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Parenting under pressure

A scoping review of parental self-efficacy in the context of cumulative adversity

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Research Summary

Why was the research done?

Many families face more than one hardship at once—mental ill-health, substance use, domestic violence, separation, or incarceration. These co-occurring pressures can undermine parents' confidence in their parenting (parental self-efficacy), which matters for children's wellbeing and intergenerational disadvantage. This scoping review mapped recent evidence on how cumulative adversities relate to parental self-efficacy and what helps or hinders it.

What were the key findings?

While the evidence base is small (10 studies, 2005–2022), a consistent pattern emerges: in families facing multiple adversities, parental self-efficacy is often lower. Mental health (especially depression/anxiety, and PTSD in some samples) may act as a central mechanism—it frequently co-occurs with other adversities and, in two studies, was shown to mediate links between adversity (e.g., intimate partner violence) and lower parental self-efficacy (one via personal mastery).

Influences show up at multiple levels:

- Individual: personal mastery/sense of control, parenting experience, wellbeing.
- Family: child progress/needs, communication with children, perceived co-parent competence.
- Community/services: availability and quality of support (e.g., child-welfare support).

Gaps: fathers and diverse families are under-represented; most studies are small/cross-sectional; most studies didn't check whether more hardships added up to a bigger negative impact on parents' confidence (for example, one problem vs two, three, or four). And they rarely looked at which specific combinations of hardships matter most when mental health isn't one of them—like separation plus incarceration, or domestic violence plus substance use—instead, most research focused on combinations that included mental health.

What does this mean for policy and practice?

In light of these findings, parental self-efficacy could be made a core outcome in family focused services—and, where feasible, services should be supported to track it routinely. Models that pair evidence-based parenting support with mental health care, and improve service coordination at key transitions—such as re-entry after prison or treatment—are especially important. Measuring and supporting parents' confidence through accessible, flexible supports or interventions should become standard practice. These supports can help build skills and a sense of control, strengthen co-parenting and parent–child relationships, and boost engagement when adversity stacks up. We also need to actively include fathers and under-served families, who are often overlooked. Finally, investing in longitudinal, real-world studies that examine how cumulative adversity impacts parenting—and which combinations of support are most protective—will be key to breaking intergenerational cycles of disadvantage.

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We acknowledge the Traditional Custodians of the lands on which we work and live across Australia.
We pay our respects to Elders past and present and recognise their continued connections
to land, sea and community.

Parenting Under Pressure: A Scoping Review of Parental Self-Efficacy in the Context of Cumulative Adversity

Clinical Child and Psychology Review

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Declaration of Interest Statements

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Abstract

Household adversity can significantly impact parents and children across the life course, contributing to intergenerational cycles of disadvantage. These effects may be particularly pronounced when families experience multiple types of adversity. Parental self-efficacy may be a key mechanism linking cumulative adversity to family outcomes, given its central role in parenting and child development, susceptibility to change, and known vulnerability to adversity. While the effects of single types of adversity on parental self-efficacy are known, the impact of the accumulation of adversity is less well understood. This scoping review therefore aimed to examine recent evidence on the impact of cumulative adversities on parental self-efficacy, and the factors that may support or hinder self-efficacy in the context of cumulative adversity. Following PRISMA-ScR guidelines, nine academic and grey literature interfaces (Web of Science, PubMed, ProQuest, EBSCOHost, Embase, Cochrane library, WHO Global Index Medicus, Campbell Collaboration, OpenGrey) were searched for studies published between 2005 and 2024. Ten studies met inclusion criteria and were narratively synthesised. Results indicate that parental self-efficacy may be lower in the context of cumulative adversity; and may be influenced by individual, family, and community factors. Substantial gaps remain, with few studies examining cumulative adversity, and many focussing on mental health, overlooking other adversity combinations. Further research is needed to understand how cumulative adversity influences parental self-efficacy, and to identify modifiable factors that can help to reduce its life course and intergenerational effects.

Keywords: Adverse Childhood Experiences, Parental Self-Efficacy, Scoping Review, Intergenerational Adversity, Mental Health

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Adversities such as mental health conditions, substance use problems, incarceration, relationship breakdown, and domestic violence can have profound life course impacts that contribute to intergenerational cycles of disadvantage. A wide body of literature on Adverse Childhood Experiences (ACEs) indicates that the more types of adversity experienced in a family, the greater their risk for poor outcomes and further adversity across the life course and across generations (Kalmakis & Chandler, 2015; Merrick et al., 2019; Sasidharan & Talwar, 2023). The framework most frequently used in this area focuses on the co-occurrence of five types of adversity pertaining to household dysfunction (mental health condition, substance use problem, incarceration, domestic violence, and parental separation or divorce), and five types pertaining to child maltreatment (physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect; Dube et al., 2001; Felitti et al., 1998). These adversities are experienced by families across all geographic, political, and socioeconomic contexts, affecting around 60% of people in Western countries, and even higher proportions in developing nations (Kalmakis & Chandler, 2015; Madigan et al., 2023; Pace et al., 2022). The widespread and potentially damaging nature of adversity, and particularly cumulative adversity, means it is essential their impact be mitigated through prevention and support (Centers for Disease Control and Prevention, 2019; Di Lemma et al., 2019).

As central figures in the intergenerational cycle of ACEs, parents may play a critical role in efforts to prevent and address its impacts. Parents' own childhood ACEs may affect their wellbeing and parenting as adults (Lange et al., 2019; Lotto et al., 2023; Weistra et al., 2024), and the challenges they subsequently face (e.g., mental health conditions, substance use problems, relationship difficulties) may place their own children at risk for adversity (Hammett et al., 2020; Zhang et al., 2022). Parents may mitigate the potential effects of past or current adversity experienced by their children through effective

parenting and a positive parent-child relationship, as well as support their family to prevent adversity from occurring (Bunting et al., 2022; Chainey et al., 2022, 2023; Yoon et al., 2023). Where families are affected by adversity, however, a parent's ability to engage in effective parenting and to develop positive parent-child relationships may be hindered (Dhondt et al., 2019; Masarik & Conger, 2017; Niccols et al., 2012). The challenges posed by household dysfunction adversities such as mental health conditions, substance use problems, domestic violence, relationship breakdown and incarceration, can put a strain on parents' capacity and ability to cope (Cassé et al., 2018; Kedzior et al., 2024; Rix et al., 2022; Seipp et al., 2024).

