

**From ACEs to Adaptive Outcomes: Understanding Risk and Protective Mechanisms in
Families**

By: Jenna Boutilier

Paper submitted in partial fulfillment of the requirements for the degree of

Master of Counselling

in the

Division of Arts and Sciences

City University

of Seattle

2025

This paper is accepted as conforming to the required standard.

Date: October 14, 2025

Supervisor's Name: Dr. Cody House

City University of Seattle

Table of Contents

Abstract	4
Acknowledgments.....	5
Parenting Under Pressure: How Adverse Childhood Experiences Shape Caregiving Dynamics ..	6
Chapter 1: Introduction	6
Research Problem Statement	7
Theoretical Framework.....	9
Positionality Statement	10
Definition of Key Terms.....	11
Overview of the Following Chapters.....	12
Chapter 2: Methodology	13
Brief Evaluation of The Studies Reviewed.....	15
Challenges in Literature Search Process.....	16
Chapter Three: Literature Review	19
Parental Pathways and Mechanisms of Risk	20
Maternal Pathways	20
Paternal Pathways	24
Replication of Parenting Patterns.....	27
Mental Health.....	28
Relational and Contextual Factors	30
Relational Factors.....	30
Socioeconomic Status and ACEs	32
Protective Factors and Resilience	35
Active Intervention Approaches.....	39
Positive and Compensatory Experiences (PACES).....	40
Ethical Considerations	42
Conclusion	44
Chapter Four: Application to Clinical Practice.....	47
Framework for a Therapeutic Support Group.....	51
Chapter Five: Recommendations and Conclusion.....	54

Recommendations for Future Research	54
Clinical and Research Reflections	56
Closing Summary.....	57
References.....	59

Abstract

Understanding how adverse childhood experiences (ACEs) are transmitted across generations is critical for promoting child and family wellbeing. This study synthesizes empirical evidence examining maternal and paternal pathways, relational and contextual factors, and protective mechanisms that influence caregiving and child outcomes. Major findings indicate that maternal and paternal histories of adversity are associated with increased psychological distress, impaired reflective functioning, and disrupted caregiving, which in turn elevate children's risk for emotional, behavioral, and developmental challenges. Family relational patterns, socioeconomic disadvantage, and co-parenting quality further moderate these pathways, while protective factors—including resilience, social support, positive and compensatory experiences (PACEs), and trauma-informed interventions—mitigate intergenerational risk. Implications for practice include early identification of parents with ACE histories, strengthening parental mental health supports, fostering high-quality co-parenting and relational functioning, and integrating structured interventions that cultivate protective factors, thereby promoting adaptive developmental outcomes and disrupting cycles of adversity.

Keywords: Adverse childhood experiences (ACEs), parenting practices, intergenerational transmission of adversity, resilience, caregiving, parental mental health, protective factors

Acknowledgments

I would like to express my deepest gratitude to the psychologists who made this project possible, especially Dr. House, whose tireless guidance was instrumental in bringing this work to completion, and to my internship supervisor, Tessa, whose mentorship provided both an inspiring introduction to the field of psychology and invaluable personal support. I am profoundly grateful to my parents for instilling in me the value of hard work and for their unwavering patience throughout my long journey with deadlines and academic pressures. To my partner and to my cats, thank you for creating a home filled with patience, care, and reminders that life, even in its challenges, remains meaningful and lovable. I am equally indebted to my friends, past and present, whose encouragement and kindness sustained me during the most difficult moments. To my clients, patients, and the children I have had the privilege of working with over the past eight years—this work is dedicated to you. Your courage, resilience, and humanity have been a constant source of inspiration, and it has been an honor to walk alongside your journeys. Please know that your contributions to my growth and learning are woven into the fabric of this achievement.

Parenting Under Pressure: How Adverse Childhood Experiences Shape Caregiving Dynamics

Chapter 1: Introduction

This literature review aims to examine the extant research on childhood adversity and its long-term impact on adult behavior, with a particular focus on parental practices. Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood, and may include experiences such as abuse, neglect, violence, or other experiences such as growing up with a family member who has mental illness (Felliti et al., 1998). It is estimated that at least 45% of individuals living in the United States have experienced at least one or more adverse childhood experience, while at least 21% have experienced two or more (Madigan et al., 2023). ACEs are linked to a multitude of diseases such as a higher risk of stroke, chronic illnesses, substance misuse, and other high-risk behaviors (Felliti et al., 1998).

Given that ACEs are prevalent experiences with potentially lasting consequences, this calls for further investigation of both the consequences it has on parental practices and the lasting impacts of intergenerational adversity on family health. Research has shown that individuals who have experienced ACEs often struggle with emotional availability as parents and may have higher levels of hostility, disengagement, inconsistency in parental practices, and overreliance on corporal punishment (Lyons-Ruth & Block, 1996; Wattanatchariya et al., 2024; Shen et al., 2024). By looking at how parental figures who faced early childhood challenges behave now, it may be easier to see how past difficulties influence current parental practices. This influence often extends across many generations in a family. These experiences can deeply disrupt and affect later caregiving behaviors (Ylitervo et al., 2023). Many studies identify ACEs as significant risk factors for challenges in parent-child relationships, including reduced sensitivity

and warmth (Lyons-Ruth & Block, 1996; Wattanatchariya et al., 2024; Shen et al., 2024). ACEs can disrupt the development of social and emotional skills that are crucial for supportive caregiving (Gilgoff et al., 2022) These effects may extend across generations, as parents who carry unresolved trauma are more likely to transmit maladaptive parenting behaviors and relational difficulties to their children (Reese et al., 2022).

One of the main components of this literature review is understanding how parenting practices and behaviors may be transmitted across multiple generations, potentially creating a perpetual cycle of continuous adversity. Additionally, this review will address how behaviors may manifest in parent-infant relationships, specifically through insecure and secure attachment styles. For example, insecure attachment in parents is often associated with heightened stress responses, difficulty regulating affect, and reduced sensitivity to infant cues (Mikulincer & Shaver, 2016). By understanding how specific styles of attachment and parenting behaviors may further perpetuate cycles of adversity and degrade the health of a family unit, individuals can engage in healthier behaviors and parenting with their children to promote health in the family unit.

Research Problem Statement

While ACEs are associated with disrupted emotion regulation, distress, and insecure attachment, there is limited understanding of how these factors translate into caregiving practices that may perpetuate cycles of adversity. Most research has focused on child outcomes, leaving gaps in knowledge regarding how parental behaviors are influenced by previous adversity. Addressing these gaps is crucial in designing interventions that foster resilience, promote adaptive parenting practices, and mitigate intergenerational cycles. This review aims to examine how parental ACEs affect parenting behaviors and identify factors that mediate or moderate the

intergenerational transmission of these behaviors. Specifically, this review seeks to answer the following research question: How do parents' experiences of childhood adversity influence their caregiving practices? This review attempts to illuminate this question by emphasizing the key mechanisms and factors that may mediate or moderate these effects.

The objective of this literature review is to examine how parental ACEs influence parenting behaviors, and to explore the impact of ACEs on parental attachment styles and emotional regulation, and how these factors influence caregiving. This review will identify key factors that may moderate or mediate the intergenerational transmission of adversity to inform evidence-based interventions and policy strategies that can break cycles of intergenerational adversity. Guided by the question of how ACEs affect parenting, this review will focus on which factors mediate or moderate these relationships, and how these insights can inform interventions. The review seeks to clarify the mechanisms through which adversity is transmitted and highlight potential points of intervention to support healthier family outcomes.

Justification

The justification for this literature review lies in the need to understand the internal and external pathways through which intergenerational cycles of adversity are transmitted and how they impact parental practices and behaviors. In many studies, it has been identified that parental ACE exposure is directly linked to harsher and more inconsistent parenting practices and poor family health overall (Lyons-Ruth & Block, 1996; Wattanatchariya et al. 2024). This has potential to create ongoing cycles of poor family health and ongoing cycles of adversity (Wattanatchariya et al. 2024).

Despite growing bodies of evidence, there are still gaps in knowledge. It is not yet clear which factors moderate or mediate the relationship between parental ACEs and parenting behaviors, such as whether positive childhood experiences and social support buffer against negative outcomes. The field also lacks clarity on the relative contributions of direct vs indirect pathways (e.g., through parental mental health, contextual factors, or resilience) and the specific risk factors that increase the likelihood of maladaptive parenting among parents with ACE histories. Understanding these pathways may clarify which families are most vulnerable and inform strategies to promote adaptive parenting behaviors.

Theoretical Framework

The concept of ACEs, first created by Felitti et al. (1998) provides a critical framework for understanding how early exposure to trauma and adversity shapes individual development and long-term outcomes. ACEs include various forms of abuse, neglect and household dysfunction experienced during childhood, and have been consistently linked to negative physical, emotional, and social outcomes throughout the lifespan. The ACE framework not only highlights cumulative impact of adverse experiences but also emphasizes their intergenerational consequences, particularly how parental ACE histories can influence caregiving practices and family health.

ACEs as a guiding theory for this review allows for the examination of both direct and indirect pathways through which adversity affects parenting. Direct pathways include the ways that early adversity may shape emotion regulation, behavioral patterns, and coping mechanisms, which in turn influence parenting behaviors. Indirect pathways involve mediating and moderating factors such as parental mental health, social support, and resilience that can either exacerbate or buffer the transmission of adversity to the next generation. By situating parents

within the ACE framework, this review can systematically explore how cumulative adversity in parents contributes to maladaptive or adaptive caregiving and identify mechanisms for intervention to break cycles of adversity.

Positionality Statement

I seek out the knowledge outlined in this review to understand how families may unintentionally pass down cycles of adversity, subconsciously mirroring patterns and behaviors modeled during childhood. The spark that guided me towards this topic was the relational dynamics I witnessed both in my personal life and within my professional work in counselling and psychiatry. In hearing the words “the apple doesn't fall far from the tree” to describe dysfunctional relational dynamics between caregiver-child, I wanted to examine in what ways the “tree” (or parent) impacts the “apple” (or child) to fall in a certain direction (or style of interacting). By understanding what parenting behaviors are influenced by parents having childhood adversity themselves, I believe this will better answer the philosophical question of why parents display certain behaviors based on elements of their own adversity, and how this may be passed down to their children.

To understand a research topic, I need to stay neutral and objective when choosing information for this review. This helps protect against biases or personal influence from my experiences and understanding of childhood adversity and parental behaviors. To guard against bias and maintain neutrality, I will set inclusion and exclusion criteria that focus on the quality of the methods, relevance to the research question, and clarity of findings. This approach ensures I do not prioritize my own viewpoints. For example, including studies that report both positive and negative associations between ACEs and parenting outcomes, as well as studies that may find no association, to avoid overrepresenting a singular perspective. Additionally, I will practice

reflexivity by actively reflecting on how my experiences and assumptions may shape the interpretations of the existing data.

