

Behind the Posts: The Impact of Childhood and Cumulative Trauma on Sharenting Behaviors and Maternal Mental Health

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Abstract

This research aims to examine the relationship and differences between childhood and cumulative trauma, dissociative experiences, and psychiatric symptoms among mothers who engage in sharing compared to those who do not. The study included 220 mothers (110 who engaged in sharenting and 110 who did not) residing in Istanbul, Turkey, from January to March 2024, using a convenience sampling. Data were collected using the Sharenting Scale, the Childhood Trauma Questionnaire, the Dissociative Experiences Scale, the Cumulative Trauma Scale, and the Brief Symptom Inventory. The findings indicated that mothers who engage in sharenting had higher scores in dissociative experiences ($p < .001$) and childhood trauma ($p = .030$) compared to mothers who do not engage in sharenting. Moreover, all subdimensions of childhood trauma ($p = .001 - .035$) were predictive of sharenting mothers who engage in sharing. These results provide important and pioneering scientific contributions to understanding the effects of social media use on parental mental health.

Keywords

Sharenting, childhood trauma, dissociative experiences, cumulative trauma, psychotraumatology, psychopathology

Introduction

Parenting in the 21st century relies heavily on technology. Nowadays, it has become a social norm for parents to voluntarily or involuntarily share updated information about their children's development and growth processes with their family and close circle in a digital environment through posts containing their children's photos, videos, and personal details (Ayhan & Öztürk, 2021). Studies on "sharenting" began in 2012, with the first academic study conducted in 2015. In Turkey, the first study on the concept was conducted in 2016 (Blum-Ross & Livingstone, 2016; Maraşlı et al., 2016). *Sharenting* is a term that combines the words "sharing" and "parenting." It refers to parents posting sensitive digital content about their children on social media platforms (Maraşlı et al., 2016). Sharenting happens throughout childhood, from pregnancy to adolescence (Archer & Kao, 2018; Verswijvel et al., 2019). Sharenting has emerged as a significant factor that may adversely impact the mental health of children (Garmendia et al., 2022).

In recent years, parenting has become a growing phenomenon that has led to positive and negative outcomes (Alemdar, 2022). Parenting posts on social media can serve positive purposes, like gaining social support and sharing ideas. However, as Nottingham (2019) showed, parenting can turn risky when

parents disclose excessive or inappropriate content about their children. The studies show that parents often share their children's photos to receive social support via social media (Bartholomew et al., 2012; Coban & Dogan, 2022; Keith & Steinberg, 2017; McDaniel et al., 2012; Orhan Kılıç et al., 2024). Another reason is that mothers experiencing loneliness during child-rearing often seek to alleviate their feelings of isolation by communicating with other mothers who share similar experiences (Blum-Ross & Livingstone, 2017).

Research exploring the extent of parental engagement with social media platforms has produced varying findings. Some studies indicate that parents share content about their children on social media, but mothers share family photos more frequently than fathers (Ammari et al., 2015; Duggan et al.,

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2015). Studies show that mothers are more active on social media, posting content more frequently than fathers, who tend to be more careful and selective about what they share (Alemdar, 2022). In this context, this study focused on the sharenting phenomenon among mothers instead of fathers.

Traumatic experiences are now a key factor in the etiological origins of sharenting. The study uses a psychotraumatological framework to examine childhood and cumulative trauma, dissociative symptoms, and general psychopathology in mothers who sharent. Psychotraumatology studies traumatic events and their psychological effects on individuals and communities (Ozturk, 2022a, 2022b). Chronic abusive incidents experienced during childhood lead to dissociative experiences, which are disruptions in the normal integration of memory, identity, emotion, or perception as a psychological defense against trauma (Ozturk, 2020). Childhood traumas include physical, emotional, and sexual abuse, as well as physical and emotional neglect.

In addition to childhood trauma, cumulative trauma refers to the concept of multiple victimization experiences resulting from adverse life events throughout an individual's life (Follette et al., 1996). Childhood trauma can heighten the risk of cumulative trauma. *Cumulative trauma* is extensively utilized, particularly in societies that endure traumatic events such as migration, exile, or armed conflict, as well as in contexts characterized by sexual or racial discrimination (Loeb et al., 2017; Solomon & Zerach, 2020). Cumulative trauma is particularly associated with challenges in emotion regulation and dissociation (To et al., 2021). Individuals with cumulative trauma are more prone to acute and chronic psychiatric symptoms.