Parents affected by multiple forms of adversity may therefore feel unable to adequately meet the demands of parenthood, handle their children's behaviour, and be the parent they wish to be (Kedzior et al., 2024; Rix et al., 2022). This low parental self-efficacy may place parents at risk of engaging in ineffective parenting and maltreatment, which can subsequently further impede their confidence (Baggett et al., 2017; Chang et al., 2025; Fitriani et al., 2023; Glatz et al., 2024; Jahng, 2020; Rodriguez, 2008) and their children's development (Jones & Prinz, 2005). Poor parental self-efficacy (i.e., "parents' perceptions of their ability to engage in the behaviours expected in their role as parents, without focusing on specific tasks or specific child ages"; Jones & Prinz, 2005) may therefore be a valuable indicator and mechanism of the impact of cumulative adversity on parents, children and families.

When parents have a high level of parental self-efficacy, however, they may better foster their children's development and their families' functioning, which may result in a greater ability among the family to tackle future challenges and adversities (Doty et al., 2017). Understanding the factors that influence whether parents feel able to tackle the challenges of parenthood may therefore provide insights into what may help or hinder families to break the intergenerational cycle of adversity. The extant evidence indicates that a range of factors may influence parental self-efficacy, either positively or

negatively. This includes factors pertaining to the parent themselves, with parents likely to have higher self-efficacy if they are older, and if they have high levels of well-being, personality traits such as extraversion and agreeableness, emotional stability (Glatz et al., 2024), parenting knowledge and experience, physical health, and positive birth experiences (Sæther et al., 2023). They are also more likely to have high self-efficacy if their children have low levels of internalising and externalising problems, personalities high in extraversion and conscientiousness (Glatz et al., 2024), good physical health and development, and a more "easy" mood and temperament (Sæther et al., 2023). Parents with a higher socioeconomic status and household income are similarly more likely to have high self-efficacy (Glatz et al., 2024). Social and relational factors may also play a role, with parents' self-efficacy threatened by poor co-parenting relationships, family dysfunction (Glatz et al., 2024) and judgment from others, and bolstered by receiving support, positive feedback, reassurance, guidance, and confidence from others (Sæther et al., 2023). Support from health professionals in the post-partum period can also foster parental self-efficacy (Sæther et al., 2023). Professional support in the form of parenting programs may additionally strengthen parents' sense of efficacy, across a range of program settings and formats (Doyle et al., 2022), including both universal (Liyana Amin et al., 2018; Wittkowski et al., 2016) and targeted approaches (Hohlfeld et al., 2018; Liyana Amin et al., 2018).

The multidimensionality in contributing factors is consistent with theoretical frameworks that situate parenting within dynamic systems of influence. Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979) emphasises the role of nested environmental systems, from immediate family to broader societal contexts, in shaping development and behaviour. Bandura's social cognitive theory (1997) highlights the role of self-perceptions, learning, and social reinforcement in shaping parental beliefs, while Belsky's process model identifies the interdependence of parental psychological resources, child characteristics, and contextual stressors in determining parenting outcomes (Belsky, 1984). Understanding the factors that can influence parental self-efficacy in the context of difficulties faced by

themselves and their families may therefore provide valuable insights on how to best support families to thrive.

The literature on what may affect parental self-efficacy in the context of cumulative adversity is, however, yet to be consolidated. Extant reviews have explored some, but not all, of the three key elements of: a) adversity, b) parental self-efficacy, and c) supportive and hindering factors. For example, previous reviews have examined the links between adversity and parenting in various iterations. These include reviews on the associations between individual types of current adversity and parenting (Niccols et al., 2012), and the influence of parents' childhood adversity on their current parenting (Lotto et al., 2023; Weistra et al., 2024). Other reviews have captured the literature regarding interventions aiming to address the two or three co-occurring dysfunction ACEs (Allen et al., 2022; Barrett et al., 2024; Darlington et al., 2022). Factors that influence parental self-efficacy have been examined in reviews focused on interventions (Hohlfeld et al., 2018; Liyana Amin et al., 2018; Wittkowski et al., 2016), first-time parents (Sæther et al., 2023), and the general population (Glatz et al., 2024), however, have not examined parental self-efficacy in the context of cumulative adversity.

The Present Study

Gaps therefore remain in our understanding of the impact that experiencing multiple dysfunction ACEs in one's current family may have on parental self-efficacy, and the factors that might support or hinder families in that context. This scoping review aims to address this gap by providing an overview of the extant evidence on the relationship between cumulative dysfunction ACEs and parental self-efficacy, and the factors that may influence parental self-efficacy amidst cumulative adversity. Drawing on and contributing to the literature on ACEs, this review explores the impact of experiencing two or more of the following five types of adversity: mental health condition, parental separation or divorce, substance use problem, incarceration, and domestic violence. Of the ten types of adversity in the ACEs framework (Dube et al., 2001; Felitti et al., 1998), the current review focuses on the five

household dysfunction ACEs only, because low parental self-efficacy is generally understood as an outcome of the household dysfunction ACEs (Carless et al., 2015; Glatz et al., 2024; Raynor, 2013; Rix et al., 2022), while it is more often conceptualised as preceding or having a bidirectional relationship with the maltreatment ACEs and parenting in general (Baggett et al., 2017; Chang et al., 2025; Fitriani et al., 2023; Glatz et al., 2024; Jahng, 2020; Rodriguez, 2008). This review adopts a scoping review methodology, as its primary aim is to map the existing evidence on how cumulative adversities impact parental self-efficacy, identify knowledge gaps, and clarify the scope of the literature while confirming the relevance of inclusion criteria and refining future research questions (Tricco et al., 2018).

Research questions

1. How does cumulative adversity impact parental self-efficacy?
2. What factors support or hinder parental self-efficacy in the context of cumulative adversity?

Method

Registration and Protocol Development

The protocol was developed following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Lely et al., 2023; Tricco et al., 2018) and registered on the Open Science Framework on January 17th, 2025, prior to collecting and screening studies (Registration URL: https://doi.org/10.17605/OSF.IO/QW47F).