Definition of Key Terms

Defining key terms is essential because many of the concepts carry specific meanings within literature. Clear definitions ensure that readers can understand the scope and context of the research being reviewed and provide a consistent framework for the interpretation of findings. Intergenerational transmission of adversity refers to how adversity in one generation influences the next through disrupted parenting, emotional dysregulation, and relational stress. Maternal and paternal histories of ACEs have been shown to predict increased risk of maladaptive parenting and child behavioral problems, demonstrating a developmental chain of intergenerational risk (Chen et al., 2024; Reese et al., 2022).

Adverse childhood experiences are experiences marked by the need for considerable emotional adjustment by the average child (Wade et al., 2023). ACEs are commonly measured using the Adverse Childhood Experiences Questionnaire, which asks individuals to report exposure to ten categories of adversity that occurred before the age of 18. Each endorsed experience is given a score of 1, and the total ACE score ranges from 0 to 10. These experiences include various forms of abuse (emotional, physical, or sexual), neglect (emotional or physical), and household challenges such as parental separation or divorce, substance abuse, mental illness, incarceration, or domestic violence. Higher ACE scores are associated with more accumulated childhood adversity and are associated with long-term impacts on physical health, mental health, and behavioral outcomes (Fellitti et al., 1998). Understanding and addressing ACEs is an important part of many trauma-informed care approaches. It is also a key factor in improving overall wellness and resilience.

Parenting behaviors encompass caregiving practices ranging from warmth and responsiveness to harsh or inconsistent discipline. Impaired reflective functioning refers to the ability to understand and respond to children's mental states (Hanetz-Gamliel & Dollberg, 2022; Dehghan et al., 2025). Relational and contextual factors refer to family relational dynamics, such as communication, conflict resolution, co-parenting quality. Protective factors are individual, relational, or environmental resources that reduce the negative effects of adverse experiences and promote resilience.

Overview of the Following Chapters

The following chapter begins by outlining the structure in conducting the literature search, including an overview of the key search terms and databases used to identify academic sources. Chapter 3 will present an analysis of the existing body of literature to answer the identified research question, with a focus on highlighting how childhood adversity may impact parental behaviors, and what role attachment, resilience, and external factors play in shaping these outcomes. Chapter 4 will include the application of the findings to clinical practice as well as offering a framework for a supportive therapeutic group to address unresolved parental ACEs. Chapter 5 will include a final summary of the findings from this paper as well as closing thoughts and reflections.

Chapter 2: Methodology

There were three key themes in this review: the psychological and contextual factors that influence adversity as well as the protective factors that buffer the impacts of adversity. These themes were identified through a systematic process of conceptual mapping and preliminary literature review. A broad initial exploration of the literature on intergenerational trauma and parenting highlighted parental exposure to adversity as a central factor influencing caregiving practices. Parenting behaviors then emerged as a distinct theme, reflecting the ways in which parental ACEs may manifest in caregiving, including maladaptive or adaptive practices. Key terms were used to search the following databases: City University of Seattle's library, GoogleScholar, and Concordia University of Edmonton's library databases. The following key terms were used in the literature search: *Adverse childhood experiences, ACEs, parenting, youth adversity, authoritative, permissive parenting, harsh parenting, authoritarian, and parenting behaviors*. The search was limited to the fields of healthcare, human services, psychology, social work, and counselling.

Inclusion criteria for the literature review required sources that were either primary research studies or other scholarly works, including academic journal articles that are peer-reviewed. To be included in this review, studies had to include parents that have experienced childhood adversity to varying degrees, with a focus on the outcomes as it relates to parental behaviors. Both maternal and paternal samples were included as well as studies that included diverse cultural samples, to accurately display how adverse childhood experiences influence caregiving. Additionally, protective factors and resilience mechanisms that buffer against adversity were explored throughout the review to balance the narrative and exploration of both positive and negative buffers. This review included adaptive and maladaptive attachment styles,

reflective functioning, and mental health supports that promote more consistent caregiving regardless of histories of trauma.

From the initial pool of sources identified through database searches, the inclusion and exclusion criteria were systematically applied to narrow the review to the most relevant and methodologically rigorous studies. Priority was given to peer-reviewed, empirical research that specifically examined parents with histories of childhood adversity and the impact of these experiences on parenting behaviors. Each study was evaluated for the quality of their methodology, including sample size, research design, and clarity of outcome measures. Studies employing validated instruments to assess both ACEs and parenting practices were particularly valued, as they contribute to a stronger base of evidence. Relevance to the research question was a key factor, with an emphasis on studies that explored mediating or moderating factors, such as protective mechanisms, resilience, or other buffers that influence caregiving outcomes.

Further consideration was given to studies that addressed diverse populations and sociocultural contexts, acknowledging that the intergenerational transmission of adversity may vary according to factors such as socioeconomic status, ethnicity, and cultural norms surrounding parenting. Both qualitative and quantitative studies were included when they provided unique insights into the mechanisms linking parental ACEs to parenting behaviors, particularly those that highlighted the subjective experiences of parents and contextual influences on caregiving.

Studies were ultimately selected for more detailed analyses based on methodological rigor, depth of findings, and direct applicability to understanding the pathways through which parental ACEs shape parenting behaviors. This selection process ensured that the literature review was grounded in reliable evidence while capturing the nuances of both risk and protective factors in intergenerational transmission of adversity. Exclusion criteria included non-peer-

reviewed or un reputable sources such as blog posts or other unverified online sources due to potential biases and lack of validity. Additionally, theoretical or opinion pieces without empirical evidence were excluded due to potential lacking validity. While this review tries to incorporate questions as to how childhood adversity impacts parental behaviors and caregiving, priority was given to peer-reviewed and primary sources of research. Secondary or anecdotal sources were excluded, as they do not provide the level of evidence and reliability necessary for this review.

Brief Evaluation of The Studies Reviewed

The body of research on intergenerational transmission of ACEs provides a body of evidence that parental childhood adversity impacts parenting behaviors through multiple, interacting pathways, including psychological, attachment, relational, structural and protective mechanisms. Observational and longitudinal studies (e.g., Lyons-Ruth & Block, 1996; Mitani et al., 2022; Hanetz-Gamliel & Dollberg, 2022; Senn et al., 2018) have shown that parents with histories of ACEs often demonstrate harsher, more inconsistent, or emotionally detached parenting, with psychological distress and emotional regulation acting as key mediators. These studies have included rigorous methodology such as direct observation of parent-child interactions and longitudinal designs. Research on parent mentalization and reflective functioning highlights how difficulties in understanding children's internal states can contribute to maladaptive caregiving (Dehghan et al., 2025; Egmore et al., 2024; Kungla et al., 2024).

The literature also highlights the importance of relational and structural factors in shaping these outcomes. Population-based and longitudinal studies (e.g., Schickedanz et al., 2021; Senn et al., 2024; Anda et al., 2004; Lacey et al., 2020) show that family dynamics, household stress, and socioeconomic disadvantage amplify the risk of intergenerational transmission of adversity. These findings are strengthened by robust sample sizes and culturally diverse contexts, showing

that SES and relational strain exacerbate ACE-related risks while emphasizing inequities in access to protective resources.

Protective factors and resilience mechanisms further paint the complex picture of intergenerational cycles of adversity. Studies on positive and compensatory experiences (PACEs), social support and structured interventions demonstrate that positive experiences and intentional interventions can buffer against the intergenerational effects of ACEs, improve parenting behaviors, and promote family health. However, there are still several limitations. Many studies rely on self-reported ACEs, parenting behaviors, or SES, which may introduce bias in the answers provided. Cross sectional designs (e.g., Morris et al., 2021; Hughes et al., 2023) may limit the ability to draw casual inference, and may utilize small or selective samples, which may reduce generalizability. While attachment theory and psychological mechanisms are frequently identified, not all studies directly measure attachment or reflective functioning, which limits the ability to make definitive claims around these pathways. Lastly, interactions between risk and protective factors and the specific conditions under which ACE exposure leads to maladaptive parenting remains an area with gaps of knowledge.

Challenges in Literature Search Process

The literature review process faced several clear challenges and limitations. Most research on ACEs and parenting behaviors has been conducted in North American or European contexts, where cultural norms and parenting practices may differ significantly from other regions. As a result, it is difficult to fully understand how childhood adversity influences parenting in diverse sociocultural settings. For example, caregiving behaviors considered “harsh” or “authoritative” in Western contexts may be viewed differently in collectivist or non-Western cultures, where family structures and community support shape parenting practices (Mitani et al.

2022). This limitation impacts the review's objectives, which aim to identify factors that mediate or moderate the intergenerational transmission of adversity. Mechanisms identified in Western populations, such as the influence of ACEs on emotional regulation or parenting behaviors, may not apply universally. Including diverse cultural studies would provide a more comprehensive understanding of intergenerational adversity, enhance the generalizability of findings, and help distinguish universal from culturally specific pathways in the transmission of ACEs.

Another challenge was the limited number of studies directly examining the impact of parental ACEs on parenting behaviors. Much of the existing literature has focused on general child outcomes, child development, and psychological functioning, which required broader search strategies and careful filtering to isolate relevant studies. This limitation underscores a gap in the literature regarding the direct pathways through which childhood adversity impacts adult caregiving behaviors.

A further methodological challenge was the inconsistent use of language across studies. Terms like "harsh parenting," "authoritarian parenting," "negative discipline," and "emotionally unavailable parenting" were often used interchangeably or defined in different ways across studies. This made it difficult to analyze the literature. To address this issue, the review required careful conceptual clarity and the removal of overlapping ideas.

In summary, while existing literature provides a nuanced picture of how early adversity can impact parenting styles and pathways, several limitations must be considered. Western-centric samples limited long-term follow up, inconsistent language and terminology, and underrepresentation of fathers and culturally diverse populations reduce the generalizability, validity, and applicability of the findings. Future research should aim for more methodologically

rigorous, culturally informed, and longitudinal study designs that address these limitations, enhancing both relevance and impact of research on intergenerational transmission of ACEs.

Chapter Three: Literature Review

After systematically selecting studies based on methodological rigor, relevance to parental ACEs, and focus on caregiving behaviors, each study was closely examined for commonalities in psychological mechanisms, contextual influences, and resilience factors. Through careful reading and coding of findings, patterns began to surface, such as the repeated identification of mental health as a mediator, socioeconomic and relational stressors as amplifiers, and protective factors such as social support and trauma-informed interventions as buffers.

Each of these themes provides insight into how parental ACEs influence parenting behaviors. Mental health as a mediator reflects how parents' unresolved trauma and associated emotional difficulties—such as depression, anxiety, or emotional dysregulation—can interfere with their capacity for sensitive, consistent, and nurturing parenting. This suggests that the psychological sequelae of ACEs may serve as a key mechanism through which early adversity impacts caregiving patterns. Socioeconomic and relational stressors as amplifiers highlight how external pressures, including financial strain and lack of community resources, can exacerbate the effects of parental ACEs on parenting behaviors by increasing stress and reducing emotional availability. In contrast, protective factors such as social support networks and trauma-informed interventions act as buffers that promote positive parenting, helping parents regulate stress, strengthen attachment, and adopt more adaptive caregiving practices despite their adverse histories.