Dissociative experiences are common psychiatric symptoms linked to trauma, abuse, and neglect. Dissociation is a psychological phenomenon marked by disrupted integration of consciousness, memory, identity, and perception, often triggered by trauma (Ozturk, 2020; Ozturk et al., 2023). Bernstein and Putnam (1986) defined dissociation as a deficiency in the typical integration of thoughts, emotions, and experiences into conscious awareness. Research indicates that extended exposure to severe childhood trauma may result in chronic dissociation, which can manifest as dissociative amnesia, flashbacks, altered self-perception, and challenges in emotional regulation.

Traumatic experiences are fundamental causes of psychopathologies, particularly during childhood and adolescence, which are critical periods for biopsychosocial development. Chronic exposure to trauma during these formative stages can significantly increase the likelihood of developing psychiatric disorders. The long-term adverse effects of trauma on mental health encompass an elevated susceptibility to depression (Humphreys et al., 2020). Research shows that trauma survivors are more prone to cognitive distortions linked to self-blame and inadequacy, increasing their risk of depression and social anxiety.

Somatization is a prevalent consequence of trauma, manifesting as chronic pain, gastrointestinal problems, fatigue, and

neurological issues, all without any underlying physical condition (APA, 2013). Childhood trauma correlates with medically unexplained symptoms, as emotional pain may manifest as bodily distress. Sharenting can also lead to hostility and social withdrawal, especially if children face cyberbullying or negative feedback from their peers about their online presence (Gotwald et al., 2024). A study indicates that early, excessive digital media exposure can cause social anxiety and avoidance behaviors, leading to children becoming overly self-aware or fearing public scrutiny (Verswijvel et al., 2019). The intersection of psychopathology and digital exposure underscores the necessity for responsible practices in digital parenting.

Unregulated sharenting has resulted in privacy invasions, thereby causing trust issues and conflicts between parents and children (Ferrara et al., 2024). Adolescents who perceive a violation of their privacy report elevated levels of stress and resentment, which may lead to emotional detachment or rebellious behavior toward their caregivers (Gotwald et al., 2024). Being exposed to social media can skew a child's sense of self, causing their identity to be formed by outside validation and online comments rather than genuine self-discovery (Holiday et al., 2022). There exists a lack of prior research in the literature concerning traumatic experiences (including cumulative and childhood traumas), dissociative experiences, and psychiatric symptoms among mothers who engage in sharenting. Given the gap in existing research, this study aimed to explore the relationships and differences among childhood traumas, cumulative traumas, dissociative experiences, and psychiatric symptoms in sharenting and nonsharenting mothers.

Method

Participants and Procedure

The study sample consisted of 220 mothers residing in Istanbul, Turkey, each with at least one child aged between 0 and 18. The participants were equally divided into two groups: mothers who engaged in sharenting ($n = 110$) and those who did not ($n = 110$). Among the sharenting group (i.e., sharing images or personal details of their children on social media) most participants were married (91.8%) and aged between 26 and 42 years. In terms of education, 40.9% held a bachelor's degree, 27.3% had completed high school, and 22.7% held an associate degree. The majority of participants described their perceived economic status as middle level (44.5%). Most of them (79.1%) had been using social media for more than 7 years. Among their children, 42.7% were between 13 and 18 years of age, and 51.8% were girls. A majority of the sharenting mothers (60.9%) reported having received psychological support, mostly for individual concerns (29.1%).

In the nonsharenting group, a similar pattern was observed in marital status, with 90.9% of mothers being married.

However, the educational level was relatively higher, with 48.2% holding a bachelor's degree and 21.8% holding a master's degree. The largest proportion (34.5%) of this group identified their perceived economic status as high. Regarding the age of their children, 41.8% were between 13 and 18 years old, and 59.1% of the children were girls. In terms of psychological support, 56.4% had previously received help, again primarily for individual reasons (37.3%).

The G-Power 3.1 power analysis software was utilized to ascertain the minimum sample size for the study. The Post Hoc power analysis conducted postdata collection revealed a test power of 99.9% with 95% confidence ($1-\alpha$), a correlation coefficient of $\rho = .610$, and a sample size of $n = 220$ cases. Data collection took place from January to March 2024 using a convenience sampling method, enabling the inclusion of eligible participants until the target sample size was achieved. Convenience sampling was chosen as a non-probabilistic method to boost accessibility and efficiency when recruiting participants (Etikan et al., 2016).