Search Strategy

Searches were conducted across multiple interfaces including Web of Science, PubMed, ProQuest, EBSCOHost, Embase, Cochrane library, WHO Global Index Medicus, Campbell Collaboration and OpenGrey on January 29th, 2025. There were three main search string elements: (a) reference to two or more of the five adversities or a broad “adversity” term (e.g., mental illness, mental health, adverse childhood experience; (b) reference to parent (e.g., parent, caregiver, carer, mother, father, maternal, paternal); and (c) reference to self-efficacy (e.g., self-efficacy, self-esteem, confidence,

competence). Search terms for parental self-efficacy were derived from Fang et al. (2021). All other search terms were determined by the authors. The studies were published between 2005 and 2024 to enable examination of the literature published in the last 20 years. See supplementary file 1 for search strategy details.

Eligibility of Studies

Studies were eligible for inclusion if they investigated two or more of the following adversities: mental health condition, parental separation or divorce, substance use problem, incarceration, domestic violence. These adversities needed to have occurred when children were aged between 0 and 17 years old. With the exception of parental separation or divorce, the adversities could be experienced by any of the child's household members. If other adversities were also captured (e.g., physical illnesses, poverty), their effects needed to be distinguishable from those of the focal adversities. Eligible studies also needed to include a measure of parental self-efficacy, defined for the current study as "parents' perceptions of their ability to engage in the behaviours expected in their role as parents, without focusing on specific tasks or specific child ages" (Jones & Prinz, 2005). Studies must analyse parental self-efficacy as being cross-sectionally associated to adversity, or longitudinally affected by adversity, rather than a predictor of adversity. Parental self-efficacy must be measured when child/ren are aged 0-17 years. Where studies met inclusion criteria, data on additional factors that may contribute to parental self-efficacy in the context of cumulative adversity was considered in scope if the relevant factors were: a) not one of the five focal types of adversity as defined in the current review's criteria; and b) hypothesised in the study to be related to parental self-efficacy, either as a moderator or mediator of the effect of adversity, or as a predictor in the context of cumulative adversity.

Eligible study designs included qualitative, quantitative and mixed methods studies, reviews, and meta-analyses. Populations comprised of parent(s) with resident children under 18 years of age at the time of the adversities and parental self-efficacy. Data may be collected retrospectively when

children are aged older than 18 years. Publication types eligible for review include peer-reviewed journal articles, book chapters, and full conference proceedings, reports from organisations or government bodies with primary data, and dissertations and theses that provide complete data. Studies published within the last 20 years were prioritised to ensure recency, though older studies could be included if they are seminal works or provide significant insights. Studies must be published in English or have an available English translation. Full-text articles must be accessible publicly, through institutional access, or on request. There were no restrictions on geographic location or cultural context of the study. Exclusions were made of non-English articles, single-family case reports, editorials, letters, opinion articles, and media articles without scientific methodologies and raw data specified.

Screening Process

Screening was conducted in Covidence (Veritas Health Innovation Ltd, 2024) and Microsoft Excel (Campbell Collaboration and Open Grey only; Microsoft Corporation, 2024). Screening was conducted by four independent reviewers, with each reference screened by two reviewers, including either author 1 or 2. Titles and abstracts were reviewed in an initial stage to exclude any clearly irrelevant or ineligible studies. If ambiguous or deemed to meet inclusion criteria, references progressed to the full-text review. If references were excluded at the full-text review stage, researchers documented and reported the primary reason in a PRISMA flow diagram (see Figure 1). Inter-rater reliability ranged from 97.9% to 99.0% across the combinations of the four reviewers. Any discrepancies were solved through discussion, and a third reviewer involved if needed. A final check of references that passed both stages was conducted to confirm their eligibility of inclusion.

Data Synthesis and Quality Assessment

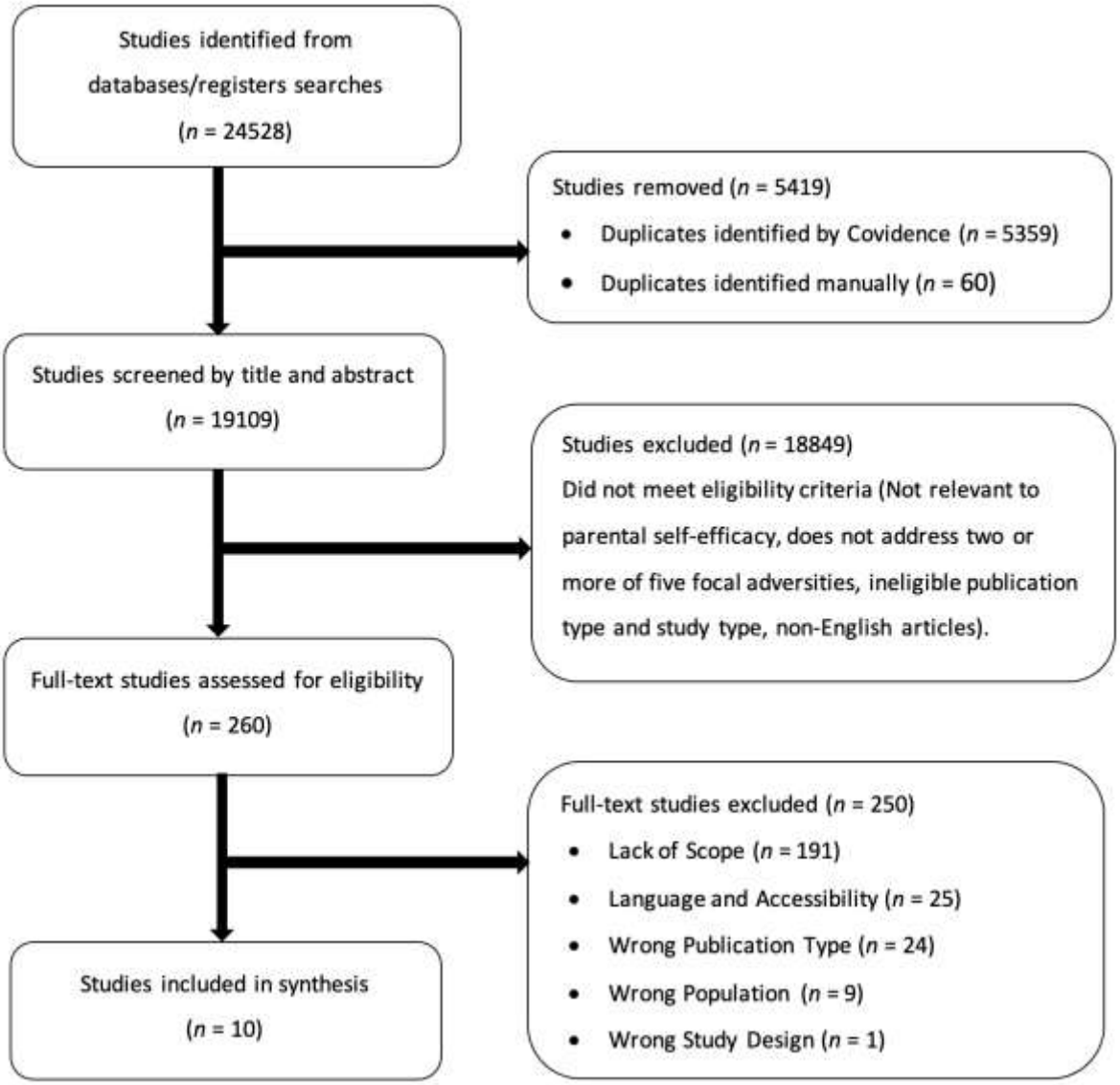
Data from included references were extracted in Covidence by author 1. Author 2 randomly verified 20% of studies (n = 2) for quality assurance. Quantitative data (e.g., effect sizes, correlations) and key study characteristics (e.g., sample size, study design, measures) were summarised to identify