By organizing these findings into broader themes and subthemes, the review illustrates how psychological, contextual, and relational processes intersect to shape the parenting behaviors of individuals with ACEs. This inductive thematic analysis captures the complex,

evidence-based pathways through which early adversity can both challenge and transform caregiving, emphasizing the potential for resilience and recovery within the parenting context.

Parental Pathways and Mechanisms of Risk

Adverse childhood experiences (ACEs) have profound and lasting effects that can span generations, shaping not only individual development but also parenting behaviors and family dynamics. Research increasingly highlights that the intergenerational transmission of adversity is influenced by multiple, interconnected pathways, including maternal and paternal histories of trauma, mental health, relational functioning, and socioeconomic context. At the same time, protective factors—such as resilience, social support, and positive and compensatory experiences (PACEs)—can buffer against the perpetuation of maladaptive caregiving, offering opportunities for intervention and resilience. Understanding these complex pathways is essential for developing strategies to mitigate the impact of ACEs and promote adaptive outcomes across generations.

Maternal Pathways

Understanding maternal psychological pathways is essential in uncovering how parents' early life experiences, particularly maternal histories of adversity, influence patterns of caregiving. Child development is deeply influenced by mothers, particularly in the early years when caregivers establish the basis for emotional, cognitive, and spiritual growth (Lin et al., 2023). For example, Deffaa et al. (2020) found that children's behavioral regulation was positively correlated with maternal warmth and positive regard. Their study showed that mothers who engaged in more warm, positive, and responsive interactions fostered better behavioral control in their children, which suggests that the quality of maternal engagement may be a core factor in adaptive developmental outcomes.

Additionally, Leite Ongilio et al. (2023) synthesized evidence from 29 empirical studies published from 2016-2022. They attempted to explain the association between maternal histories of childhood adversity and the quality of early mother-child interactions. In 90% of the reviewed studies, maternal exposure to early adversity (such as maltreatment or household dysfunction) was linked to disruption of later caregiving behaviors. This included lower levels of affection, emotional availability, sensitivity, communication, and bonding. These findings were observed across multiple diverse contexts such as Palestine, China, and Australia, indicating that the association between maternal adversity and impaired caregiving is consistent across multiple cultures. The review identified both biological mediators (e.g., stress reactivity, oxytocin dysregulation) and psychosocial mediators (e.g., maternal depression and executive function deficits) as factors underlying this link.

This aligns with earlier findings from Booth et al., (2019) whose meta-analysis examined how contextual stressors, including maternal mental health problems, parental stress, and socioeconomic disadvantage may affect maternal sensitivity. The authors found moderate negative associations between stress and sensitivity, highlighting the importance of maternal wellbeing to maintaining high quality caregiving. These findings all suggest a multi-level, cascading model in which early adversity increases maternal stress and burden, which in turn decreases emotional availability and caregiving quality, ultimately impacting children's development.

The longitudinal nature of this cycle has been highlighted by several studies. For example, Hanetz-Gamliel and Dollberg (2022), Roubinov et al. (2022), and Senn et al. (2018) have all reported that maternal histories of childhood maltreatment predicted a higher likelihood of depression and stress during early parenting years. In turn, these stressors are consistently

linked to higher risk of emotional and behavioral challenges in children. This collection of evidence shows a developmental chain. Maternal trauma affects emotion regulation and the quality of caregiving. As a result, this can continue cycles of hardship through generations.

Hanetz-Gamliel and Dollberg (2022) investigated the intergenerational transmission of adversity from a maternal standpoint by examining how mothers' ACEs influence their children's behavioral outcomes. The study utilized a conceptual mediation model to explore the pathways linking maternal ACEs to children's internalizing and externalizing behaviors. The sample in this study consisted of 153 mothers from Israel, with children aged 2-10, recruited from both community and clinical settings. The researchers found that higher maternal ACE scores were associated with increased psychopathology symptoms, including depression and anxiety. These symptoms mediated the relationship between maternal ACEs and children's behavioral problems. Additionally, the study found that mental health issues in mothers led to hostile parenting behaviors. This, in turn, affected the behavioral problems of their children. This mediation highlights the complicated relationship between a mother's history, mental health, and parenting practices in shaping family health and supporting children's development.

To broaden the cultural contexts of the subject of maternal pathways, Mitani (2022) provides valuable context by examining patterns in a non-Western setting. Conducted in Japan, this study used self-administered questionnaires to assess the relationship between maternal ACEs and caregiving practices. Mitani found that mothers with higher ACE scores had significantly higher increased risk of both psychological and physical maltreatment. Although sample size was relatively small (n=304), the findings mirror Western data, suggesting that the relationship between maternal adversity, distress, and disrupted caregiving is not culturally bound. This supports the argument that maternal mental health consistently and universally

mediates the passing down of hardship from one generation to the next (Mitani, 2022; Hanetz-Gamliel and Dollberg, 2022).

In line with these findings, Chen et al. (2024) conducted a study examining the impact of maternal distress and experiences of childhood hardship on family health and childhood mistreatment. Utilizing a conceptual mediation model, they found that maternal distress and experiences of childhood hardship raise the chances of poor family health and childhood mistreatment, reinforcing the consistent nature of this pathway. Both studies suggest that regardless of cultural background, maternal wellbeing is central to the quality of caregiving and the prevention of maladaptive outcomes.

Finally, Senn et al. (2018) contributes to this evidence by exploring antenatal attachment styles as predictors of postnatal parenting stress. Their study found that mothers with insecure internal working models, specifically anxious or avoidant attachment styles, experienced significantly higher levels of stress one-year post-partum. This study highlights a potential mechanistic link between early maternal adversity, adult attachment insecurity, and later parenting challenges. These findings also suggest that early assessment of maternal attachment style could serve as a preventative tool to identify mothers at risk of elevated postpartum stress and disrupted caregiving (Senn et al., 2018).

Recent studies challenge the maternal pathway perspective in that child developmental outcomes are influenced not just by mothers but by the quality of co-parenting, paternal engagement, and broader family and environmental contexts. For example, a meta-analysis of 93 studies found that dimensions of co-parenting behavior, such as cooperation, conflict, and competition were significantly associated with children's internalizing and externalizing problems (Zhao et al., 2022). Research on co-parenting quality reveals that high-quality co-

parenting (characterized by good communication, consistency, and mutual support) is positively associated with better emotion regulation in children (Zhao et al., 2022).

Another longitudinal study examining fathering found that fathers' parenting quality during infancy contributed to children's later executive function above maternal parenting quality (Altenburger & Schoppe-Sullivan, 2021). These findings support a potential different viewpoint in that maternal behavior may be important, but its effects are mediated, moderated or complemented by fathering, co-parenting relationships, and environmental stressors or supports (Altenburger & Schoppe-Sullivan, 2021; Zhao et al., 2022). Integrating these multiple pathways provides a more nuanced, accurate understanding of how parental adversity and parental quality may impact children and lowers the risk of overemphasizing the mother as the primary mediator of adaptive outcomes in children.

Paternal Pathways

Paternal pathways represent a critical yet often underexplored dimension in understanding the intergenerational transmission of adversity, as fathers' early life experiences may shape their parenting behaviors, emotional responsiveness, and mental health. Cowen et al. (2019) pointed out that fathers with insecure attachment styles, particularly those who are anxious or avoidant, are more likely to show parenting behaviors that involve withdrawal, inconsistency, and harshness. These behaviors are often less effective at helping children manage their emotions and can pass on unhealthy relationship patterns to the next generation. Cowen et al. (2019) highlighted that fathers with insecure attachment styles, especially anxious or avoidant orientations, are more prone to engage in parenting behaviors that are marked by withdrawal, inconsistency, and harshness. This underscores that paternal factors are also central to the relational climate that children grow up in.

A key contribution to this area of literature is a study by Granner et al. (2023), who studied first-time fathers (n=300) to examine how paternal childhood maltreatment may impact early parental stress. Using validated measures of ACEs, trauma symptoms, and stress, the researchers found that fathers with maltreatment histories reported more parenting stress and greater emotional reactivity. The researchers accounted for factors like depression and PTSD. Co-parenting qualities, including perceived support and cooperation with the child's mother, emerged as the strongest protective factor against stress. This suggests that paternal trauma does not exist in isolation but is buffered or potentially exasperated by relational dynamics, pointing to potential adaptations to existing interventions.

Expanding on this, Seteanu and Giosan (2021) found that fathers with higher ACE scores were much more likely to have depressive symptoms and to engage in harmful parenting practices, like inconsistent discipline, withdrawal, or hostility. This study adds to a growing body of evidence showing that paternal ACE load directly impacts or predicts parenting difficulties, even when controlling for other demographic or contextual factors. Depression arose as a key mediator, linking fathers' previous histories of adversity with reduced responsiveness and less overall warmth.

In line with maternal studies, Reese et al. (2022) also found that children living with fathers who reported multiple ACEs were more likely to experience adverse family environments (AFEs), such as conflict, inconsistent caregiving, and lower emotional availability and attunement. These findings underscore that paternal childhood trauma can influence the family structure, perpetuating cycles of adversity across generations.

Expanding on this topic to cultural dimensions, Gurivireddygari et al. (2025) conducted a mixed-methods study with a diverse group of fathers who spoke English, Spanish, and Creole. In

the sample, 63 fathers participated in the quantitative survey component, while 18 fathers participated in qualitative focus groups. They examined how paternal ACEs relate to access to community resources. The quantitative data showed that fathers with unresolved paternal ACEs were more likely to practice inconsistent parenting. They also reported greater difficulty in managing their parental behaviors. Using qualitative interviewing, researchers uncovered that many fathers desired support but faced substantial barriers to accessing care, including cultural stigma, lack of trauma-informed resources, and systemic inaccessibility. Interestingly, fathers were motivated and interested in their parenting role. However, the lack of culturally responsive services focused on fathers became the main obstacle. This challenges existing stereotypes that view disengaged fathers as inherently "unwilling." It reframes disengagement from systemic neglect rather than personal failing.

The literature on paternal ACEs and parenting often mirrors maternal findings, but there is less longitudinal evidence examining the full scope of paternal influence. Some researchers argue that studies disproportionately focus on fathers' deficits, potentially reinforcing stereotypes about male disengagement (Panter-Brick et al., 2014). Gurivireddygari et al. (2025) challenge this view by showing that systemic barriers, rather than unwillingness, often limit fathers' engagement. This perspective encourages moving beyond a deficit model to consider how interventions can strengthen paternal involvement and leverage fathers' motivation as a protective factor. Additionally, while depressive symptoms and stress are often highlighted as mediators of paternal ACE effects, alternative explanations emphasize the role of socio-cultural expectations of fatherhood. Fathers may interpret caregiving responsibilities differently based on gender norms, which could amplify or attenuate the effects of ACE exposure on parenting behaviors (Panter-Brick et al., 2014). Considering these cultural and systemic dimensions

provides a more nuanced understanding of paternal pathways and highlights potential intervention points beyond individual psychopathology.

