Proceeding of ICSPHS 2026 Symposium: Critical Perspectives on Global Education and Psychological Development
DOI: 10.54254/2753-7048/2026.HT30364

Is that True Parents' Aces Can Effect Next Generation? Intergenerational Effects of Adverse Childhood Experiences

Lingfei Ma

Faculty of Psychology, Tianjin Normal University, Tianjin, China
yanjiema22@gmail.com

Abstract. This article provides a detailed introduction to the impact of adverse childhood experiences (ACEs) on people, and how this impact further affects the next generation through attachment patterns and intergenerational effects. ACEs can affect children's attachment patterns by influencing internal working models (IWMs), producing negative feedback, and ultimately leading to insecure attachments with lifelong effects. There are two types of insecure attachment: anxious and avoidant. Each type has its own distinct behavioral characteristics, which often carry over into adult intimate relationships. Children who grow up witnessing their parents' unhealthy relationships are likely to experience psychological trauma. Meanwhile, parents with insecure attachment styles often struggle to build positive interactions with their children. Such a deficient parenting pattern can profoundly shape the attachment styles of the next generation, leading to long-term effects. The findings introduced the paths of intergenerational effects of ACEs, providing reference of early prevention and family-focused interventions to break the harmful cycle.

Keywords: ACE, attachment styles, parenting styles, relationships

1. Introduction

Adverse childhood experiences (ACEs) encompass a range of conditions, including neglect, various forms of abuse, family violence, parental separation, and chronic poverty [1].

ACEs can lead to vulnerable mental and physical health even when children become adults. Many disorders have been proven to be associated with ACEs. Children with high maltreatment scores are prone to depression and anxiety [2]. ACEs are also associated with damaged functioning; cognitive functioning in mood-disorder patients who experienced ACEs will end up with poorer functional ability than other patients.

Furthermore, children exposed to ACEs often demonstrate maladaptive patterns in romantic relationships. They report higher anxiety and lower satisfaction in relationships, and ACE survivors show more attachment avoidance and anxiety.

Maladaptive relationship patterns and parents' insecure attachment can influence children's socio-emotional development through modeling and inconsistent caregiving. Parents' positive intimate relationships can promote children's pro-social behavior [3].

Research has shown that parents who went through intense ACEs have a higher possibility of repeating these patterns with their own children, and this effect can be cumulative—the more trauma

© 2025 The Authors. This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (https://creativecommons.org/licenses/by/4.0/).

DOI: 10.54254/2753-7048/2026.HT30364

they experience, the more likely they are to harm their children.

2. ACEs

Adverse Childhood Experiences (ACEs) is a concept proposed by Felitti and colleagues [4]. After observation of 9,508 samples by survey about adverse childhood experiences, they designed a standard questionnaire of adverse childhood experiences. This questionnaire can evaluate adverse growing environments before the age of 18. The original scale includes ten items divided into three categories: (1) abuse: including emotional abuse, physical abuse and sexual abuse; (2) neglect: including emotional neglect and physical neglect; (3) household dysfunction: including parents separation or divorce, substance abuse by family members, mental illness of family members, domestic violence and family members are incarcerated. Research shows that the accumulation of ACEs is associated with increased risk of physical and mental health problems, which means the more items of ACE, the higher risk of depression, anxiety, substance abuse, heart disease, diabetes and short life.

At the epidemiological level, ACEs are identified as great major public health issues worldwide. Based on World Health Organization's investigation in many countries, ACEs have high incidence and are similar in different cultures, and they are prevalent in low-income and middle-class countries, and are also associated with juvenile crimes, substance abuse, psychological disorders and intimate relationship violence [5].

3. ACEs and attachment styles

Ainsworth proposed the attachment theory by infant attachment behaviors in which she and her colleagues found infants treat their caregiver in different ways. They categorized these behaviors into three patterns: secure, avoidant, and ambivalent/resistant [6].

Infants with secure attachment show anxiety and distress when their mothers leave the room but are comforted as soon as the mothers return. Infants with avoidant attachment show little reaction to their mothers' departure and tend to ignore them upon return; rather than seeking their mothers' hugs or touch, they prefer to play with the toys provided by the experimenter. Infants with ambivalent (or resistant) attachment remain highly vigilant when their mothers show signs of leaving and seek contact but also resist comfort when their mothers return.

Some samples in high-risk or psychiatric populations cannot be classified into these three types. Main and Solomon labeled at-risk infants as disorganized/disoriented after watching and reviewing numerous videotapes [7]. Disorganized attachment behaviors are associated with adverse nurture environment, such as maternal depression, marital conflict, or child maltreatment. Avoidant, ambivalent/resistant and disorganized/disoriented are described as insecure attachment patterns, distinguishing it from secure attachment.