Participation was voluntary, and all participants signed a written informed consent form before commencing the study. Informed consent was obtained either online or in person, depending on the mode of participation. For online surveys, digital informed consent was collected prior to data entry. Data was collected through both online and in-person interviews, wherein 150 mothers completed the survey online, and 70 participated in person. Participants with incomplete or incorrect responses were excluded, resulting in the removal of 20 individuals from the dataset. *Inclusion criteria* required participants to have at least one child aged 0 to 18, reside in Istanbul, be literate, and provide written informed consent. The study's exclusion criteria encompassed individuals with addictions to substances other than cigarettes and coffee, those with physical conditions limiting their ability to participate, and individuals undergoing pharmacological treatment for psychological distress. The participants were not offered incentives.

Participants received psychological support and protective measures. Before consent, they were informed about the research, provided contact info of a trauma-trained psychologist, and organizations offering support. Data were anonymized, with no personal info disclosed. This study was conducted in accordance with the principles outlined in the Declaration of Helsinki. Before the study started, the ethical review board approved the study's purpose and protocol (Ethical approved by XX; Date and Number: XX).

Measures

Demographic Information Form. The form gathers information on participants' gender, age, marital status, education level, job, income, mental health history, and past psychological support. It also inquires about sharing photos or videos of their children on social media and their preferred platforms.

The six-item form is designed to create participant profiles and connect them to the study's main variables.

Sharenting Scale. Developed by Alemdar and Kahraman (2023), the Sharenting Scale (SS) assesses parents' behaviors regarding sharing their children's information on social media. This 17-item scale consists of four subdimensions: sharing behavior, social comparison, positive feedback effect, and adverse feedback effect. The first subdimension, sharing behavior, is measured through items 1, 2, 3, 4, 5, and 6. The second subdimension, social comparison, consists of items 14, 15, 16, and 17. The positive feedback effect is assessed through items 7, 8, 9, and 10, while items 11, 12, and 13 represent the adverse feedback effect. The scale uses a 5-point Likert rating system, and the items in the negative feedback and social comparison subdimensions are reverse-coded. A higher total score on the scale indicates a higher level of sharenting on social media (Alemdar & Kahraman, 2023). In this study, the Cronbach Alpha coefficient of the scale was found to be between .91 and .97.

Childhood Trauma Questionnaire. The Childhood Trauma Questionnaire (CTQ), developed by Bernstein et al. (1994), serves as a tool for assessing childhood exposure to physical, emotional, and sexual abuse, in addition to physical and emotional neglect. The Turkish adaptation and validation of the scale were conducted by Şar et al., yielding a Cronbach's alpha coefficient of .93 and a Guttman split-half reliability coefficient of .97. The test-retest reliability over 2 weeks was .90. The CTQ utilizes a 5-point Likert scale, where some items are reverse-coded to adjust for social desirability biases. It includes subdimensions evaluating physical abuse (items 9, 11, 12, 15, 17), physical neglect (items 1, 2, 4, 6, 26), emotional abuse (items 3, 8, 14, 18, 25), emotional neglect (items 5, 7, 13, 19, 28), and sexual abuse (items 20, 21, 23, 24, 27). The total childhood trauma score is obtained by summing the scores across these subdimensions, with a possible range of 25 to 125. The scale has demonstrated strong psychometric properties across multiple studies, confirming its reliability and validity in identifying early-life traumatic experiences. In this study, Cronbach's alpha was found to be between .88.

Dissociative Experiences Scale. The Dissociative Experiences Scale (DES), developed by Bernstein and Putnam in 1986, is a self-report instrument formulated to assess dissociative symptoms across clinical and nonclinical populations. This scale is a valuable tool for researchers and clinicians in measuring the prevalence and intensity of dissociative experiences. This 28-item scale uses a visual analog format in which participants rate the frequency of dissociative experiences on a scale ranging from 0 to 100, with each point increasing by 10 points. The overall DES score is calculated as the arithmetic mean of all responses. A study has shown that people with DES scores over 30 are more likely to be

Table 1. Frequency Values for Sociodemographic Variables of Sharenting Mothers.

Variables	<i>n</i>	%
Do you have a social media account?		
Yes	110	100.0
Which social media platforms do you use?		
Instagram	48	43.6
Facebook	30	27.3
Twitter	32	29.1
Which platform do you most frequently share your child's photos/videos?		
Instagram	93	84.5
Facebook	13	11.8
WhatsApp	4	3.6
How often do you share your child's photos/videos?		
Once a month	19	17.3
Rarely	91	82.7
Content of shared photos of your child		
On vacation (pool/sea)	6	5.5
While playing	6	5.5
A moment that seems beautiful to me	27	24.5
Celebrating important moments (birthdays/graduations)	50	45.5
Spending family time together	19	17.3
Duration of social media use		
Between 4 and 6 years	23	20.9
More than 7 years	87	79.1
Total	110	100.0

diagnosed with dissociative disorders (Ozturk, 2025). The Turkish adaptation, validated by Yargıç et al. (1995), demonstrated excellent reliability, with Cronbach's alpha = .97, a Guttman split-half reliability coefficient of $r = .95$, and a test-retest correlation of $r = .77$. In the present study, Cronbach's alpha was found to be .94.