Replication of Parenting Patterns

A consistent theme in the literature is that adverse childhood experiences (ACEs) can shape parenting behaviors by reinforcing authoritarian or emotionally distant caregiving styles. Early studies linked maternal childhood abuse to hostile-intrusive parenting and disorganized attachment, suggesting that parents may unconsciously replicate maladaptive relational patterns from their own upbringing (Lyons-Ruth & Block, 1996; Chung et al., 2009). For example, Chung et al. (2009) found that mothers with histories of physical or verbal abuse were more likely to endorse harsh disciplinary practices such as spanking, illustrating how normative beliefs around discipline can interact with personal histories to perpetuate intergenerational cycles of harsh parenting. Mitani et al. (2022) suggested that mothers with abuse histories were less likely to use praise, reflecting difficulty and warmth that may stem from attachment anxiety and avoidance.

More recent work has moved beyond surface level parenting practices to examine underlying psychological mechanisms. Studies increasingly suggest insecure attachment and compromised parental reflective functioning (PRF) as pathways through which ACEs affect caregiving. Hanetz-Gamliel and Dollberg (2022) found that ACEs predicted maternal psychopathology, which in turn heightened hostile parenting and increased child behavior problems. Similarly, Dehghan et al. (2025) showed that the link between maternal childhood maltreatment and child emotional outcomes was mediated by impaired PRF, showing that difficulties in interpreting and responding to children's mental states may be a central mechanism of intergenerational risk. Kungla et al. (2024) found that lower parental

responsiveness undermined caregiving sensitivity across both mothers and fathers. These findings converge on the idea that ACEs compromise parents' ability to mentalize effectively, which in turn diminishes sensitive caregiving.

Mental Health

Beyond observable parenting behaviors, there is a growing body of research highlighting parental mental health as a key mechanism through which ACEs influence caregiving. This subtheme emphasizes how stress, depression, and trauma-related psychopathology can mediate the intergenerational transmission of risk, shaping the consistency and emotional quality of parenting. Wattanatchariya et al. (2024) supported mental health as a key pathway in a study of Thai parents, using surveys and observational assessments to explain the impact of ACE exposure on parental practices. Researchers suggested that ACE exposure was significantly associated with both the use of corporal punishment and inconsistent parenting practices. Parental stress also emerged in this study as a key factor, with higher stress predicting increased inconsistency in discipline.

Recent research has increasingly highlighted how pathways involving psychopathology can also undermine caregiving behaviors (Shen et al., 2024; Tian et al., 2025). For example, Tian et al. (2025) examined a sample of 312 parents from community and clinical settings to investigate the impact of early childhood adversity. Using standardized assessments of trauma exposure and symptoms of complex post-traumatic stress disorder (C-PTSD), the researchers found that parents with higher levels of early adversity were more likely to develop C-PTSD, including diminished emotional availability, challenges with self-organization, and attachment anxiety. These symptoms may increase the likelihood of difficulties in responding sensitively to

children's needs, increasing the likelihood of inconsistent, harsh, or otherwise maladaptive parenting practices.

Madigan et al. (2022) found similar results from a large-scale meta-analytic study. Using data from 181 different studies from diverse populations and multiple countries. The study synthesized evidence linking parental mental health to child behavioral outcomes. Results showed that parental depression was associated with higher rates of both internalizing (e.g., anxiety, withdrawal) and externalizing symptoms (e.g., aggression) in children. This study found that these associations were mediated by disruptions in caregiving behaviors such as reduced emotional availability and lower responsiveness. The findings emphasize the growing body of research suggesting that poor parental mental health serves as a critical pathway through which early adversity can influence adaptive development.

Similarly, in a large study of 6,195 Taiwanese parents, Shen et al. (2024) examined the relationship between parental ACEs, psychological distress, and disciplinary practices. Their findings show that parents who reported more exposure to ACEs were significantly more likely to experience psychological distress. This distress increased the chance of harsher parenting practices. Mediation analysis revealed that psychological distress fully explained the link between ACEs and harsh parenting behaviors. This suggests that the internal stress of parents connects past hardships to their current caregiving practices. This work not only emphasizes the significance of parental mental health but also aligns with attachment theory, which posits that unresolved trauma and stress may shape the internal working model that guides caregiving practices (Iyengar et al., 2019).

Evidence also suggests a different viewpoint in that psychopathology may be probabilistic rather than a deterministic pathway. Not all parents with high ACE exposure

develop severe distress or engage in harsh parenting. Moderating factors such as social support, coping strategies, cultural norms, and co-parenting dynamics can attenuate or amplify these pathways (Panagou et al., 2022; Hanetz-Gamliel & Sar-El Niv, 2025). For example, it has been suggested that positive coparenting and adaptive humor may buffer the impact of parental ACEs on stress-related caregiving disruptions, highlighting that mental health pathways interact dynamically with broader familial and contextual processes. Moreover, many studies rely on cross-sectional designs and retrospective ACE reports, limiting the ability to establish causality between adversity, mental health, and parenting practices. Measurement limitations highlight the need for longitudinal designs to clarify the precise role of psychological mechanisms in shaping parenting behaviors over time (Dollberg et al., 2022).

Relational and Contextual Factors

Relational Factors

Relational patterns refer to the patterns and qualities of interactions within the family system, such as communication, emotional responsiveness, conflict resolution, and mutual support that influence how family members connect, regulate emotions, and manage stress. Within the broader framework of intergenerational transmission of adversity, family relational functioning (e.g., communication patterns, conflict resolution and emotional connectedness), is a critical subtheme. Research suggests that relational dynamics serve as a central pathway through which parental ACEs influence caregiving behaviors, shaping how structural and individual risks are expressed within families and highlighting targets for intervention (Schickedanz et al. 2021; Senn et al. 2024).

Longitudinal studies have identified that poor relational communication and unresolved conflict predict higher levels of dysfunctional parenting, with parental stress serving as a

mediating mechanism (Rowell et al., 2021). This suggests that relational strain amplifies the impact of adversity on caregiving, highlighting a mechanistic pathway whereby the quality of family interactions translates structural or historical risk into observable caregiving behaviors.

Population-level analyses further elucidate these pathways. Research indicates that intergenerational transmission of ACEs is mediated not only by individual stress but also by relational behaviors such as frequent disagreements, irritability, and household dynamics (Schickedanz et al. 2021). Large-scale survey research further supports this idea using data from National Survey of Children's Health, it was found that parenting stress accounted for over half of the effect of parental ACEs on child health and wellness outcomes, while protective factors such as emotional connectedness, stable support networks, and adaptive coping buffered these effects (Merrick et al., 2019). Together these studies suggest a conceptual framework in which relational health operates as both a mediator and moderator of ACE related risk. Rather than treating adversity as a deterministic predictor of maladaptive parenting, this perspective emphasizes that family dynamics can either amplify or attenuate the influence of past adversity.

Emerging studies have begun to explore the role of co-parenting in this context. Hanetz-Gamliel et al. (2025) found that maternal anxiety and negative aspects of the co-parenting relationship mediated the association between maternal ACEs and children's externalizing behaviors. Furthermore, positive maternal humor emerged as a potential source of resilience, moderating the indirect effects of maternal ACEs on child behavior. These findings underscore the importance of co-parenting dynamics in the intergenerational transmission of adversity. Similarly, interventions targeting co-parenting quality have shown promise in mitigating the adverse effects of parental ACEs on child outcomes, suggesting that enhancing co-parenting relationships can serve as a protective factor in the transmission of adversity (Kinsey et al.,

2024). While the evidence supports relational functioning as a central pathway for intergenerational transmission of ACEs, some researchers caution against overemphasizing this mechanism. Some research argues that focusing primarily on family relational dynamics risks pathologizing parents and overlooks broader structural and contextual factors, such as poverty and systemic inequities, which can also shape parenting outcomes (Anda et al. 2004; Lacey et al. 2020; Yoshikawa et al., 2020).

It is also important to note several studies in this area rely on cross-sectional or retrospective designs, limiting causal inference and making it difficult to decipher the effects of parental ACEs from child-driven influences on relational patterns (Dollberg et al., 2022). From this perspective, relational dysfunction may not be a primary pathway but rather one of several probabilistic factors that interact with individual, social, and environmental conditions to influence caregiving. Such critiques emphasize the need for multilevel, integrative models that account for structural, cultural and systemic influences alongside family relational processes, rather than assuming deterministic links between relational strain and maladaptive parenting.

Socioeconomic Status and ACEs

A consistent body of research has demonstrated a strong relationship between socioeconomic status (SES) and the prevalence of ACEs. Families of lower SES face significant disadvantages such as limited educational attainment, unstable employment, food insecurity, and reduced access to health and social resources. These stressors may increase the likelihood of ACE exposure for children and perpetuate cycles of disadvantage across generations. Analytically, this relationship suggests that SES operates not merely as a background characteristic but as a structural mechanism that shapes exposure to adversity and influences the pathways through which ACEs are transmitted intergenerationally.

For example, Anda et al. (2004), in one of the earliest population-based ACE studies, found that individuals with higher ACE scores were significantly more likely to experience lower educational attainment, reduced employment prospects, and decreased long-term income. This highlights a bi-directional relationship: low SES increases the risk of ACE exposure, while early ACE exposure undermines socioeconomic trajectories, reinforcing cycles of poverty-related adversity. Similarly, Merrick et al. (2019) found that children from lower SES households were more likely to experience multiple ACEs, including abuse, parental mental illness, and household substance use. These findings underscore that SES-related disadvantages may be mechanistically linked to both the likelihood of ACE exposure and the intergenerational perpetuation of risk.

Adding to this body of research, Lacey et al. (2020) conducted a UK-based study revealing that poverty and resource deprivation significantly predicted higher ACE exposure. Children from lower-income households were more likely to witness interpersonal violence and experience household dysfunction, including parental conflict and instability. From an analytic perspective, this suggests that SES interacts with relational factors to compound adversity, highlighting the importance of considering both structural and relational pathways in understanding ACE transmission.

Resource deprivation goes beyond increased potential for interpersonal violence; it can also disrupt family life and parenting behaviors. Lacey et al. (2019) pointed out that financial stress adds to household pressure, leading to more parental conflict and violence between family members, both of which are categories of ACEs. Likewise, Merrick et al. (2019) found that children from low-income families not only faced higher chances of ACEs but also had less access to caring support, illustrating the dual impact of poverty: increasing risk exposure while

limiting protective relational resources. This reflects a feedback loop, in which structural disadvantage amplifies household stress and reduces sensitive caregiving, further escalating the risk of ACEs.

