

CHILDHOOD MALTREATMENT, TRAUMA-SPECIFIC MENTALIZING AND MATERNAL BONDING

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INTRODUCTION

Maternal antenatal attachment, defined as the emotional bond a pregnant woman develops with her unborn baby (Condon, 1997), is a central component of early parent-child relational processes and has been linked to subsequent caregiving sensitivity (Muzik et al., 2013) and child developmental outcomes (Rusanen et al., 2024). However, **experience of childhood maltreatment** (as abuse or neglect) among pregnant women may compromise the formation of this early emotional bond with the child-to-be (Frohberg et al., 2022), particularly when such experiences are not buffered by protective factors such as **trauma-related mentalizing capacities**, defined as the ability to reflect on the psychological and relational impact of trauma and to think about traumatic experiences in a coherent manner (Berthelot et al., 2022, 2025). This may, in turn, create a fertile ground for the intergenerational transmission of childhood maltreatment (Garon-Bissonnette et al., 2022).

Aims of the study

- 1 Examine the **association** between the severity of childhood maltreatment in pregnant women and the quality of maternal antenatal attachment.
- 2 Evaluate whether disruptions in mentalizing trauma and adverse experiences **moderate** this association.

METHODS

Participants

N = 2 047 pregnant women

- Mean age = 29.44 years
- 47.70 % already mothers
- Majority in the 2nd trimester

Two cohorts

- **862** participants recruited via prenatal clinics between 2018-2020
- **1180** pregnant women recruited via social media in April 2020

Measures

- **Antenatal attachment** $\alpha = .81$
Maternal Antenatal Attachment Scale (MAAS; Condon, J., 1993)
- **Childhood maltreatment** $\alpha = .90$
Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003)
- **Disruptions in mentalizing trauma** $\alpha = .84$
Failure to Mentalize Trauma Questionnaire (FMTQ; Berthelot et al., 2022)

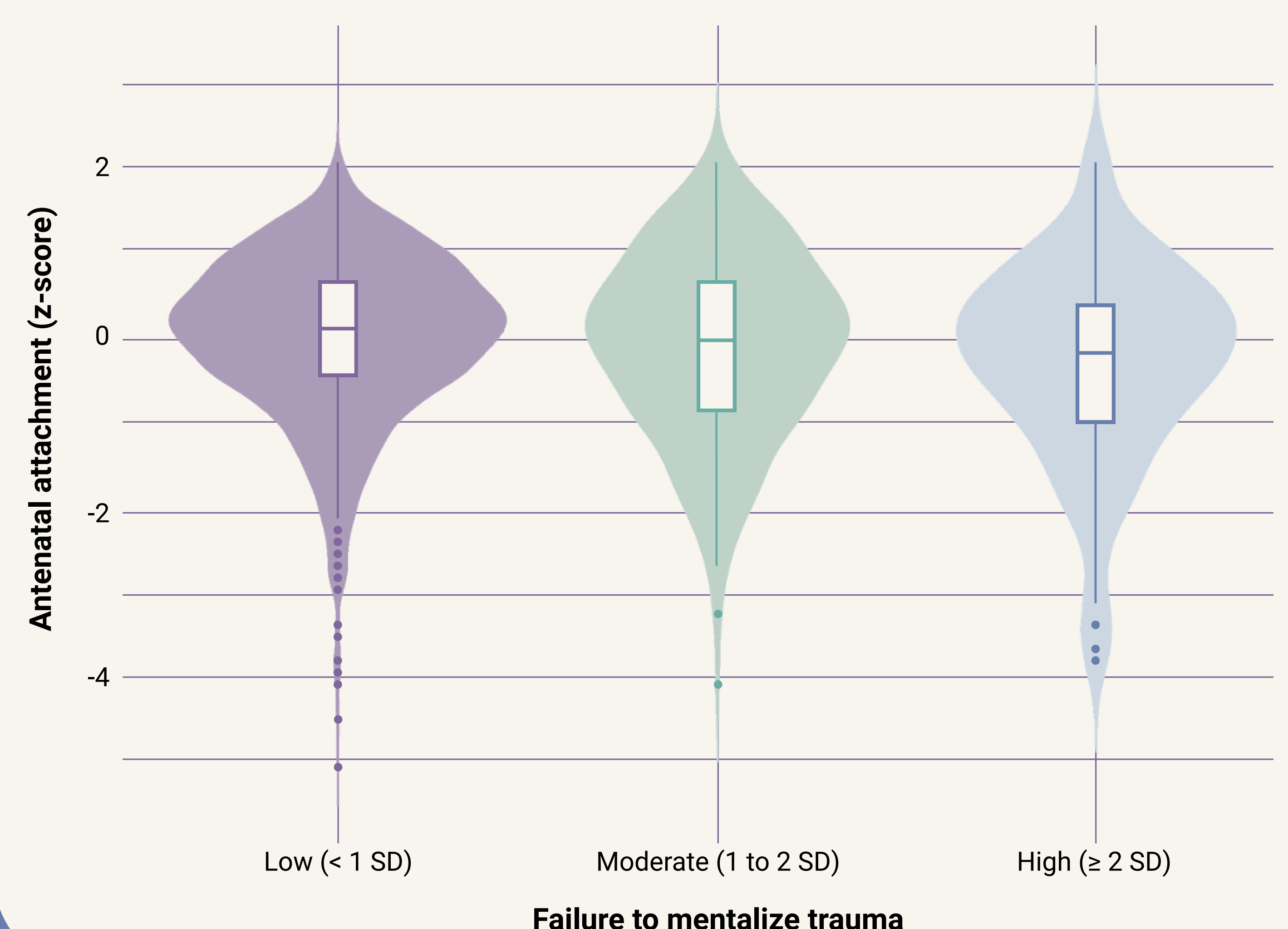
Analyses

- **Moderation analyses** were conducted using PROCESS (Model 1).
- **Maternal education** was included as a covariate.

RESULTS

- No significant association was observed between childhood maltreatment and antenatal attachment ($r = .01, p = .70$).
- Higher levels of disruptions in mentalizing trauma **were significantly associated** with poorer antenatal attachment ($B = -0.10, p < .001$).
- No moderation effect was observed.

Figure 1. Association between failure to mentalize trauma and antenatal attachment



DISCUSSION

These findings suggest that it is not the experience of maltreatment in itself that undermines the development of a positive emotional bond with the fetus, but rather disruptions in **how difficult experiences and their impact are understood and integrated**. Trauma-specific mentalizing may represent a key mechanism linking maternal history to early relational processes.

Although we observed an **association between failure to mentalize trauma and antenatal attachment**, the magnitude of this association was **modest**. It is important to note that antenatal attachment is a largely **subjective process** and may evolve substantially following the child's birth, as the infant's characteristics and the realities of parenting become more salient. Stronger associations may therefore emerge in the postnatal period, as suggested by studies reporting robust links between trauma-related mentalizing, parental sensitivity (Berthelot et al., 2025), and the quality of the parent-child attachment relationship (Berthelot et al., 2015).

Implications

- These findings suggest that **targeting maternal mentalization capacities** may support the development of antenatal attachment among women with a history of childhood maltreatment.
- Supporting mothers in **making sense of their traumatic experiences** may represent a promising avenue to promote early relational health.

Limitations

- **Self-report measures**, which may be subject to reporting biases.
- **Cross-sectional design** precludes causal inferences regarding the direction of associations.

Future directions

Longitudinal studies are needed to clarify temporal associations and examine how trauma-related mentalizing during pregnancy influences postnatal caregiving and child development outcomes.

References