Cumulative Trauma Scale-Short Form. The Cumulative Trauma Scale-Short Form was developed by Kira et al. (2008) to assess the total impact of multiple traumatic events across an individual's lifespan. The scale includes 35 items, each evaluated based on frequency, age of first exposure, impact severity, and trauma type. It measures four trauma dimensions: survival trauma (items 1, 2, 3, 6, 7, 8, 9, 14, 21, 24), personal identity trauma (items 10, 12, 13, 20, 22, 25, 27, 29, 30, 31, 33, 35), collective identity trauma (items 17, 19, 23, 26, 32, 34), and attachment trauma (items 4, 5, 11, 15, 16, 18, 28). The scale uses a five-point Likert scale ranging from 0 (*never*) to 4 (*very often*) to assess the frequency of traumatic events and a 7-point Likert scale ranging from 1 (*extremely positive*) to 7 (*extremely adverse*) to evaluate their perceived impact. The original validation study reported Cronbach's alpha of .85, with high reliability across both male (.84) and female (.85) samples and an exceptional test-retest reliability of $r = .95$ over 4 weeks (Kira et al., 2008). The Turkish adaptation demonstrated strong validity and reliability, with Cronbach's alpha values ranging from

.40 to .74 across different subdimensions (Eltan & Karancı, 2022). In this study, Cronbach's alpha was found to be .96.

Brief Symptom Inventory. The Brief Symptom Inventory (BSI), developed by Derogatis (1992), is a self-report scale designed to assess general psychopathological symptoms using a 4-point Likert scale. Derived from the SCL-90-R, the 53-item scale measures nine symptom dimensions, including somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism (Derogatis, 1992). The Turkish adaptation study by Sahin and Durak (1994) revealed five main factors: anxiety, depression, negative self-concept, somatization, and hostility. The global indices include the General Severity Index, Symptom Total Index, and Symptom Distress Index, which summarize the overall severity of psychological symptoms. These indices are calculated based on standardized formulas derived from total symptom scores. The BSI has been extensively used in clinical and non-clinical populations, demonstrating high reliability and validity. In this study, Cronbach's alpha was found to be .97.

Data Analysis. Statistical analyses in the current study were conducted using SPSS 25.0 software. The normality of the data was assessed by examining skewness and kurtosis values, which were within the acceptable range of ± 3 ; thus, square root transformation was not applied (Hatem et al., 2022). Moreover, the analyses included frequency distributions, descriptive statistics, independent samples *t*-tests, Pearson correlation analysis, and multiple linear regression analysis. Specifically, an independent samples *t*-test was employed to compare the variables between mothers who engaged in sharing and those who refrained from doing so. In addition, new groups were created within the sharenting group according to the DES and CTQ cut-off scores, and comparisons were made between these groups with independent samples *t*-test in terms of cumulative trauma, psychopathological symptoms, and sharenting behaviors.

One-way analysis of variance was performed to examine the differences between the sharenting of mothers who use different social media platforms (Instagram, Facebook, and Twitter). The Tukey-B multiple comparison test was used in case of significant differences. Pearson correlation analysis was performed to examine the relationships between dissociative experiences, childhood traumas, psychopathological symptoms, and sharing behaviors among sharenting mothers. Finally, multiple linear regression analysis was applied to determine the extent to which childhood traumas (emotional abuse, physical abuse, physical neglect, emotional neglect, and sexual abuse) predicted shared parenting behaviors.

Results

According to Table 1, all sharenting mothers reported having a social media account (100%). The majority had used social

Table 2. Independent Samples *t*-Test Comparing Cut-Off Points CTQ Groups Among Sharenting Mothers on Cumulative Trauma, Sharenting Behaviors, and Psychopathology.