trends and the scope of evidence. Qualitative findings were synthesised narratively, with themes presented alongside quantitative results for a comprehensive analysis. Findings were then integrated to examine relationships between adversities, parental self-efficacy, and contributing factors.

Results

The database searches returned a total of 24,528 records, of which, 5,419 were duplicates, leaving 19,109 records for screening. Of the records screened, 18,849 were excluded based on title and abstract screening, and 250 excluded based on full-text screening, leaving 10 studies for data extraction and synthesis. Figure 1 presents a PRISMA diagram of the review process.

Figure 1. *PRISMA diagram (Tricco et al, 2018) of the study review process*



Study Characteristics

A total of 10 studies met the inclusion criteria and were included in the final review. Details of the studies are shown in Table 1. The studies were published between 2005 and 2022, and comprised six peer-reviewed journal articles, three doctoral theses, and one working paper. Geographically, the majority of studies (*n* = 7) were conducted in the United States (Borelli et al., 2010; Burkhardt-Meehl, 2005; Kovacs, 2022; Paris et al., 2023; Renner et al., 2015; Tuerk, 2007; Vargas & Tucker, 2015), with one

of these also involving data collection in Mexico (Vargas & Tucker, 2015). The remaining three studies were conducted in Canada (Preyde et al., 2015), Norway (Storhaug & Øien, 2012), and the United Kingdom (Platt et al., 2015). Sample sizes varied considerably, ranging from seven participants in a qualitative study to 12,744 in a large-scale survey. Excluding these two outliers, sample sizes ranged from 15 to 322, with a mean of 131.75 (SD = 110.42) and a median of 102.50.

Funding was reported in three of the U.S. based studies, from the U.S. Department of Health and Human Services (Paris et al., 2023; Renner et al., 2015) and the National Institutes of Health (Borelli et al., 2010). Methodologically, six studies employed cross-sectional designs (Burkhardt-Meehl, 2005; Kovacs, 2022; Paris et al., 2023; Renner et al., 2015; Storhaug & Øien, 2012; Vargas & Tucker, 2015), two used longitudinal designs (Platt et al., 2015; Preyde et al., 2015), one employed a single-group pretest/post-test design (Borelli et al., 2010), and one was a randomised controlled trial (Tuerk, 2007).

Table 1. *Study characteristics (n = 10)*

Study	Country	Sample size	Sample	Mental health	Separation/divorce	Substance use	Incarceration	Domestic violence	Measures of adversity	Measure of parental self-efficacy	Associations between adversity and parental self-efficacy	Factors affecting parental self-efficacy in the context of cumulative adversity
Burkhardt-Meehl, 2005	USA	15	Single parents under the age of 30 years with children aged 1-10 years.	x	x				• Unlisted survey items on relationship status • Parenting Stress Index – Depression subscale	Parenting Stress Index (Abidin, 1995)	Significant correlation between competence and depression, *r* = .667 (exact p value not stated).	N/A
Tuerk, 2007	USA	44	Mothers in maximum-security prison with at least one child between the ages of 3 and 18.	x			x		• Recruitment of prison inmates • Beck Depression Inventory - Second Edition	Parenting Stress Index for Incarcerated Women (Houck & Loper, 2002)	Significant correlation between depression and parental competence at pre-intervention, *r* = -.54, *p* <.001.	N/A
Borelli et al., 2010	USA	69	Mothers attending prison nursery program, serving	x			x		• Recruitment of prison inmates • Center for Epidemiologic	Parenting Sense of Competency Scale - Perceived Competency in Knowledge	Significant Pearson correlation between T1 depression and T2 self-efficacy: -.40 (*p* <.001).	N/A

Study	Country	Sample size	Sample	Mental health	Separation/divorce	Substance use	Incarceration	Domestic violence	Measures of adversity	Measure of parental self-efficacy	Associations between adversity and parental self-efficacy	Factors affecting parental self-efficacy in the context of cumulative adversity
			sentences for felony crimes.						al Survey – Depression	subscale (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989)	Significant ANCOVA shows T1 depressive symptoms are a significant predictor of T2 self-efficacy, F(1, 59)= 5.35, $p < .01$.	
Storhaug & Øien, 2012	Norway	7	Fathers who receive, or recently have received, assistance from the Child Welfare Service, and have children with women who have substance abuse and mental health problems.	x	x	x			• Unlisted survey items and qualitative descriptions	Qualitative descriptions	Fathers say it is hard to feel like a good caregiver when they are having to parent solo in the context of separation and SUD/mental illness. They also say it is hard when they themselves had a substance use disorder in the past and thus don't have experience as a sober father.	Barriers to self-efficacy: • Lack of support from Child Welfare Services • Mothers' incompetence • Lack of experience with children • Children's special needs or problems Facilitators of self-efficacy: • Sense of responsibility