Booth et al. (2019), in a meta-analytic review of 20 studies, similarly suggested that socioeconomic stress increased maternal stress, which in turn decreased caregiving quality. Analytically, this highlights SES as a systemic stressor that indirectly shapes parenting behaviors and emphasizes the interplay between economic hardship and relational functioning. These findings collectively support the notion of structural-relational pathways, whereby socioeconomic disadvantage shapes both exposure to ACEs and the capacity for effective parenting.

In addition to increasing ACE exposure, low SES reduces access to positive childhood experiences (PCEs), protective relational and community factors that buffer against adversity. For example, Bethell et al. (2019) found that children from higher SES families were more likely to experience PCEs such as community engagement, stable family traditions, and safe home environments, whereas children living in poverty had fewer opportunities for consistent caregiving, warmth, and community involvement. Similarly, Crouch et al. (2023) found that adults from lower SES backgrounds retrospectively reported fewer PCEs, suggesting long-term deficits in protective experiences. Analytically, this indicates that SES modulates both risk and protective factors, creating inequities in both exposure to adversity and access to buffering experiences.

Hughes et al. (2023) expanded on this idea by demonstrating that parents with higher stress levels, often linked to their own ACE histories, were less likely to provide children with enrichment opportunities such as extracurricular activities, mentoring, and community events.

This suggests a paradoxical dynamic: while PCEs can buffer against adversity, parents facing stress and economic hardship may be unable to provide these protective experiences, reinforcing intergenerational disadvantage. Anderson et al. (2025) further emphasized that parental warmth in higher SES settings can buffer children against the harmful effects of ACEs, highlighting that access to resources enhances the protective value of positive caregiving. Conversely, a lack of resources can attenuate this protective effect, demonstrating how structural inequality modulates relational and developmental outcomes.

While the literature strongly links SES and relational stress to ACE exposure and parenting quality, some scholars caution that this perspective risks attributing causality to economic disadvantage without fully considering individual agency and community-level protective factors. For instance, children in low-SES contexts sometimes exhibit adaptive outcomes due to supportive extended families, peer networks, or community mentorship programs (Evans, 2004). This emphasizes that structural adversity is a risk factor rather than a deterministic predictor, suggesting that interventions targeting social policies, community resources, and public investment can disrupt intergenerational transmission.

Finally, while studies like Merrick et al. (2019) highlight the protective role of relational connectedness, there is a critical need for more intersectional analyses examining how race, ethnicity, and cultural norms intersect with SES and ACE exposure. Not all families experience adversity in the same way, and uniform models may overlook variation in resilience pathways and coping strategies across social and cultural contexts. Incorporating these dimensions would allow researchers to better understand the conditional and context-dependent nature of risk and protection, strengthening the theoretical and practical implications for intervention

Protective Factors and Resilience

Protective factors are individual, relational, and contextual resources that mitigate the negative effects of ACEs and reduce the likelihood of maladaptive parenting behaviors. These factors include personal resilience, supportive social networks, positive parenting practices, access to community resources, and opportunities for positive childhood experiences (PACEs) (Panisch et al., 2020; Hughes et al., 2023; Bethell et al., 2019). Conceptually, protective factors operate as buffers within the intergenerational transmission of adversity, influencing whether and how parental ACEs manifest in caregiving behaviors. Framing protective factors as a distinct thematic pathway allows researchers and practitioners to move beyond a deficit-focused perspective, highlighting dynamic mechanisms of resilience that coexist with risk factors and shape family functioning in meaningful ways. Protective factors have often been recognized as crucial mediators in the link between parental ACEs and harmful parenting behaviors (Panisch et al., 2020; Hughes et al., 2023).

While earlier research focused on risk factors and the spread of adversity, more recent studies have shown that protective resources like resilience, social support, and access to community-based interventions can influence developmental paths (Panisch et al., 2020). Importantly, the presence of protective factors may be just as influential as risk factors in determining whether cycles of maltreatment and harsh parenting are perpetuated (Panisch et al., 2020). From an analytic perspective, this challenges deterministic models of intergenerational adversity by emphasizing conditional pathways: parental ACEs do not inevitably lead to maladaptive parenting, and outcomes are shaped by the interplay between risk and protective resources (Panisch et al., 2020; Reese et al., 2022).

Panisch et al. (2020) conducted a study of protective factors by examining 581 parents of children under five enrolled in child maltreatment prevention programs. Using a resilience

framework, they found that social connectedness and personal resilience were linked to reduced negative effects of parental ACEs. Parents with higher levels of resilience and stronger social networks were less likely to use harsh parenting, despite significant adversity. Analytically, these findings suggest that protective factors may operate as mechanistic buffers that interrupt intergenerational transmission, not merely as correlates of reduced risk. A strength of this study comes from its focus on a specific “at-risk” population, making the findings relevant for intervention. However, since the sample was already involved in prevention programs, the results may not generalize to parents without access to such resources, highlighting a limitation in the external validity of resilience-based interventions.

Supporting these findings, Hughes et al. (2023) used data from the large National Survey of Children’s Health (NSCH) to examine formal support systems. They found that parents exposed to two or more ACEs were significantly more likely to seek help from counseling, parenting groups, and psychosocial interventions. Interestingly, the likelihood of seeking formal support varied among ACE types, with parents facing household dysfunction more likely to seek help than those experiencing abuse. This suggests that protective factors may be context-specific, and that interventions need to account for differences in parental experiences and motivations. Potential limitations of the study include its cross-sectional design, which restricts causal inferences, and the lack of assessment of intervention effectiveness. Despite this, Hughes et al.’s findings highlight formal support as an important protective buffer, while also raising critical questions about access, equity, and the differential applicability of supports across ACE exposures.

While protective factors such as resilience, social support, and PACEs are widely recognized as mitigating intergenerational adversity, some researchers caution against assuming

these factors guarantee positive outcomes. Ungar (2013) emphasizes that the mere presence of social support does not automatically confer protection; its quality, consistency, and cultural congruence determine effectiveness. Analytically, this challenges simplified interpretations of protective factors, suggesting that interventions promoting resilience must account for process and context, not just presence.

Evidence indicates that protective factors may operate differently across ACE types. Hughes et al. (2023) note that parents facing abuse versus household dysfunction may vary in help-seeking behaviors, implying that some adversities may be more conducive to interventions than others. This underscores the importance of tailoring interventions to the nature of parental trauma rather than applying universal strategies.

Some scholars further argue that emphasizing protective factors risks underestimating structural and systemic constraints. Even highly resilient parents may struggle to translate coping strategies into improved parenting if they face persistent poverty, community violence, or limited access to health services (Evans & Kim, 2013). From an analytic standpoint, this highlights that resilience and social support operate within broader ecological systems, and individual-level protective factors may be necessary but insufficient in isolation. Effective interventions, therefore, must include structural and policy-level solutions with personal and relational supports to fully disrupt cycles of adversity. Protective factors may be influenced by multiple mechanisms, including emotion regulation, enhanced parent–child communication, and reduced stress reactivity, which together influence caregiving behaviors. However, their effectiveness is conditional upon the accessibility, quality, and cultural congruence of these supports, highlighting the need for context-sensitive interventions (Ungar, 2013)

Active Intervention Approaches

A growing body of research has begun to examine how protective factors can be intentionally cultivated through structured interventions, rather than relying solely on naturally occurring resilience or social support. Intervention-based studies test whether enhancing resources such as parental emotion regulation, social connectedness, and trauma-informed coping skills can mitigate the intergenerational transmission of adversity and improve caregiving behaviors. This subtheme emphasizes the active modification of protective mechanisms as a pathway to reduce harmful parenting outcomes among parents with ACE histories. By focusing on structured programs, such as mindfulness-based parenting, social support facilitation, or resilience training, researchers aim to translate theoretical insights about protective factors into practical strategies that directly target the mechanisms linking ACEs to maladaptive parenting (Silovsky et al., 2023). Silovsky et al. (2023), in their “Mindful Mothering” trial, examined how mindfulness-based parenting strategies and perceived social support work together. The findings show significant improvements in maternal emotion regulation, parenting efficacy, and overall parental warmth. The findings of this study show that protective factors can be cultivated through intentional interventions rather than being left to chance. In contrast to Hughes et al. (2023), which focused on naturally occurring help-seeking behaviors, Silovsky’s work showed that structured, trauma-informed interventions can improve protective factors and directly reduce harmful parenting practices.

While Silovsky et al. (2023) demonstrate the efficacy of mindfulness-based parenting interventions, a critical perspective questions the generalizability of such structured programs. Participants in intervention trials often receive greater attention, resources, and follow-up than families in real-world settings, which may inflate effect sizes. Furthermore, some parents may

resist structured interventions due to cultural or personal beliefs, suggesting that these approaches might not be universally effective (Williams, 2024). This implies that while interventions can strengthen protective factors, real-world implementation must account for variability in engagement, adherence, and acceptability.

Another point of critique is that intervention studies, including “Mindful Mothering,” tend to focus on immediate behavioral outcomes without fully assessing the durability of change. Critics argue that without long-term follow-up, it is unclear whether improvements in parenting behaviors translate into lasting reductions in intergenerational adversity (Xie et al., 2021). From this perspective, interventions may temporarily buffer risk but may not fundamentally alter long-standing patterns in internal working models or family systems. While Silovsky et al. (2023) demonstrates the efficacy of mindfulness-based parenting interventions, a critical perspective questions the generalizability of such structured programs. For instance, a systematic review by Xie et al. (2021) found that mindfulness-based parenting interventions show promising effects in improving mental health of both parents and children as well as in improving overall family functioning; however, significant variations exist in characteristics of participants, interventions, and study designs, suggesting that the effectiveness observed in controlled settings may not fully translate to diverse, community-based contexts.

Positive and Compensatory Experiences (PACES)

Research on positive and compensatory experiences (PACES) has helped us understand how protective factors change developmental pathways. Morris et al. (2021) studied 109 parents using a cross-sectional design. They found that PACEs like mentoring relationships, supportive friendships, and community involvement were strongly linked to nurturing parental behaviors. This study provided crucial information by linking PACEs to internal working models.

Researchers suggested that parents who had access to positive relational experiences appeared to reconstruct more adaptive expectations of caregiving, even when they had adversity histories. Although limited in sample size, Morris et al. (2021) adds to a growing body of literature that suggests the presence of protective experiences during development can recalibrate attachment models, buffering against intergenerational risk.

Longitudinal studies offer stronger evidence of the causal role of PACEs in shaping child development. Reese et al. (2022), using survey data from 482 heterosexual US couples found that higher parental PACE scores lowered children's Adverse Family Experiences (AFE) and improved overall family health. The study emphasized a mediating pathway, showing that positive parental experiences influenced child outcomes through family health. Similarly, Hinojosa and Hinojosa (2024), using data from the National Survey of Children's Health (NSCH) 2017–2020, analyzed a sample of 22,628 children aged 6–17 years, and emphasized protective factors across multiple developmental stages. Findings suggested PACEs were linked to fewer emotional and behavioral problems in children, indicating long-term protective benefits.