Dependent Variable	CTQ < 35 (<i>n</i> = 32) <i>M</i> (<i>SD</i>)	CTQ ≥ 35 (<i>n</i> = 78) <i>M</i> (<i>SD</i>)	<i>t</i>	<i>p</i>
Sharenting Scale Total	35.88 (11.80)	44.29 (14.64)	-3.16	.002*
Social comparison behavior	6.59 (3.97)	11.18 (5.70)	-4.81	.000**
Negative feedback effect	4.94 (3.20)	8.36 (5.07)	-4.24	.000**
Depression	11.31 (7.36)	24.00 (10.48)	-7.21	.000**
Anxiety	11.97 (8.18)	25.36 (12.36)	-6.66	.000**
Negative self	9.53 (6.71)	20.55 (10.48)	-6.57	.000**
Somatization	3.34 (3.40)	8.45 (5.34)	-5.98	.000**
Hostility	6.91 (3.81)	11.77 (4.89)	-5.58	.000**
Brief Symptom Inventory total	32.03 (20.96)	69.32 (32.06)	-7.19	.000**
Sharing behavior	14.88 (5.05)	14.99 (4.58)	-0.11	.910
Positive feedback effect	9.47 (4.63)	9.77 (3.94)	-0.32	.748
Dissociative Experiences Scale mean	29.65 (15.78)	29.88 (15.94)	-0.07	.945

Note. CTQ = Childhood Trauma Questionnaire.
 $p < .05$, $p < .01$.

media for more than 7 years (79.1%), and Instagram was the most commonly used platform (43.6%). When asked where they most frequently shared their child's photos or videos, 84.5% of participants indicated Instagram, followed by Facebook (11.8%) and WhatsApp (3.6%). In terms of frequency, most mothers shared content rarely (82.7%), while 17.3% reported monthly sharing. The most frequently shared content involved celebrations such as birthdays or graduations (45.5%) and emotionally meaningful personal moments (24.5%). Other themes included family time (17.3%), vacation scenes (5.5%), and playtime (5.5%).

According to Table 2, sharenting mothers with high childhood trauma scores (CTQ ≥ 35) scored significantly higher on total sharenting behavior ($t = -3.16$, $p = .002$), social comparison behavior ($t = -4.81$, $p < .001$), and negative feedback effect ($t = -4.24$, $p < .001$) compared to those with lower trauma scores (CTQ < 35). Additionally, mothers with higher trauma levels reported significantly more severe psychopathological symptoms across all domains, including depression, anxiety, negative self-perception, somatization, hostility, and total BSI score (all $p < .001$). In contrast, no significant group differences were observed in sharing frequency, positive feedback, or dissociative experiences ($p > .05$). These results indicate that childhood trauma severity plays a critical

role in shaping emotional vulnerabilities and online sharing dynamics among mothers engaged in sharenting.

Table 3 shows that mothers who shared content on social media had significantly higher scores on the DES than non-sharing mothers, $t(218) = 4.601$, $p < .001$. Statistically significant group differences were also observed in emotional abuse, $t(218) = 2.178$, $p = .031$, physical abuse ($t(218) = 2.059$, $p = .041$), sexual abuse ($t(218) = 2.297$, $p = .023$), and total childhood trauma scores ($t(218) = 2.183$, $p = .030$), with higher scores reported by sharenting participants. However, no significant differences emerged for cumulative trauma subscales, including survival, personal identity, social identity, and attachment trauma, nor for depression, anxiety, negative self-concept, somatization, hostility, and overall psychopathological symptoms. These findings suggest a significant link between sharenting and both dissociative symptoms and adverse childhood experiences, while broader psychopathological indicators remained statistically comparable between groups.

According to Table 4, there were statistically significant differences between social media platforms in both the Positive Feedback Effect subscale ($F(3, 216) = 7.765$, $p < .05$) and the SS total score ($F(3, 216) = 5.996$, $p < .05$). Post hoc Tukey-B tests indicated that Facebook users had significantly higher mean scores compared to Instagram, Twitter, and nonusers on both measures. No significant differences were observed in the Negative Feedback Effect subscale.

A multiple linear regression analysis was conducted to identify significant predictors of the total scores on the SS (see Table 5). Predictor variables entered into the regression analysis included subscale and total scores from the CTQ, BSI, and CTS. The resulting regression model was statistically significant, $F(6, 792) = .557$, $p < .001$. Significant predictors in the model included personal identity traumas (subscale of the Cumulative Trauma Scale), average scores on the DES, and physical abuse, emotional neglect, and sexual abuse (subscales of the CTQ). Collectively, the regression model explained 55.7% of the variance in total scores on the SS.

Discussion

This study examined the differences in childhood trauma, cumulative trauma, dissociative experiences, and psychopathology levels between mothers who share their children on social media platforms and those who do not. The findings indicated that mothers who were separated exhibited significantly higher scores related to childhood trauma, cumulative trauma experiences, and dissociative experiences. However, no significant differences were observed between the groups regarding general psychopathological symptoms, such as depression, anxiety, and somatization.