Study	Country	Sample size	Sample	Mental health	Separation/divorce	Substance use	Incarceration	Domestic violence	Measures of adversity	Measure of parental self-efficacy	Associations between adversity and parental self-efficacy	Factors affecting parental self-efficacy in the context of cumulative adversity
												• Seeing positive progress in children • Understanding children's needs
Platt et al., 2015	UK	12,744	Mothers living in an intact relationship when their child was nine months old.	x	x				• Unlisted survey items regarding cohabitation, death • Kessler scale	Millenium Cohort Study survey question	Mental health is significant regression predictor of self-efficacy among separated mothers, B = -0.047 (SD = 0.005), $p < .001$.	N/A
Preyde et al., 2015	Canada	150	Youth and a parent, recruited from five mental health facilities.	x	x				• Unlisted survey items regarding relationship status • Center for Epidemiological Survey – Depression	Parenting Sense of Competence Scale (Jones & Prinz 2005)	Significant ANOVA differences in parental competence by relationship status, [F(4,144) = 2.41; $p < .05$]. Post hoc Tukey HSD Tests showed that only parents who were separated ($M = 4.78$) felt more competent	N/A

Study	Country	Sample size	Sample	Mental health	Separation/divorce	Substance use	Incarceration	Domestic violence	Measures of adversity	Measure of parental self-efficacy	Associations between adversity and parental self-efficacy	Factors affecting parental self-efficacy in the context of cumulative adversity
											than parents who were divorced (M = 4.11; p <.05).	
Renner et al., 2015	USA	264	Women with at least one child.	x				x	• Conflict Tactics Scale • Center for Epidemiological Survey – Depression	Parenting Sense of Competence scale (Gibaud-Wallston & Wandersman, 1978)	Medium to large, standardised path estimates from IPV to depression .383, to personal mastery -.459, to parenting competence .584	Personal mastery as mediator; significant pathways from IPV to depression, to mastery, to parenting self-efficacy
Vargas & Tucker, 2015	USA, Mexico	136	Mexican mothers with a child in public kindergarten, living in Mexico or as an immigrant in the USA.	x				x	• Center for Epidemiological Survey – Depression • Revised Conflict Tactic Scale	Parental Involvement and Efficacy scale (Diener, Nievar, & Wright, 2003)	Significant Sobel test showed that depression significantly mediated the relationship between physical violence and maternal self-efficacy (z = -2.27, p = .02).	N/A
Kovacs, 2022	USA	322	Single parents with a child between 18	x	x				• Unlisted survey items on	Parenting Sense of Competence Scale	Significant bivariate correlation between	N/A

Study	Country	Sample size	Sample	Mental health	Separation/divorce	Substance use	Incarceration	Domestic violence	Measures of adversity	Measure of parental self-efficacy	Associations between adversity and parental self-efficacy	Factors affecting parental self-efficacy in the context of cumulative adversity
			months and 5 years of age.						relationship status • Short Form Taylor Manifest Anxiety Scale	(Johnston & Mash, 1989)	anxiety and self-efficacy, r = -.34, p < .001.	
Paris et al., 2022	USA	54	Mothers attending an opioid treatment program with children ages birth to 6 years.	x		x			• Recruitment through substance use treatment program • PTSD Symptom Scale-Self Report	Parenting Sense of Competence Scale (Johnston & Mash, 1989)	Significant bivariate correlation between PTSD and self-efficacy, r = -.48, p < .01. Significant regression showed PTSD as a predictor of self-efficacy, B = -.30, *SE*(B) = .11, Beta = .36, p < .01.	N/A

Note. "x" indicates which adversities were captured in the study.

Participant Characteristics

All included studies obtained data from parents. Six samples included only mothers (Borelli et al., 2010; Paris et al., 2023; Platt et al., 2015; Renner et al., 2015; Tuerk, 2007; Vargas & Tucker, 2015), one included only fathers (Storhaug & Øien, 2012), and three included both mothers and fathers (Burkhardt-Meehl, 2005; Kovacs, 2022; Preyde et al., 2015).

Seven study samples were selected based on experiences of adversity. Of these, one focused on mental health, sampling parents of children and youth who had entered and/or been discharged from mental health facilities (Preyde et al., 2015). Two studies sampled based on parental separation or divorce and were focused on single parents with children aged between 1.5 and 5 years (Kovacs, 2022), and single parents under the age of 30 with children aged 1 to 10 years (Burkhardt-Meehl, 2005). Substance use problems were represented in a sample of mothers attending an opioid treatment program who had children aged 0 to 6 years (Paris et al., 2023). Two studies focusing on incarceration included mothers who were inmates in a maximum-security prison (Tuerk, 2007), and mothers participating in a prison nursery program while serving sentences for felony crimes (Borelli et al., 2010). One study examined cumulative adversity by recruiting fathers involved with Child Welfare Services whose children's mothers had substance use or mental health challenges, many of whom were separated or divorced (Storhaug & Øien, 2012).

Three studies sampled participants from the general population. These included mothers who were living with their child's father when the child was 9 months old (Platt et al., 2015), mothers from the general population with at least one child (Renner et al., 2015), and Mexican mothers recruited through their children's kindergartens; some of whom were immigrants to the United States, while others resided in Mexico (Vargas & Tucker, 2015).

Adversity Measures

As shown in Table 1, adversity was operationalized across multiple domains, including mental health conditions, parental separation and divorce, substance use problems, domestic violence, and incarceration. These domains were assessed using a combination of standardised instruments, unlisted survey items, and qualitative methods. Mental health conditions were measured most frequently, using a range of standardized tools including the Center for Epidemiological Studies Depression Scale (*n* = 4; Radloff, 1977), Beck Depression Inventory–Second Edition (*n* = 1; Beck et al., 1996), PTSD Symptom Scale–Self Report (*n* = 1; Foa et al., 1993), Short Form of the Taylor Manifest Anxiety Scale (*n* = 1; Taylor, 1953), Parenting Stress Index–Depression subscale (*n* = 1; Abidin, 1995), and the Kessler Psychological Distress Scale (*n* = 1; Kessler et al., 2002). Some studies also recruited participants directly from mental health services or used unlisted survey items and qualitative data to identify mental health conditions (*n* = 1). Parental separation and divorce were captured through unlisted survey items addressing relationship status, cohabitation, and death, as well as through qualitative descriptions (*n* = 5). Substance use problems were assessed through both unlisted survey items and qualitative data, with one study recruiting participants from a substance use treatment program (*n* = 2). Domestic violence was measured using the Revised Conflict Tactics Scale (*n* = 1; Straus, 1995) and the original Conflict Tactics Scale (*n* = 1; Straus, 1979). Finally, incarceration was identified in two studies through the recruitment of prison inmates (*n* = 2).