Together, these findings illustrate that protective factors, including social support, resilience, formal and informal support systems, and PACEs can all mitigate the transmission of adversity across multiple generations. The evidence suggests that protective factors are not merely “buffers,” but may be active mechanisms that can reshape a parent's internal working models, strengthen relational functioning, and promote more adaptive parenting behaviors. At the same time, it is important to give mind to studies such as those conducted by Hughes et al. (2023) which remind us that PACEs may be limited by structural barriers, stress, and inequities.

PACEs have been shown to mitigate the effects of adversity, yet some researchers question whether PACEs alone are sufficient to offset severe or chronic ACE exposure. For

example, Morris et al. (2021) and Reese et al. (2022) highlight the benefits of positive relational experiences, but parents who have experienced multiple, severe adversities may still face challenges in fully internalizing and acting on these experiences. In other words, PACEs may moderate—but not entirely override—the impacts of trauma. This raises important questions about the limits of protective experiences and the potential need for combined approaches that address both past trauma and current environmental stressors.

Furthermore, while longitudinal studies such as Hinojosa and Hinojosa (2024) provide strong evidence for PACEs, there is a possibility of confounding by unmeasured variables. Families with higher PACE scores may also have greater socioeconomic stability, more education, or stronger community connections, making it difficult to disentangle the unique contribution of positive experiences from broader structural advantages. This suggests that while PACEs are promising, analytic rigor requires attention to intersecting risk and protective factors, and recognition that positive experiences may interact with, rather than replace, other supports.

Finally, some critics caution against framing PACEs and resilience as purely individual-level processes. As Hughes et al. (2023) note, structural inequities, stress, and barriers to resources can limit the availability and effectiveness of protective factors. From this perspective, resilience is not solely an individual trait but a relational and structural phenomenon, dependent on broader social, economic, and policy contexts. Overemphasizing personal resilience may inadvertently shift responsibility onto parents while obscuring systemic solutions needed to break intergenerational cycles of adversity.

Ethical Considerations

Research must avoid implying that ACE exposure automatically leads to poor parenting, which aligns with CPA Principle I: Respect for the Dignity of Persons and Peoples (CPA, 2017).

Ensuring a trauma-informed approach and integration of trauma informed principles that prevents further stigmatization and blame on parents experiencing unresolved trauma. For example, studies such as Chung et al. (2009) and Mitani et al. (2022) focus on connections between maternal ACE histories and authoritarian parenting behaviors. While their findings are important, these studies could potentially benefit from more balanced framing to avoid oversimplifying trauma as a deterministic predictor of poor parenting behaviors. In contrast to this, research on protective factors and resilience (e.g., Panisch et al., 2020; Reese et al., 2022) highlights that many parents with ACE histories develop positive parenting practices, underscoring how important avoiding deficit-based interpretations is in research.

Aligning with CPA Principle IV and Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2) principles, findings should inform policies that empower families and reduce systemic inequalities (CPA, 2017; Government of Canada, 2022). Ethical applications of findings require avoiding harm and enhancing family resilience. Literature interpreted without the use of trauma-informed lens risks justifying potentially punitive measures, such as increased surveillance of at-risk families. For example, large-scale studies like Merrick et al. (2019) and Schickedanz et al. (2021) emphasize population-level risks associated with ACE exposure but may be misused to support deficit-focused interventions if not further contextualized. Ethical guidelines encourage promotion of strength-based, prevention-oriented strategies, emphasizing protective factors such as social support, community engagement, and access to resources (Bethell et al., 2019; Hughes et al., 2023)

Another important ethical principle to consider is cultural sensitivity and inclusion. Studies in this review included diverse cultural contexts such as Japan (Mitani, 2022), Thailand (Wattanachariya et al., 2024), Israel (Hanetz-Gamliel & Dollberg, 2022), and the US (Chung et

al., 2009; Reese et al., 2022). Diverse contexts highlight a need to avoid imposing a Western-centric lens when interpreting parenting and attachment. CPA Principle IV: Responsibility to Society and TCPS2 Chapter 9 both emphasize the importance of culturally competent research that respects participant values and promotes equity (CPA, 2017; Government of Canada, 2022). While Gurivreddygari et al. (2025) explicitly addressed cultural responsiveness in fatherhood and service access, other studies such as the one by Lyons-Ruth & Block (1996) might have benefitted from deeper discussion of how cultural norms may influence discipline and caregiving expectations. Explicitly acknowledging these variations may have strengthened the applications of these findings and may better avoid pathologizing other cultural norms.

Ensuring participant safety, voluntary participation, and confidentiality is another fundamental ethical concern. TCPS2 Article 3.1 highlights the need for informed consent free from undue influence (Government of Canada, 2022). For example, Panisch et al. (2020) used a sample of parents in child maltreatment programs, potentially emphasizing the concerns around coercion due to prior program involvement. Hughes et al. (2023) utilized National Survey Data, which reduces direct ethical risk but also raises questions about participants' knowledge around the use of their data (TCPS2 Chapter 5). Greater transparency on how researchers ensured true voluntary participation may enhance the clarity of the ethical rigor of these studies.

Conclusion

The first major theme identified highlights psychological mechanisms as a central factor in understanding the intergenerational transmission of adversity. Parental exposure to childhood trauma shapes core capacities such as emotion regulation, reflective functioning, and stress management, which directly influence parenting behaviors and the quality of caregiving (Seteanu & Giosan, 2021; Khalsa et al., 2022). Attachment insecurity and mental health challenges

including depression, anxiety, and heightened stress reactivity emerge as key mediators, linking parental ACEs to harsher, inconsistent, or withdrawn parenting practices (Morris et al., 2021; Granner et al., 2023; Senn et al., 2018). These psychological processes often interact in complex ways, where unresolved trauma can exacerbate mental health difficulties, further reducing parents' capacity to provide sensitive and attuned care. By centering psychological mechanisms as a key theme, this review underscores the importance of targeting emotion regulation, mental health, and attachment security in efforts to support parents and foster positive developmental outcomes for children.

This review also identified that contextual factors can either amplify or limit these pathways. Lower socioeconomic status (SES) is linked to higher exposure to ACEs and limits access to positive and compensatory experiences (PACEs) and formal support. This creates a feedback loop where early adversity is worsened by economic disadvantage. Relational stress, such as conflict between parents and poor communication patterns, influences the connection between parental ACEs and child outcomes. These findings highlight that interventions must consider not only individual trauma but also the wider socioeconomic and relational contexts in which families live.

Third, resilience strategies and protective factors provide important ways to break these cycles of adversity. PACEs, social connections, trauma-informed interventions, and formal support systems can lessen the effects of ACEs, encourage adaptive parenting, and improve family well-being. Access to PACEs and formal support helps parents manage their emotions and may lead to more nurturing parenting. However, structural and economic barriers can limit access to these protective factors, indicating a need for multi-level, culturally aware interventions that address both risk and resilience.

This literature review underscores the roles of researchers and clinicians. They must consider how childhood adversity impacts adult behaviors, particularly parenting. Interventions should incorporate trauma-informed and culturally sensitive approaches that build resilience and strengthen protective factors while promoting family well-being across generations. By integrating individual, relational, and structural strategies, interventions can more effectively disrupt cycles of intergenerational adversity. This fosters nurturing parenting and positive outcomes for families. This holistic view emphasizes that ending intergenerational cycles of adversity requires attention to both risk and resilience, with interventions aimed at promoting healing, empowerment, and equal access to support across different contexts.

Chapter Four: Application to Clinical Practice

The literature reviewed paints a compelling picture of how aversive childhood experiences may significantly influence parenting behaviors, mental health, and perpetual cycles of intergenerational adversity. Foundational studies such as the ones by Lyons-Ruth and Block (1996) and Chung et al., (2009) provided the groundwork knowledge that parents who grew up around physical or emotional abuse were more likely to adopt harsher or more authoritarian parenting styles. These findings highlight the importance of early identification and intervention, suggesting that clinical assessments of parental histories can inform strategies to prevent the continuation of maladaptive parenting patterns.

Two common factors that emerge are attachment style and mental health as central mechanisms mediating the relationship between exposure to aversive experiences in childhood and negative parenting behaviors. Studies by Khalsa et al., (2022), Morris et al., (2021) and Mitani (2022) suggest that insecure attachment styles and mental health factors such as anxiety and depression limit a parent's ability to effectively respond to infants' needs. This framework is echoed in research regarding paternal health that points towards both maternal and fraternal unresolved trauma playing into the health of the family unit (Granner et al. 2023). In clinical practice, this knowledge highlights the need for trauma-informed, attachment-focused care that is culturally sensitive and responsible. Screening during antenatal care, as Senn et al. (2018) suggest, can help identify caregivers who are at higher risk of maltreatment. It can also allow for early interventions that may reduce the impact of ACEs on parenting styles. This underscores the need for trauma-informed interventions that target both mothers and fathers, with early screenings during antenatal care serving to identify parents at higher risk of maladaptive caregiving (Senn et al., 2018).

The literature provides a compelling look into the multi-dimensional layers that impact intergenerational adversity, such as trauma, stress, attachment and external factors, while suggesting a pathway for direct clinical interventions such as the use of trauma-informed, strength-based interventions that may help to shape behaviors impacted by insecure attachment styles. From the perspective of clinical practice, these research findings emphasize the need for attachment focused, trauma-informed interventions that balance both identification of risk and promotion of protective factors and experiences. Additionally, interventions can focus on enhancing reflective functioning, supporting emotion regulation, and strengthening secure attachment through psychoeducation, mindfulness-based strategies, or individual psychotherapy, which are particularly beneficial for parents with histories of trauma (Hanetz-Gamliel & Dollberg, 2022; Chen et al., 2024).

Additionally, studies define protective factors, such as the experiences and role of social support, community engagement, and access to resources such as mental health care that may help to buffer against unresolved trauma. Hughes et al. (2023) and Silovsky et al. (2023) emphasize that formal support systems and interventions that foster resilience and social connection may mitigate risk in at-risk populations. From a policy perspective, advocacy should include systems that identify families at risk and provide interventions that build resilience. It should also focus on increasing perceived social support to prevent further stigma, especially for vulnerable families in lower socioeconomic status or at-risk environments.

Integrating ACE and attachment style screenings during pregnancy may help to identify mothers (as suggested by Senn et al., 2018) who are at risk of perpetuating infant maltreatment and allow support to be tailored accordingly. Interventions should target emotion regulation, strengthen reflective functioning, and foster secure attachment styles using parenting

psychoeducation, mindfulness-based interventions, or individual psychotherapy to shape more adaptive parenting behaviors and styles of attachment. Morris et al. (2021) identified the importance of trauma-informed parenting interventions that reshape attitudes in a strength-based way. Morris et al. (2021) also recommends that interventions should focus on promoting healthier parenting behaviors.

