (age and sex) has interesting clinical implications, such as suggesting preventive treatment programs for parents who are at most risk. For example, when parents who were abused during their childhood consult for whatever reason, it seems wise to assess and then work on their feeling of parental competence. In addition, this study allows adapting existing programs based on parents’ childhood experiences. In this regard, Roskam, Raes, and Mikolajczak (2017) proposed a method that would intervene at the level of parents’ negative perception biases related to their children. This method is based on the idea that the more parents tend to see what is working well in their relationship with their children, the less interested they will be in the aspects that are working less well and the more competent they will feel as parents. This enables them to be more assured and competent in their role as parents and has positive impacts on their children’s behavior too. Baril (2015), also encourages screening of mothers who have been victims of sexual abuse, as they are at risk of having a low sense of parental competence, which may itself lead to inadequate and unsafe parenting practices for the well-being of children. In her opinion, prenatal classes offered to all new parents should be considered as an appropriate venue for the implementation of these screening strategies. In addition, in order to better meet the needs of mothers involved in an intergenerational cycle of abuse, interventions specific to this clientele must be put in place. Currently, the Intergenerational Trauma Treatment Model (ITTM) program is the only one whose goal is to improve the parent's ability to meet the needs of their child who has been a victim of trauma, such as sexual abuse, while considering the effects of their own traumatic childhood experiences (Lawson & Quinn, 2013).

In conclusion, this study opens up some interesting clinical prospects as it makes it possible to hypothesize that the foundations of the construction of a sense of parental competence could be laid in childhood, based on family experiences (attachment profile, representation of parental role) and also individual experiences (which mainly affect self-esteem). Actually, data from the literature show that a parent’s image of himself/herself is strongly influenced by variables such as social support (DiLillo, Tremblay, & Peterson, 2000; Ruscio, 2001), spousal support (DiLillo, 2001; Zuravin & Fontanella, 1999), and support from his/her own parents (Banyard, 1997). However, these aspects have not been assessed in our study. In addition, our data make it possible to identify in childhood people who are most at risk of potentially endangering their children when they eventually become parents. These results lead us to believe that sense of parental competence could be constructed indirectly through attachment and self-esteem and that this learning may start well before someone becomes a parent. This discovery is clinically very interesting for the preventive treatment of the intergenerational cycle of abuse (Baril, 2015 ; Roskam et al., 2017).

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