Bowlby explained the Internal Working Models (IWMs) are internal expressions which are internalized by interactions between infants and main caregivers [8]. IWM includes cognition, emotion and behavior expectations of self, others and relationships of two of them. The aspect of self: "Am I worth cherishing by others? Am I worth caring about? Am I worth loving? The aspect of others: Are others reliable? Will they respond to my needs? The aspect of the relationship of self and others: How do I express my needs and respond to others in intimate relationships?" These models remain relatively stable and exert a strong influence on the next life.

Attachment styles can be measured along two dimensions: attachment-related anxiety and avoidance [9]. Attachment anxiety which means the sensitive degree of individuals being ignored or

DOI: 10.54254/2753-7048/2026.HT30364

rejected in intimate relationships. Highly scored individuals always worry that they are not worthy to be loved or cared, sensitive about the security of relationships. In IWMs, they feel low self-esteem, thinking "I'm not that good" and confirm others' love repeatedly. The obvious expression is emotional instability. Attachment Avoidance which means the avoidant degree of individuals in intimate relationships, being resistant of relying on other people or expressing real feelings. Highly scored individuals tend to maintain emotional distance and avoid extreme intimacy. In IWMs, they feel high self-esteem, but less trust for others. In most cases, they think they don't need other people, and getting intimate will hurt themselves. Unlike individuals with high attachment anxiety scores, they have a tendency to not rely on others and suppress their own feelings while maintaining self-independence and security. Anxiety scored individuals tend to seek more intimate relationships to get closer to attachment figures, however, Avoidance scored individuals draw lines in relationships to keep distance [10].

Even many researchers discuss attachment in terms of categories (secure, insecure), but a lot of researchers believe discussing attachment of these two dimensions seems more reliable in recent years. High level in anxiety dimension or avoidance dimension both reflect insecure attachment styles, low level in anxiety dimension or avoidance dimension means secure attachment.

These models primarily seek survival through bonding with primary caregivers. Moreover, bonds are internalized as IWMs, forming the foundation of adult attachment styles. Children attract caregivers' attention by crying or other actions for help. If caregivers react to their needs in time, they will feel love and safety. These children who have been taken care of will perceive a safe bonding signal, and feedback to their IWMs. When children experience ACEs, these needs are ignored or respond in wrong ways. The IWMs internalize negative feedback, making them doubt themselves and feel helpless. By the accumulation of years, these records will shape adult attachment style and affect their whole life [11].

Therefore, ACEs will shape attachment styles, and affect production of IWMs. ACEs play an important role in the process of attachment development. ACEs will influence the way people identify themselves and bond to themselves. They may internalize persistent beliefs of unworthiness, reinforcing maladaptive cognitive schemas. Consequently, they tend to neglect their own needs, reinforcing maladaptive IWMs and eventually developing insecure attachment styles.

Bowlby suggested that attachment systems can influence people's personality for a lifetime. Humans are born with a natural tendency to seek caregivers' love and comfort which he called the attachment behavioral system [8]. When their interactions with primary caregivers are reliable and responsive, they develop a high level of self-esteem and a secure personality orientation and they always feel safe and supportive. But if the interacting is not satisfied, they develop a sensitive personality eventually which causes distress and negative self-esteem.

4. Attachment and romantic relationships

People with avoidant style often have negative ideologies about others and the environment, which make them feel uncomfortable in intimate relationships. They always suppress their affections to protect themselves from potential harm to the environment. On the contrary, those with anxious style have negative feelings about themselves and low self-efficacy, which causes them to seek more attention in relationships. Compared to anxious style individuals, they over expect to be cared for, afraid to be ignored. That's why they act highly emotional and lack self-control, sensitive to others' reaction and emotions. Rumination, blaming others, or catastrophizing are common strategies to get care and attention, since anxious individuals are difficult to suppress their emotional experiences.

DOI: 10.54254/2753-7048/2026.HT30364

When children's needs cannot be satisfied or get denied, they will produce a negative self-model that they are not worthy to love. These experiences easily develop anxious attachment: They're afraid to be left, and highly sensitive to people's compliments. When they grow up as adults, intimate relationship problems will come along. Confirming the love of somebody and getting more comfort repeatedly are the ways they maintain security. When children are being rejected, punished or having family dysfunction, they will have the thoughts that getting closer to somebody will bring disappointment and harm. They tend to keep distance and draw boundaries, refusing proximity to others. This kind of strategy will provide a baseline of avoidant attachment, and greater ACE exposure correlates with more anxious attachment, loneliness, and relational difficulties [12].