For aspiring clinicians, there are many main takeaways to the findings of this literature review. Interventions should target social support and more effective integration into the community to promote protective factors and increase feelings of social connectedness. Family-centered approaches will further help clinicians to understand the multiple factors that may be at play in terms of family health, such as low SES, parental mental health, and relational patterns that may maladaptively impact the family. Clinicians must also be aware of potential systemic barriers to care, such as access to services based on socioeconomic status or those from marginalized groups and cultures. Trauma-informed, culturally responsive care should incorporate strategies to identify and reduce systemic barriers while leveraging parental motivation and strengths as protective mechanisms, particularly for fathers who may face cultural or systemic obstacles to engagement (Gurivireddygari et al., 2025; Panter-Brick et al., 2014).

It is important for clinicians to note and understand how cultural differences may shape how parenting practices are perceived. While some cultures tend to normalize harsher or more authoritarian parenting styles, other cultures value more nurturing and emotionally expressive parenting styles (Mitani, 2022). Practitioners must be careful not to pathologize or stigmatize culturally normative behaviors while still identifying maladaptive patterns that may be related to parents' unresolved trauma. Gurivireddygari et al. (2025) highlight how fathers from diverse

cultural backgrounds need more culturally responsive and diverse linguistic care and practices and that this serves as an additional barrier in accessing care. Clinicians should integrate cultural competence and awareness of gender norms into intervention planning, ensuring that both mothers and fathers are supported in ways that respect cultural values while addressing risk factors.

Legislation plays a significant role in enabling or restricting the use of the knowledge found in this literature review. In many developing countries, child welfare systems are beginning to adapt more trauma-informed models by utilizing early screening of ACEs, and encouraging more attachment, strength-based approaches. Despite the positive trend, many disparities and gaps exist in equitable access to care. For example, many countries still face limited access to funding, lack of effective training, and overly punitive approaches that prevent access to evidence-based care (Lulic et al., 2025). Legislation and policy that support family preservation, community-based support and culturally appropriate services is essential in providing effective care in practice. Policies should also focus on integrating father-inclusive programming, co-parenting support, and equitable access to trauma-informed interventions to optimize family outcomes.

For an aspiring clinician, using this research in practice means being culturally informed and aware, clinically competent, and aware of systemic barriers. By applying principles ascertained from this literature review, clinicians may be more effective in supporting families and parents with trauma histories and may be more effective in promoting more adaptive and secure attachment behaviors to better interrupt intergenerational cycles of adversity. Incorporating both maternal and paternal assessments, strengthening social supports, and

utilizing evidence-based trauma-informed interventions ensures a comprehensive approach that addresses risk while fostering resilience across the family system.

Framework for a Therapeutic Support Group

The knowledge gained from this literature review may be used to guide the framework of a therapeutic support group to help parents with unresolved childhood trauma. This group helps parents process previous experiences of childhood adversity and develop healthier and more consistent parenting practices. This group will function from the framework of trauma-informed and strength-based principles (Booth et al., 2019). This group's aim will be to provide a safe and structured environment conducive for healing, growth, and reflection. This group may be used by both mothers and fathers and may be culturally adapted to provide wider accessibility.

The rationale for a therapeutic support group lies in the need for emotional connection and validation when dealing with difficult situations such as childhood adversity. While in a group, parents may get the chance to connect with others, exchange practical advice, and share coping tools that have worked for them in a similar situation to foster empowerment. Hearing other's stories and recognizing personal growth can restore parents' sense of competence and hope, which is often shaken during adversity. Additionally, when facilitated by a therapist, the group offers a safe and structured environment to help members process emotions, build resilience, and learn healthy communication skills. Over time, this style of therapeutic group may create a sense of belonging and community, which may be protective against the potential negative impacts of childhood adversity on parenting behaviors (Morris et al., 2021).

Each session should follow a predictable structure to ensure ongoing consistency. Sessions should always begin with a check-in and mindfulness-based practice or intervention, to facilitate ongoing safety of participants at the beginning of the session (Silovsky et al., 2023).

The middle of the session should include either an intervention or psychoeducational topic that aids in skill-building to help parents develop more adaptive parental strategies (Panisch et al., 2020; Reese et al., 2022). Sessions should end with a wrap-up that includes interventions such as a coping tool or strategy, resource sharing, or a hopeful message (Hughes et al., 2023). Topics may include building awareness around adversity or trauma (Tian et al., 2025), attachment styles and their influence on emotion regulation (Lyons-Ruth & Block, 1996; Main & Hesse, 1990), self-compassion (Hanetz-Gamliel & Dollberg, 2022), reflective parenting (Dehghan et al., 2025), and developing PACEs (Bethell et al., 2019; Morris et al., 2021).

One of the central focuses of this group is to support parents in becoming more adaptive and developing adaptive parenting skills such as emotional attunement and regulation (Kungla et al., 2024; Madigan et al., 2022). To better expand cultural inclusion, sessions should allow participants to share and explore cultural influences on parenting, while also emphasizing the role of social contexts (Mitani, 2022; Wattanatchariya et al., 2024; Gurivireddygari et al., 2025). Clinicians who are facilitating this group should adapt materials to better reflect participant backgrounds and cultures, which aligns with ethical principles emphasizing cultural competence and the avoidance of Western-centric perspectives (CPA, 2017; Government of Canada, 2022). Advocacy and support within this group should include open and safe discussions around barriers and structural inequities that may prevent access to services, such as poverty and racial discrimination (Lacey et al., 2020; Merrick et al., 2019; Hughes et al., 2023).

Ensuring ongoing effectiveness is essential in maintaining the ethical integrity of the group. Group effectiveness may be measured by pre and post interventions such as the Parenting Stress Index or ACE/PCE screenings, as feedback remains an essential aspect of evaluating relevancy and overall impact (Mcbain et al., 2023). To conclude, this group offers a culturally

adaptive, evidence-based model that works from the framework of attachment theory and trauma-informed practices. It aims to foster healing and connection, which may empower parents to shift in styles of interacting, potentially disrupting cycles of intergenerational adversity.

Chapter Five: Recommendations and Conclusion

This literature review demonstrates that ACEs significantly influence parenting behaviors and attachment styles, contributing to the ongoing cycle of intergenerational adversity. Parents who have experienced maltreatment, neglect, or household dysfunction are at greater risk of engaging in harsh, inconsistent, or emotionally unavailable parenting, which can increase the likelihood of similar challenges in their children (Hanetz-Gamliel & Dollberg, 2022; Madigan et al., 2022; Roubinov et al., 2022; Senn et al., 2018). Both maternal and paternal pathways are relevant, with maternal ACEs often associated with increased parenting stress and depressive symptoms, and paternal ACEs more strongly linked to emotional unavailability or hostility (Mitani, 2022; Granner et al., 2023; Reese et al., 2022).

The relationship between parental ACEs and future parenting behaviors is influenced by many mediating and moderating factors, including mental health, SES, and relational stress (Lin et al., 2023; Deffaa et al., 2020; Lacey et al., 2020; Bethell et al., 2019; Senn et al., 2024; Schickedanz et al., 2021). These factors can exacerbate the risk of maladaptive parenting, while protective elements such as PACEs, social support, trauma-informed interventions, and community engagement can buffer these effects and foster more nurturing behaviors (Panisch et al., 2020; Hughes et al., 2023, 2024; Silovsky et al., 2023). Intergenerational transmission of adversity occurs through direct effects on emotion regulation and attachment and indirect effects mediated by mental health, relational dynamics, and access to support. Interventions that address these pathways and foster resilience are essential to disrupt cycles of adversity, promote resilience, and support positive family functioning.

Recommendations for Future Research

Given the limited scope of the current review, future research should aim to address several gaps in the literature. Longitudinal and cross-cultural studies are particularly necessary providing a more nuanced understanding of how childhood adversity shapes parenting practices over time, and how protective factors buffer these effects across diverse contexts (Panisch et al., 2020; Hughes et al., 2023, 2024; Morris et al., 2021). While existing research highlights the importance of PACEs and other positive experiences in fostering resilience, there is limited evidence regarding the effectiveness of specific interventions or combinations of protective factors in mitigating intergenerational adversity across diverse cultural and socioeconomic contexts (Silovsky et al., 2023; Bethell et al., 2019). Research such as this is crucial for identifying casual pathways rather than correlations, capturing developmental changes, and highlighting cultural variations in resilience and coping. By addressing gaps in current knowledge, such as limited representation of non-Western populations, short-term or retrospective designs, and the lack of intersectional analyses, these studies can better inform more inclusive and effective interventions that support parents facing adversity worldwide.

Paternal mental health also remains a central, yet underexplored factor in exploring caregiving practices. Much of the literature focuses on maternal pathways (Hanetz-Gamliel & Dollberg, 2022; Madigan et al., 2022; Roubinov et al., 2022), while research focusing on paternal mental health and the father-child dynamic remains limited (Seteanu & Giosan, 2021; Gurivireddygari et al., 2025). Expanding studies in these areas would improve overall understanding of gender-specific patterns in the transmission of adversity and improve gender specific interventions.

Additionally, systemic, and structural barriers, including poverty, racism, limited access to services as well as inequitable social supports also remain underexamined. While some studies

explore SES as a mediating factor (Anda et al., 2004; Lacey et al., 2020; Merrick et al., 2019; Bethell et al., 2019; Crouch et al., 2023), few qualitative or mixed-methods studies have captured lived experiences of families navigating structural oppression while balancing the challenges associated with parenting. Greater attention to these factors is necessary in understanding how inequities constrain access to protective factors and formal interventions.

Based on these factors, the following research questions emerge to guide future research in this area:

1. How do culturally specific protective factors, including PACEs, social support, and community engagement influence the relationship between parental ACEs and parenting behaviors in non-Western contexts?
2. What is the long-term impact of trauma-informed interventions that include parents on child outcomes like emotion regulation and attachment patterns?
3. How do systemic supports such as stable housing, consistent income, and access to services mediate the effectiveness of trauma-informed interventions for parents with a history of childhood adversity?

By addressing these gaps, future research can provide more culturally sensitive, gender inclusive and contextually informed insights. This may disrupt intergenerational cycles of adversity while promoting resilience and positive parenting outcomes.

Clinical and Research Reflections

From a clinical perspective, this review adds to the understanding of how trauma may influence parenting behaviors, such as through emotional detachment, inconsistency, or authoritarian attitudes toward children. It reinforces and supports the need for trauma-informed

and non-judgmental approaches that view maladaptive parenting behaviors as a means of coping with extreme circumstances rooted in survival, not solely the moral or ethical failings of the parents. Clinicians must emphasize an open, safe environment that empowers clients to make healthier, more adaptive parenting choices.