First, it was found that mothers who engaged in sharenting exhibited significantly higher levels of dissociative experiences compared to nonsharenting mothers. This finding is

Table 3. Independent Samples *t*-Test Results for Sharing and Nonsharing Participants on Cumulative Trauma, Sharenting Scale, Dissociative Experiences Scale, Childhood Trauma Questionnaire, and Brief Symptom Inventory.

Scale/Subscales	Sharing Photos	<i>N</i>	\bar{x}	<i>ss</i>	<i>t</i>	<i>sd</i>	<i>p</i>																																																																																																																																																																																																								
Survival trauma	Yes	110	3,35	2,856	1,234	218	.219																																																																																																																																																																																																								
	No	110	2,88	2,828				Personal identity trauma	Yes	110	4,17	4,275	-0,644	218	.520	No	110	4,58	5,110	Social identity trauma	Yes	110	1,55	3,174	-0,284	163	.792	No	110	1,68	3,270	Family-attachment trauma	Yes	110	3,40	2,887	1,712	218	.088	No	110	2,77	2,537	CTS total	Yes	110	13,10	9,419	-0,104	163	.918	No	110	13,26	10,204	DES mean	Yes	110	29,81	15,824	4,601	218	.000*	No	110	20,95	12,554	Emotional abuse	Yes	110	9,59	5,395	2,178	218	.031*	No	110	8,25	3,510	Physical abuse	Yes	110	7,55	4,939	2,059	218	.041*	No	110	6,46	2,547	Physical neglect	Yes	110	7,57	2,926	-1,231	218	.220	No	110	8,08	3,203	Emotional neglect	Yes	110	11,98	5,147	0,118	218	.906	No	110	11,91	3,920	Sexual abuse	Yes	110	7,50	4,872	2,297	218	.023*	No	110	6,30	2,507	CTQ total	Yes	110	46,35	16,638	2,183	218	.030*	No	110	42,24	10,711	Depression	Yes	110	20,31	11,244	-0,254	218	.800	No	110	20,72	12,613	Anxiety	Yes	110	21,46	12,815	-0,664	218	.508	No	110	22,74	15,503	Negative self	Yes	110	17,35	10,758	-0,453	218	.651	No	110	18,07	12,930	Somatization	Yes	110	6,96	5,376	-0,625	218	.532	No	110	7,44	5,827	Hostility	Yes	110	10,35	5,089	-0,087	218	.931	No	110	10,42	5,756	BSI total	Yes	110	58,47	33,771	-0,599	218	.550
Personal identity trauma	Yes	110	4,17	4,275	-0,644	218	.520																																																																																																																																																																																																								
	No	110	4,58	5,110				Social identity trauma	Yes	110	1,55	3,174	-0,284	163	.792	No	110	1,68	3,270	Family-attachment trauma	Yes	110	3,40	2,887	1,712	218	.088	No	110	2,77	2,537	CTS total	Yes	110	13,10	9,419	-0,104	163	.918	No	110	13,26	10,204	DES mean	Yes	110	29,81	15,824	4,601	218	.000*	No	110	20,95	12,554	Emotional abuse	Yes	110	9,59	5,395	2,178	218	.031*	No	110	8,25	3,510	Physical abuse	Yes	110	7,55	4,939	2,059	218	.041*	No	110	6,46	2,547	Physical neglect	Yes	110	7,57	2,926	-1,231	218	.220	No	110	8,08	3,203	Emotional neglect	Yes	110	11,98	5,147	0,118	218	.906	No	110	11,91	3,920	Sexual abuse	Yes	110	7,50	4,872	2,297	218	.023*	No	110	6,30	2,507	CTQ total	Yes	110	46,35	16,638	2,183	218	.030*	No	110	42,24	10,711	Depression	Yes	110	20,31	11,244	-0,254	218	.800	No	110	20,72	12,613	Anxiety	Yes	110	21,46	12,815	-0,664	218	.508	No	110	22,74	15,503	Negative self	Yes	110	17,35	10,758	-0,453	218	.651	No	110	18,07	12,930	Somatization	Yes	110	6,96	5,376	-0,625	218	.532	No	110	7,44	5,827	Hostility	Yes	110	10,35	5,089	-0,087	218	.931	No	110	10,42	5,756	BSI total	Yes	110	58,47	33,771	-0,599	218	.550	No	110	61,47	40,193								
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Note. CTS = Cumulative Trauma Scale; DES = Dissociative Experiences Scale; CTQ = Childhood Trauma Questionnaire; BSI = Brief Symptom Inventory.
**p* < .05.

consistent with the theoretical framework that dissociation, characterized by disruptions in consciousness and identity integration, can impair boundary awareness and lead individuals to disclose personal or sensitive information more readily in online contexts (Briazu et al., 2021; Tosuntas & Griffiths, 2024). Dissociation may hinder individuals' capacity to accurately evaluate the consequences of online sharing, resulting in greater exposure of children's private lives. In line with the work of Ozturk (2025), which highlights how dissociative coping strategies manifest in digital environments, it can be posited that sharenting behaviors are partly fueled by dissociative tendencies as a maladaptive attempt to seek validation and connection.