In addition to examining individual domains of adversity, all studies explored combinations of adverse experiences. The most frequently studied combination was parental separation or divorce alongside mental health conditions (*n* = 4). Two studies examined the co-occurrence of domestic violence and mental health conditions, while two others focused on incarceration in combination with mental health conditions. One study investigated the intersection of substance use problems and mental health conditions. Finally, one study examined a more complex constellation of adversities,

including parental separation or divorce in conjunction with mental health conditions and/or substance use problems.

Parental Self-Efficacy Measures

Parental self-efficacy was assessed using a variety of measures across the included studies. The most commonly used instrument was the Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978; Johnston & Mash, 1989; Jones & Prinz, 2005), employed in five studies (Borelli et al., 2010; Kovacs, 2022; Paris et al., 2023; Preyde et al., 2015; Renner et al., 2015). Other measures included the Parental Involvement and Efficacy Scale (Diener et al., 2003) in Vargas & Tucker (2015), the Parenting Stress Index (Abidin, 1995) in Burkhardt-Meehl (2005), and the Parenting Stress Index for Incarcerated Women (Houck & Loper, 2002) in Tuerk (2007). One study used a single-item question specifically created for its survey (Platt et al., 2015), and another relied on qualitative descriptions provided by participants to assess self-efficacy (Storhaug & Øien, 2012).

Associations between Adversities and Parental Self-Efficacy

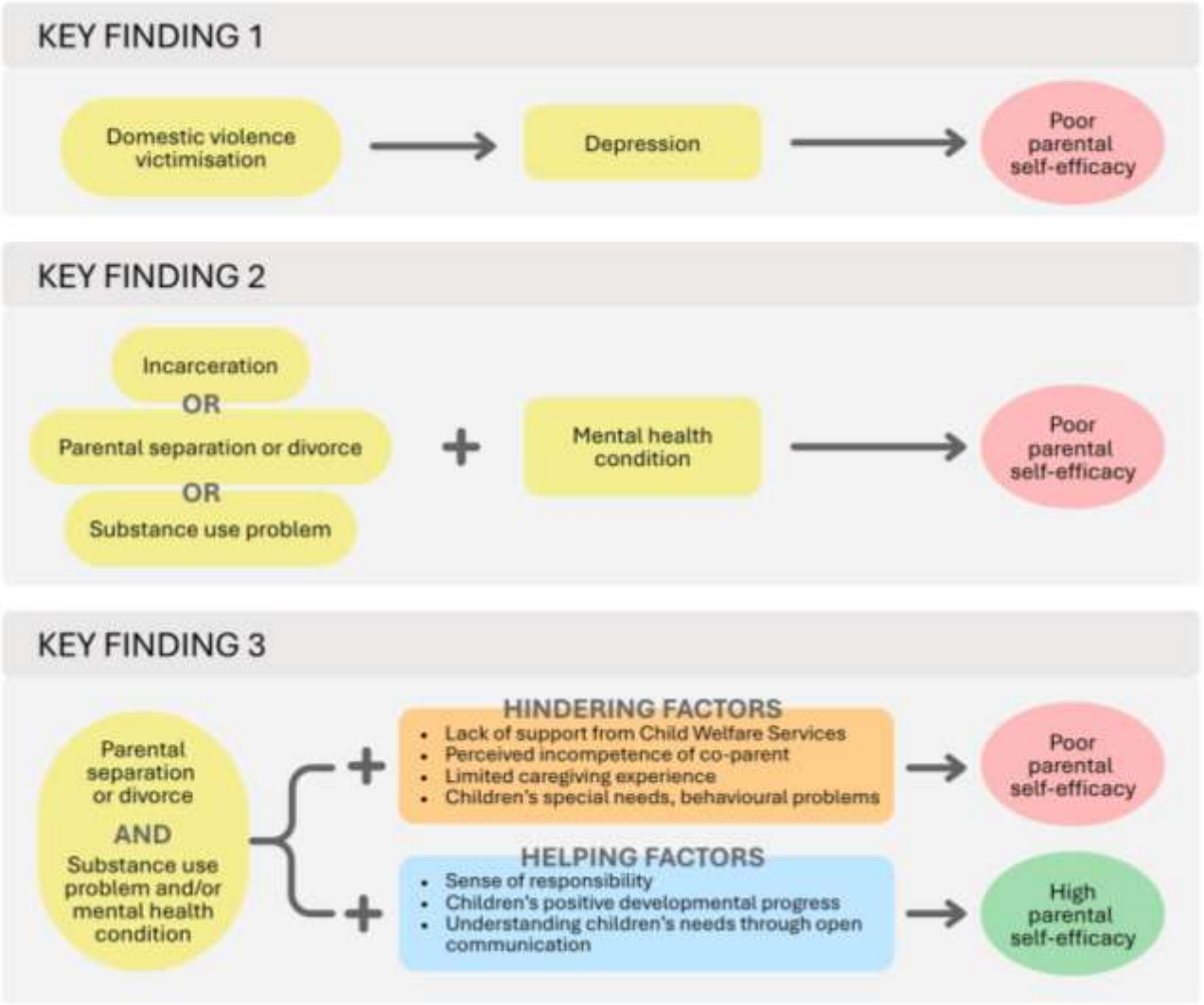
All included studies reported associations between adversity and parental self-efficacy. For an overview of observed associations, see Table 1 and Figure 2. A key finding was that mental health conditions, particularly depression, were frequently implicated in mediating or directly influencing parental self-efficacy, especially in the context of other adversities. In two general population samples, depression was found to mediate the negative association between domestic violence victimisation and parental self-efficacy, with one showing a full mediation of the relationship (Vargas & Tucker, 2015), while another identified medium to large significant paths from domestic violence victimisation, to depression, to personal mastery, to parental self-efficacy (Renner et al., 2015).