Hence, ACE is a risky factor of damaging secure attachment and it adds the stake of being avoidant and anxious attachment. Generally, neglect, emotional apathy, inconsistent care leads to anxious attachment; rejection, punishment, family conflict lead to avoidant attachment. These two paths demonstrate how ACEs internalize negative self and others interacting patterns, and express in adult intimate relationships.

Insecure attachment not only affects an individual's self-recognition and emotional regulation, but also increases the risk of intimate partner violence. Studies of couples indicate that difficulties in emotion regulation and partner dependency exacerbate this risk [13].

Early attachment history shapes the adult relationship figures, they called it attachment styles. Attachment styles include many aspects of relationships, such as expectations, emotions, and behaviors. Adults tend to seek reliable, loving and comfortable romantic relationships while growing up as secure attachment children. The other attachment styles are on the contrary [14].

Robinson et al. explain that the ideal attachment is a secure attachment style that has the most possibility to maintain a satisfying intimate relationship [15]. These people who grew up in a secure attachment pattern know how to respond to their partners appropriately. They are capable of setting acceptable boundaries with their own lovers and fostering healthy intimate partner relationships. When they face dilemmas in relationships, they know how to deal with them and seek help timely.

Conversely, individuals with insecure attachment styles always are anxious about their relationships, setting too high expectations to rely on. They get satisfaction by being highly demanding of their partners. They tend to think of romantic relationships as the only way to acquire self-values. Self-space seems a way of separation to partners instead of a healthy romantic relationship boundary. The common observation is they are too afraid of pulling their presence away, too sensitive about behaviors of partners. This behavior reflects their fears deep down of intimate relationships.

Insecure attachment individuals lack emotion regulation strategies, so they have to choose other ways to maintain romantic relationships: anxious attachment individuals are afraid to be left intensely, they have to maintain relationships by threatening, relying or assault when partners express detachment and lead to conflict. However, avoidant attachment individuals tend to keep distances in love, responding to partners by coldness, rejection or silence when they face conflict. This defensive pattern may provide temporary self-protection, but it will lead to fierce conflict. Disorganized attachment individuals express high instability, and act behaviors with dependence and aggression which increase the possibility of violent conflict [16].

Hence, there's a clear pathway: ACE induces insecure attachment, and insecure attachment induces intimate conflict or violence. This finding carries important implications for clinical interventions and social policies targeting the prevention of intimate violence.

DOI: 10.54254/2753-7048/2026.HT30364

5. Parenting styles and attachment

Parenting styles are the most important factor in shaping children's personalities, behaviors, emotions and relationships. Even though every family raises their children in different ways, some researchers found two dimensions to attribute all kinds of parenting styles: demandingness and responsiveness. Demandingness means the degree of parents making requests to their children, while responsiveness means how quick parents respond to children's needs and how much they can care for their children. Based on these two dimensions, parenting styles can be attributed into four styles: authoritative, authoritarian, indulgent and neglecting [17].

Authoritative parenting is described as the most efficient way to raise children. These parents are showing appropriate demands for their children, and caring for children's needs at the same time. They have expectations which children can reach if they put their minds to. Kids are allowed to express their own opinions, and choose the way they want to live. Their development is well supported. These parents show their acceptance of kids, and concentrate on nurturing. This type of parents has acceptable demandingness and responsiveness.

Authoritarian parents always control their children strictly, and want children to live in the way they plan. They have high standards for children, and concentrate on children. Once kids can't reach the line they expect, they will show disappointment to them. These parents are described as the most restricted caregivers, the space for children growing free is too small. Children are suffocating in their demands, and afraid to fail the test of parents. This type of parents has the highest demandingness and low responsiveness.

Indulgent parents only regulate their kids little, most times, they produce tolerant environments for growth. They don't show too many demands to their children, and allow children to have totally free space to grow on their own. There are little expectations, so children won't be under too much pressure. But they can respond to children's needs timely, and promise kids to be satisfied. Children have freedom to do whatever they want, and no matter the result comes out, these parents can accept as always. This type of parents has the lowest demandingness and high responsiveness.

Neglecting style is simple. These parents don't have expectations for children, children are extremely free. Kids have no pressure and no restriction. Meanwhile, parents can't give appropriate feedback to kids. Children's needs are ignored, they can't get help from their own parents. Their screams are silent to caregivers, they have to learn how to satisfy themselves. They have to find their own way to grow with no help. In most cases, these parents are too busy to care for their children.