Significant differences in childhood trauma levels were observed between mothers who engaged in sharenting and those who did not. Mothers sharing their children's content on social

media reported notably higher scores in emotional abuse, physical abuse, sexual abuse, and overall childhood trauma experiences. These findings align with recent research emphasizing the long-term impact of childhood adversity on adult relational and caregiving behaviors (Humphreys et al., 2020). Consequently, individuals with unresolved trauma histories may seek alternative forms of social connectedness, including digital platforms, as a compensatory mechanism (Verswijvel et al., 2019). Sharenting serves not only as documentation but also as a coping strategy for unmet relational needs during early development.

Third, when comparing sharenting mothers with low and high levels of childhood trauma (using the CTQ cutoff score of 35), it was found that mothers with higher trauma levels exhibited significantly elevated scores on social comparison behavior, negative feedback sensitivity, cumulative trauma, and all domains of psychopathological symptoms, including

Table 4. Independent Samples t-Test Comparing of Sharenting Scale Total and Subscale Scores According to Social Media Platform Shared.

Scale/Subscale	Social Media Platform	N	M	SD	F	df	p
Sharing behavior	Instagram	111	9.48	4.79	6.162	(3, 216)	.000*
	Facebook	41	12.49	6.03			
	Twitter	59	11.64	6.30			
Social comparison behavior	Instagram	111	6.17	4.18	3.707	(3, 216)	.012*
	Facebook	41	8.17	5.94			
	Twitter	59	7.92	5.49			
Positive feedback effect	Instagram	111	5.99	3.30	7.765	(3, 216)	.000*
	Facebook	41	8.95	5.48			
	Twitter	59	7.41	3.91			
Negative feedback effect	Instagram	111	4.93	3.73	1.512	(3, 216)	.212
	Facebook	41	5.80	4.36			
	Twitter	59	5.56	4.64			
Sharenting Scale total	Instagram	111	26.57	13.31	5.996	(3, 216)	.001*
	Facebook	41	35.41	18.51			
	Twitter	59	32.53	18.03			

Note. * $p < .05$.

depression, anxiety, negative self-concept, somatization, and hostility. These results align with literature indicating that cumulative trauma and unresolved early adversity heighten emotional reactivity, increase vulnerability to social evaluation, and foster dependence on external validation (To et al., 2021). In social media contexts, where social comparison and peer feedback are salient, individuals with trauma backgrounds may be particularly susceptible to engaging in online behaviors driven by needs for recognition, belonging, and approval (Gotwald et al., 2024).

Interestingly, no significant difference was observed in the positive feedback subdimension between low and high trauma groups, suggesting that sharenting among mothers with a trauma history may be more motivated by defensive mechanisms (e.g., avoidance of negative emotions, fear of rejection) rather than by the pursuit of positive reinforcement alone. Recent findings by Fox and Hoy (2019) reveal a nuanced distinction in sharenting behaviors, suggesting that they are more related to relational fragility and efforts to address feelings of invisibility or inadequacy stemming from past trauma, rather than being solely about narcissistic self-presentation.

Another important finding relates to platform-specific differences. While Instagram emerged as the most frequently used platform among sharenting mothers, it was Facebook users who exhibited significantly higher overall sharenting scores and greater positive feedback sensitivity. This pattern supports Ranzini et al. (2020), who suggested that Facebook's broader network structure (e.g., inclusion of extended family and acquaintances) facilitates increased sharing behaviors motivated by social support and collective validation needs. In contrast, Instagram's emphasis on visual aesthetics may foster more selective and curated sharing practices, oriented toward image management rather than extensive disclosure (Archer & Kao, 2018).

Moreover, the multiple regression analysis revealed that emotional abuse, physical abuse, emotional neglect, and

sexual abuse predicted sharenting behaviors, whereas cumulative trauma dimensions (e.g., survival trauma, identity trauma) did not significantly predict sharenting. These results reinforce the idea that specific types of early relational trauma, particularly those that violate basic trust and emotional security, have a more direct impact on parenting behaviors in the digital domain (Garmendia et al., 2022; Solomon & Zerach, 2020). It appears that experiences of betrayal, abandonment, and objectification during childhood may leave individuals more prone to enacting relational scripts online that mirror earlier attempts to seek attention, protection, or validation from caregivers.