More broadly, poor mental health was found to negatively impact parental self-efficacy among parents facing cumulative adversity, with medium to large effects. This included a significant negative relationship between depression and parental competence in two samples of incarcerated mothers

(Borelli et al., 2010; Tuerk, 2007), as well as a significant negative association between PTSD symptomology and parental self-efficacy in mothers with substance use disorders (Paris et al., 2023). Anxiety and depression were separately significantly negatively associated with parental self-efficacy among two samples of single parents (Burkhardt-Meehl, 2005; Kovacs, 2022). A further study reported a significant negative association between mental health and parental self-efficacy among single mothers (Platt et al., 2015).

Findings related to parental separation and divorce when explored as a second form of adversity were more mixed. One study of parents of children and youth with mental health conditions found significant differences in parental competence across six categories of relationship status (e.g., married, common law, divorced), however there was no significant difference found between parents in one- and two-parent households (Preyde et al., 2015). In contrast, qualitative accounts suggest low parental self-efficacy among single fathers whose co-parents had mental health conditions or substance use problems (Storhaug & Øien, 2012).

Figure 1. *Overview of key findings*



Note. Figure designed in Canva.

Factors Influencing Parental Self-Efficacy in the Context of Cumulative adversity

Two studies identified specific factors that influence parental self-efficacy in the context of cumulative adversity. One significant mechanism identified was impeded personal mastery (i.e., "the extent to which one regards one's own life chances as being under one's own control"), which emerged as a key pathway through which domestic violence victimisation and depression impacted parental self-efficacy, in a general population sample of mothers (Renner et al., 2015). Among single fathers whose children's mothers had mental health or substance use issues, qualitative data highlighted both barriers and facilitators to parental self-efficacy (Storhaug & Øien, 2012). Reported barriers included a lack of support from Child Welfare Services, perceived incompetence of the children's mothers, fathers' limited experience with caregiving, and challenges related to the children's special needs and behavioural problems. Conversely, factors that supported these fathers' sense of self-efficacy included an inner sense of responsibility, observing positive developmental progress in their children, and developing an understanding of their children's needs through open communication with them.

Discussion

This scoping review synthesised evidence on the relationship between multiple household dysfunction adversities and parental self-efficacy, identifying factors that may support or hinder efficacy in these contexts. The evidence indicates that families affected by multiple types of adversity may experience impaired parental self-efficacy. Across the reviewed studies, parental self-efficacy was generally lower when more than one type of adversity was present. For example, in families experiencing parental separation or divorce, the co-occurrence of an additional adversity such as a mental health condition was associated with lower levels of parental self-efficacy. The evidence also indicates that the presence of one form of adversity in a family may increase the likelihood that the family experiences another form of adversity, thereby compounding challenges and further impeding parental self-efficacy.

Associations Between Cumulative Adversity and Parental Self-Efficacy

While the literature is limited in number and scope, a clear pattern emerged in which mental health conditions served as a central mechanism linking adversity and diminished parental self-efficacy. In six studies, parents who were affected by one type of adversity (e.g., parental separation or divorce, incarceration) were consistently more likely to have poor parental self-efficacy if they also had poor mental health. In two studies, the effect of adversity on mental health also emerged as a mechanism by which parents' self-efficacy may be diminished, particularly where domestic violence victimisation increases mothers' depression. These findings align with extant evidence regarding the impact of poor mental health on parents' self-efficacy (Glatz et al., 2024; Kedzior et al., 2024), while viewing that impact in the context of cumulative adversity.

The current results help to contextualise the ACEs framework (focused on the effects of cumulative adversity) with other theories in order to better understand the role of parents and parenting in the intergenerational cycle of ACEs. For example, the Family Stress Model positions parenting as a psychologically demanding role that draws heavily on emotional and cognitive resources. When those resources are depleted by stress or trauma, parents' self-efficacy may decline (Masarik & Conger, 2017).

The findings also resonate with Bandura's social cognitive theory and Belsky's process model of parenting, which position mental health as a key mechanism through which broader social and contextual factors can influence individuals' self-efficacy and parenting outcomes, respectively (Bandura, 1997; Belsky, 1984). The identification of mental health as a form of adversity that has effects on parental self-efficacy when experienced alongside other adversities, and as a mechanism for the effects of adversity on parental self-efficacy, therefore adds to the expanding ACEs literature. It highlights mental health as a modifiable intervention point and a critical pathway through which adversity affects parenting, and in turn, the wellbeing of children and families.

Findings related to parental separation and divorce were more mixed. One quantitative study found no significant association between separation and self-efficacy among parents of children with mental health conditions (Preyde et al., 2015), while qualitative accounts described reduced parental self-efficacy among single fathers navigating separation in the context of their co-parent's substance use problems or mental health conditions (Storhaug & Øien, 2012). In both cases, separation did not occur in isolation but interacted with other stressors to shape parental self-efficacy. These results suggest that the impact of separation on parental self-efficacy may depend on the broader family context and co-occurring adversities. This is consistent with other research on separation and parental self-efficacy without a focus on cumulative adversity (Rix et al., 2022), and aligns with ecological models of parenting, such as Bronfenbrenner's ecological systems theory (1979), which emphasise the role of broader relational and environmental contexts. These findings thus point to the importance of considering context and co-occurrence when interpreting the effects of specific adversities such as separation. They highlight the need for support approaches that are flexible and responsive to the broader ecology of family life.

Helping and Hindering Factors

Although the evidence on contributing factors was limited, two studies identified influences on parental self-efficacy at the individual, family, and community levels. At the individual level, factors such as personal mastery, experience with children, and a sense of responsibility may influence parents' self-efficacy. At the family level, parent-child communication, and perceptions of co-parents' competence and children's progress and needs, were linked to parents' sense of efficacy. Community support also played a role, with a lack of support from welfare services cited as barrier. These findings reinforce prior evidence that self-efficacy is not formed in isolation, but is influenced by internal and contextual factors including family dynamics and access to support (Doyle et al., 2022; Glatz et al., 2024; Sæther et al., 2023). Similarly, Bronfenbrenner's ecological systems theory (1979) conceptualises development as

occurring within a series of nested, interacting systems, from immediate relationships within the microsystem (such as family) to broader influences in the exosystem and macrosystem (such as services and societal norms). For parents experiencing adversity, these influences may play a particularly powerful role in reinforcing or undermining a sense of self-efficacy. Interventions aiming to strengthen self-efficacy should therefore adopt a multi-level approach, addressing factors pertaining to the individual, their family, and the community in which they live. Fostering personal internal resources alongside strengthening family relationships and increasing access to adequate supports may help to support parents to feel more confident in their parenting role, even in the context of cumulative adversity.