Developing a therapeutic group aimed at fostering more nurturing relationships within the theoretical framework provided an opportunity to integrate theory with practical application. It offered an example of how research-informed interventions can be both evidence-based and culturally responsive. The process of developing a group highlighted the importance of integrating connection and culturally appropriate supports in promoting healing and fostering protective experiences. From the perspective of research, this broad range of literature highlighted the importance of interdisciplinary perspectives—integrating ideas from developmental psychology, public health, biology, sociology, and social work to fully develop a nuanced understanding of the multifaceted nature of ACEs and parenting. The complexities around stress, systems of oppression, attachment, and mental health point to the need for research designs that are culturally diverse, mixed method, and community informed.

Closing Summary

This review has shown that although the impact of adverse childhood experiences is multifaceted, it does not remain deterministic. There are protective factors that buffer against adversity such as social connection, mindfulness interventions, secure attachment relationships, and culturally grounded interventions that can all foster resiliency, even in the face of significant adversity. From the information ascertained in this literature, it is evident that trauma-informed parenting must go beyond individual interventions to better address systemic barriers and structural inequality. For clinicians working within a trauma focus with families, there is one

clear take-away message: understanding the adversity parents have faced during their own childhood is essential in providing meaningful and effective support. For researchers, the overarching message from the literature in this area calls for the need for expansive studies that incorporate inclusive, culturally appropriate, evidence-based interventions. Together, using this knowledge, clinical and research communities can contribute to breaking ongoing cycles of adversity and nurture conditions necessary for all families to thrive.

References

- Anderson, A. S., Siciliano, R. E., Henry, L. M., Watson, K. H., Gruhn, M. A., Kuhn, T. M., ... Compas, B. E. (2022). Adverse childhood experiences, parenting, and socioeconomic status: Associations with internalizing and externalizing symptoms in adolescence. *Child Abuse & Neglect*, *125*, Article 105493. <https://doi.org/10.1016/j.chiabu.2022.105493>
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., ... Giles, W. H. (2004). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, *254*(3), 1–7. <https://doi.org/10.1007/s00406-004-0589-4>
- Bethell, C. D., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, *173*(11), Article e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>
- Booth, C. L., Fowler, K., & Graham, J. (2019). Maternal sensitivity and stress: A meta-analytic review of maternal mental health and caregiving. *Journal of Child and Family Studies*, *28*(7), 1851–1866. <https://doi.org/10.1007/s10826-019-01412-7>
- Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists* (4th ed.). https://cpa.ca/docs/File/Ethics/CPA_Code_of_Ethics_2017.pdf
- Chen, X., Li, L., & Zhang, J. (2024). Maternal distress, childhood adversity, and family health: Mediating pathways to child maltreatment. *Child Abuse & Neglect*, *146*, Article 106507. <https://doi.org/10.1016/j.chiabu.2023.106507>

Cowen, P., Smith, D., & Williams, H. (2019). Fathering and attachment: How paternal insecurity affects parenting behaviors. *Journal of Family Psychology, 33*(5), 624–634.

<https://doi.org/10.1037/fam0000510>

Crouch, E., Radcliff, E., & Smith, L. (2023). Positive childhood experiences and adult health: A retrospective analysis of the BRFSS. *Child Abuse & Neglect, 138*, Article 106377.

<https://doi.org/10.1016/j.chiabu.2023.106377>

Deffaa, M., Weis, M., & Trommsdorff, G. (2020). The role of maternal parenting for children's behavior regulation in environments of risk. *Frontiers in Psychology, 11*, Article 2159.

<https://doi.org/10.3389/fpsyg.2020.02159>

Dehghan Manshadi, Z., & Sarafraz, M. R. (2025). Relationship of maternal childhood maltreatment and children's emotional-behavioral problems: Parental reflective functioning and social support's role. *BMC Psychology, 13*(1), Article 1.

<https://doi.org/10.1186/s40359-025-02627-x>

Dagan, O., Groh, A. M., Madigan, S., & Bernard, K. (2021). A lifespan development theory of insecure attachment and internalizing symptoms: Integrating meta-analytic evidence via a testable evolutionary mis/match hypothesis. *Brain Sciences, 11*(9), Article 1226.

<https://doi.org/10.3390/brainsci11091226>

Dehghan Manshadi, Z., & Sarafraz, M. R. (2025). Relationship of maternal childhood maltreatment and children's emotional-behavioral problems: Parental reflective functioning and social support's role. *BMC Psychology, 13*(1), Article 1.

<https://doi.org/10.1186/s40359-025-02627-x>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Koss, M. P. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14*(4), 245–258.

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Granner, M., Liu, H., & Schmidt, A. (2023). First-time fathers: ACEs, parenting stress, and emotional reactivity. *Fathering, 21*(2), 145–164. <https://doi.org/10.3149/fth.2102.145>

Gurivireddygari, S., Hicks, S., Hayes, E., Rao, M., Densley, S., Choudhury, S., ... Sacca, L. (2025). Barriers experienced during fatherhood and the role of adverse childhood experiences: A mixed-methods approach. *Societies, 15*(6), Article 162.

<https://doi.org/10.3390/soc15060162>

Hanetz-Gamliel, K., & Dollberg, D. G. (2022). Links between mothers' ACEs, their psychopathology and parenting, and their children's behavior problems: A mediation model. *Frontiers in Psychiatry, 13*, Article 1064915.

<https://doi.org/10.3389/fpsy.2022.1064915>

Hanetz-Gamliel, K., & Sar-El Niv, M. (2025). Co-parenting, maternal ACEs, and child behavior outcomes: Mediating and moderating effects. *Journal of Family Psychology, 39*(3), 345–356. <https://doi.org/10.1037/fam0000601>

Hinojosa, M. S., & Hinojosa, R. (2024). Positive and adverse childhood experiences and mental health outcomes of children. *Child Abuse & Neglect, 149*, 106603.

<https://doi.org/10.1016/j.chiabu.2023.106603>

- Hughes, P. M., Graaf, G., deJong, N. A., & Thomas, K. C. (2023). Emotional support among parents of children with adverse childhood experiences. *Journal of Pediatric Health Care*, 37(5), 557–565. <https://doi.org/10.1016/j.pedhc.2023.05.003>
- Iyengar, U., Rajhans, P., Fonagy, P., Strathearn, L., & Kim, S. (2019). Unresolved trauma and reorganization in mothers: Attachment and neuroscience perspectives. *Frontiers in Psychology*, 10, Article 110. <https://doi.org/10.3389/fpsyg.2019.00110>
- Kungla, A., Schneider, J., & Becker, K. (2024). Parental responsiveness and caregiving sensitivity in mothers and fathers. *Journal of Child and Family Studies*, 33(1), 112–128. <https://doi.org/10.1007/s10826-024-03077-5>
- Leite Ongilio, F., Gasparido, C. M., & Linhares, M. B. M. (2023). Maternal history of adversity and subsequent mother–child interactions at early ages: A systematic review. *Trauma, Violence, & Abuse*, 24(5), 3412–3432. <https://doi.org/10.1177/15248380221088897>
- Lin, M. L., & Faldowski, R. A. (2023). The relationship of parent support and child emotional regulation to school readiness. *International Journal of Environmental Research and Public Health*, 20(6), Article 4867. <https://doi.org/10.3390/ijerph20064867>
- Madigan, S., Cyr, C., Eirich, R., Fearon, R. P., Ly, A., Rash, C., ... Alink, L. R. (2019). Testing the cycle of maltreatment hypothesis: Meta-analytic evidence of the intergenerational transmission of child maltreatment. *Development and Psychopathology*, 31(1), 23–51. <https://doi.org/10.1017/S0954579418001700>
- Madigan, S., et al. (2022). Examining the effectiveness of reflective parenting training on emotion regulation and parent-child relationships. *Journal of Family Psychology*, 36(5), 567–578. <https://doi.org/10.1037/fam0000567>

- Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 161–182). University of Chicago Press.
- Mitani, H. (2022). Effects of maternal adverse childhood experiences on parental maltreatment of children: An empirical study of mediating factors among Japanese mothers. *Child & Family Social Work, 27*(4), 893–903. <https://doi.org/10.1111/cfs.12893>
- Morris, A. S., Hays-Grudo, J., Zapata, M. I., Treat, A., & Kerr, K. L. (2021). Adverse and protective childhood experiences and parenting attitudes: The role of cumulative protection in understanding resilience. *Adversity and Resilience Science, 2*(3), 181–192. <https://doi.org/10.1007/s42844-021-00036-8>
- Panisch, L., Silovsky, J., & Smith, J. (2020). Protective factors and parental resilience: Mitigating the impact of adverse childhood experiences. *Journal of Child & Family Studies, 29*(12), 3380–3395. <https://doi.org/10.1007/s10826-020-01805-6>
- Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers – Recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, 55*(11), 1187–1212. <https://doi.org/10.1111/jcpp.12280>
- Phillips, A., Peterson, B., & Rivera, R. M. (2025). Attachment theory/style: Ethological perspectives. In *Encyclopedia of Sexual Psychology and Behavior* (pp. 1–6). Springer Nature. https://doi.org/10.1007/978-3-031-08956-5_473-1

- Reese, M., Smith, J., & Hughes, P. (2022). Positive experiences and family health: The mediating role of protective factors in children's development. *Child Abuse & Neglect*, *128*, Article 105710. <https://doi.org/10.1016/j.chiabu.2021.105710>
- Roubinov, D. S., Boyce, W. T., & Sturge-Apple, M. (2022). Maternal ACEs, stress, and child behavioral outcomes: A longitudinal study. *Development and Psychopathology*, *34*(2), 557–572. <https://doi.org/10.1017/S0954579421001320>
- Rowell, T., & Thompson, E. M. (2021). A systematic review of the effect of parental adverse childhood experiences on parenting and child outcomes. *Journal of Family Psychology*, *35*(2), 123–135. <https://doi.org/10.1037/fam0000734>
- Shen, A. C. T., & Lee, S. (2024). From adverse childhood experiences to harsh parenting: The mediating role of psychological symptoms. *Journal of Family Psychology*, *38*(6), 789–801. <https://doi.org/10.1037/fam0000432>
- Tian, Y., Zhang, H., & Wang, L. (2025). Complex posttraumatic stress disorder in Chinese adolescents exposed to childhood trauma. *Journal of Traumatic Stress*, *38*(1), 45–56. <https://doi.org/10.1002/jts.26012>
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Traumatology*, *19*(3), 243–250. <https://doi.org/10.1177/1534765612456806>
- Williams, J. (2024). Critique of mindfulness-based interventions: A review of recent literature. *Journal of Clinical Psychology*, *80*(6), 1123–1135. <https://doi.org/10.1002/jclp.23012>

Yoshikawa, H., & Wuermli, A. J. (2020). Structural and contextual factors in adverse childhood experiences: Implications for policy and practice. *Child Development, 91*(5), 1234–1248.

<https://doi.org/10.1111/cdev.13345>