Finally, although sharenting mothers showed higher trauma and dissociation scores, there were no significant differences in overall psychopathological symptoms (such as depression, anxiety, and somatization) between sharenting and nonsharenting mothers. This finding is noteworthy because it indicates that sharenting behaviors are not simply signs of clear clinical psychopathology but may instead represent more subtle, trauma-related relational adaptations (Williams et al., 2022). Sharenting may thus be conceptualized not as an index of psychological dysfunction per se but as a behavioral expression of unresolved attachment and identity needs, particularly among individuals with complex trauma histories.

Therefore, this research enhances a more sophisticated comprehension of the psychological mechanisms underlying sharenting activities. Instead of perceiving sharenting solely as a parenting methodology or a privacy concern, the findings indicate that it may constitute a complex interaction among trauma history, dissociative coping mechanisms, and desires for social connectedness and validation within the digital era. Future initiatives designed to foster ethical digital parenting practices should, consequently, integrate trauma-informed strategies that address the fundamental emotional motivations behind online sharing behaviors.

Table 5. Multiple Regression Analysis for Predictors of Parental Sharing Level Among Sharenting.

Predictor	R	R ²	B	Bse	β	t	p
Constant	.746	.557	46.112	7.621		6.050	<.001*
CTQ-emotional abuse			2.996	1.220	1.127	2.456	.016*
CTQ physical abuse			4.427	1.014	1.524	4.365	<.001*
CTQ-physical neglect			2.762	1.289	.563	2.143	.035*
CTQ-emotional neglect			2.497	1.018	.896	2.452	.016*
CTQ-sexual abuse			3.352	1.148	1.139	2.920	.004*
CTS-survival trauma			.040	.500	.008	.080	.937
CTS-personal identity trauma			-.153	.373	-.045	-.409	.684
CTS-social identity trauma			.251	.543	.049	.462	.645
CTS-family attachment trauma			.172	.447	.035	.384	.702

Note. CTQ = Childhood Trauma Questionnaire; DES = Dissociative Experiences Scale; CTS = Cumulative Trauma Scale.

* $p < .05$.

Limitations and Strengths of the Study

This study has a few limitations. First, because it was a cross-sectional design, we can't say for sure what causes what. Second, the data came from self-report scales, so there's a chance that participant biases might have influenced the results. Third, only mothers were studied; fathers or other caregivers were excluded. It is recommended that future studies use longitudinal designs to examine the interactions between trauma and sharenting over time. Furthermore, fathers and other family members should be incorporated into larger sample sizes. Qualitative research facilitates an in-depth analysis of mothers' motivations for sharing.


Conclusion


This study revealed that childhood trauma, cumulative trauma, and dissociative experiences were significantly more prevalent among mothers who shared their children on social media. The lack of a notable difference between the groups concerning levels of psychopathology indicates that sharenting behaviors may be associated with mechanisms specific to trauma (e.g., boundary violations, approval seeking, dissociative coping). The research provides a significant contribution to the existing literature by examining the phenomenon of sharenting from both an ethical and security standpoint, as well as from a psychotraumatological perspective. In practice, it is essential to enhance parents' comprehension of the psychological factors that influence social media engagement and sharenting behaviors. Within clinical environments, supportive interventions may be employed to establish appropriate boundaries and uphold children's rights by evaluating the relationship between parental trauma histories and digital privacy practices. These findings will contribute to the development of more considerate and effective strategies for safeguarding children's privacy in the digital era, thereby benefiting mental health professionals and stakeholders parents.


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Ethics Approval

The study was approved by the Ethics Committee of Istanbul University-Cerrahpaşa (No. E-74555795-050.04-885503, dated January 12, 2024).

Informed Consent

All procedures followed the ethical standards of the Responsible Committee on Human Experimentation (institutional and national) and the Helsinki Declaration of 1964. Online informed consent was obtained from all participants for inclusion in the study.

Author Contributions

Merve Guclu Aydogan: conceptualization, software, validation, investigation, formal analysis, resources, data curation, writing-original draft, and visualization;

Erdinc Ozturk: conceptualization, methodology, writing-reviewing and editing, visualization, supervision, and project administration;

Gorkem Derin: investigation, writing-reviewing and editing, and resources.

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Declaration of Conflicting Interests

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Data Availability

The data is shared with the consent of the authors.

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