Limitations and Future Directions

Several limitations of the included studies, and therefore the extant body of literature in this area, should be acknowledged. Many studies are small-scale and cross-sectional, limiting causal inference and generalisability. There is a strong over-representation of maternal samples and studies conducted in the United States, with minimal inclusion of fathers and culturally diverse populations. Measurement of adversity and self-efficacy are often inconsistent, with some studies relying on unlisted or single-item measures that have not been psychometrically validated. All studies utilised self-report measures for adversity, parental self-efficacy, and other contributing factors, and thus lack independent verification of those constructs. Exceptions to this are the studies where participants were recruited based on factors related to their adversity (e.g., imprisonment, involvement with child welfare services).

Notably, there is a dearth of studies that empirically examine the combined effect of cumulative adversity on parental self-efficacy in the cumulative manner seen in the broader ACEs literature. Future research could adopt cumulative indices to examine whether parental self-efficacy decreases incrementally with exposure to two, three, four or more household dysfunction types. While mental health was the most commonly studied adversity, other combinations, such as incarceration with

separation, remain underexplored. There is also value in investigating whether certain pairings of adversity (e.g., substance use and domestic violence) have particularly deleterious effects. Further, qualitative research with parents and children is needed to capture families' lived experience of cumulative adversity and understand which supports matter most to them. This work could better inform interventions that are responsive to real-world contexts and priorities. Factors that influence parental self-efficacy in the context of multiple adversity also warrant greater attention.

Strengths and Limitations of the Review

This review offers a novel contribution by explicitly examining the impact of multiple current household dysfunction adversities on parental self-efficacy, rather than focusing on retrospective childhood adversity. The focus on parental self-efficacy also enhances the practical relevance of the review, as it is a concept that is central to parenting outcomes and intervention design. A major strength is the inclusion of both quantitative and qualitative studies, which allowed for a richer understanding of the way adversity and parental self-efficacy interact. However, the diversity in methodologies and measures limited comparability and precluded meta-analysis, necessitating a descriptive synthesis and limiting conclusions about effect sizes.

The review employed a comprehensive and rigorous search strategy across multiple databases and grey literature sources, with all records screened by two independent reviewers. The fact that only ten studies met inclusion criteria suggests the review captures the current scope of published evidence. Nonetheless, the exclusion of non-English language studies and potential gaps in unpublished literature may have led to missed findings. Finally, as a scoping review, no formal quality appraisal or risk of bias assessment was undertaken. While appropriate for the review's aims, this limits the ability to comment on the robustness of the included studies.

Implications

The findings underscore the importance of addressing parental self-efficacy in families experiencing multiple household dysfunction adversities. To prevent intergenerational transmission of adversity and aversive outcomes in children, evidence-based parenting programs have been viewed as the "gold standard" approach in promoting parental self-efficacy and improving parenting practices, two of the most important modifiable protective factors for child mental health. Extensive evidence supports evidence-based parenting programs' efficacy for families livening with adversities, when they can be engaged and complete the program (Sanders et al., 2024). However, families facing cumulative adversity may experience challenges engaging in in the programs, without broader support mechanisms in place. Given the clear links between poor mental health and diminished self-efficacy, programs that integrate parenting support with mental health treatment may be particularly effective. Interventions should also consider familial and systemic influences, for example, enhancing co-parenting support, improving service coordination, and addressing institutional barriers for parents re-entering caregiving roles after incarceration or treatment.

Conclusion

Parental self-efficacy is a potentially modifiable mechanism in families facing cumulative household dysfunction adversities. While the evidence base remains limited, consistent patterns suggest that co-occurring adversities undermine parental self-efficacy. Mental health emerged not only as a frequent co-occurring adversity but also as a key pathway through which adversity impacts parenting, highlighting it as a critical point for intervention. The review also identified a small number of studies pointing to individual, family, and community-level factors that can support or hinder parental self-efficacy in adverse contexts, underscoring the importance of ecological, multi-level approaches to support. However, few studies have adopted a truly cumulative lens. A more comprehensive research agenda is needed to quantify these cumulative effects, explore risk and protective factors, and design

tailored interventions. Doing so may help to better support parents to feel confident and capable in the face of adversity, thus disrupting cycles of disadvantage and promoting resilience across generations.

Lived Experience Commentary

As someone who grew up with parents facing multiple adversities and is now a parent myself, this review is both validating and deeply emotional. It speaks to a reality that many families live with every day, yet too often remains unspoken: parenting under pressure can be an isolating and overwhelming experience.

In this rapidly evolving world, parenting has become more complex than ever. Technology—while offering some benefits—can also disrupt the face-to-face connection, shared experiences, and open communication that children and parents both need to thrive. Against this backdrop, it becomes even more critical that parents are supported in building strong, nurturing relationships with their children.

This review reinforces what many of us know from experience: that being a “good parent” requires more than love—it requires support. Parental self-care and self-compassion are not luxuries; they are essential. When parents are mentally well and feel confident in themselves, they can model self-love, emotional regulation, and resilience—powerful tools for a child’s lifelong wellbeing.

Importantly, the findings here reflect the cumulative toll that adversity can take—not just on parents' mental health, but on their belief that they can be the parent their child needs. This lack of self-efficacy, as shown, is not a failing of the parent, but often a result of systems and circumstances beyond their control.

Looking ahead, there is a clear need to expand this work. Future research should consider how everyday stressors—including the pervasive influence of technology, social media, and digital overload—affect parent-child connection, mental health, and self-efficacy. We also need to better understand what practical supports work: What helps parents recharge? What role do workplaces, schools, health systems, and communities play in buffering or exacerbating stress?

Research like this is a critical step forward. But equally, so is listening to parents—especially those who have walked through adversity—and designing supports with them, not just for them. Only then can we create the safe, supported environments all families deserve.

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