Parents' insecure attachment will weaken emotional sensitivity and empathy. Mills-Koonce et al. discovered parents' insecurity interacts with infants' sensitivity. These parents cannot understand children's emotional needs and give feedback in time [18]. These inconsistent responses make kids feel uncertainty and insecurity, and hinder the establishment of secure attachment.

Secondly, different types of insecure attachment lead to different parenting styles. Anxious attachment parents always worry about the attachment situation of their children, may express over controlling. They may interfere with children's exploration. In most cases, they are easily to become indulgent. Actually, they care about children's attachment styles so much, which means they feel insecure about their relationship with their children. Focusing on children's needs and concentrating on children's development can satisfy parents' own needs of safety, instead of paying attention to independent growth of kids. Avoidant attachment parents tend to be neglected, they may show emotional apathy or ignorance and tend to suppress their own feelings and reduce emotional responses to children. This kind of low sensitivity and emotional expression make kids feel ignorance and lack support. In fact, they tend to not respond as a way to protect their own feelings, because they think everyone has a chance to hurt them. Also, this parenting style is a protection for

DOI: 10.54254/2753-7048/2026.HT30364

children too, parents try to teach kids to protect themselves by keeping distance from others, even including parents. Disorganized Attachment parents may act differently in the whole raising process, sometimes they are warm and supportive and sometimes they are cold and careless. Even if they show emotional dysfunction under pressure, this inconsistent tendency confuses children, making them cannot predict parents' reactions [19].

An intergenerational transmission model explains that insecure parental attachment reduces consistency and sensitivity in caregiving which causes children cannot establish positive IWMs in a safe environment. With growing up, these children tend to continue early attachment styles from parents: anxious attachment individuals maintain partnerships by controlling and dependence; while avoidant attachment individuals protect themselves by coldness and rejection [20].

6. Discussion & suggestion

ACEs will bring subtle psychological trauma, people are not aware of it sometimes. However, the influences are there vividly. When children grow up in a toxic environment, they tend to act protective and these behaviors can be observed in their early adolescence. Many problem behaviors are associated with ACEs, and develop into adult psychological problems eventually. ACEs are negatively correlated with the number of peer relationships and peer status and also have a negative correlation with the quality of peer relationships and peer characteristics [21]. Severe ACEs can also lead to a decline in cognitive function, such as working memory, delayed memory, immediate memory, and language learning [22]. These brain functions influence study career, children will show poor academic performance and difficulty understanding subjects [23].

The effect of ACEs lasts to adult, shaping adult cognition and emotions. ACE is strongly positively correlated with the risk of clinically diagnosis mental disorders (such as depression, anxiety and post-traumatic stress disorder). Adults who have experienced ACEs are more likely to self-report poorer health status and have an increased risk of various chronic diseases (such as heart disease, diabetes, etc.). Survivors of ACEs may have difficulties in social functioning, such as interpersonal relationship issues and job instability. In addition, their ability to cope with stress is impaired. It is easy to exhibit self-harm and violent behavior [24].

When these people who have been through ACEs grow up, they may have intimate partnership problems. They tend to avoid relationships or seek relationships anxiously. They are emotional and fickle, hard to control themselves. According to two different dimensions of attachment, their behaviors can be attributed into two types. People with anxious attachment fear being abandoned by their partner, so they constantly confirm love from their partner. People with avoidant attachment are afraid of getting hurt and betrayal, so they tend to avoid the affection of others, hide themselves, and reduce self-exposure to protect their feelings.

People with ACEs will treat their children in harmful ways. Neglecting and indulgence are two common ways. Ignoring the children's own feelings and avoiding the children's love, not caring children, while maintaining a strong sense of boundaries with the children. Because they are afraid of deteriorating the relationship with the children, they try to avoid punishing the children and fulfill the children's unreasonable demands. These two parenting styles are representative.

Children only can grow up healthily in safe and supportive environments, so parents with ACEs are easily to nurture psychologically unhealthy children. Attachment has intergenerational transmission, children tend to continue early attachment styles from parents with ACEs: anxious or avoidant. Parents with ACEs will produce more conflicts that threaten children's emotional safety, leading to anxiety, behavioral problems, and attention difficulties. ACEs also shape adverse parenting styles, so children are either overly arrogant and irresponsible, or anxious and sensitive.

DOI: 10.54254/2753-7048/2026.HT30364

7. Conclusion

ACEs have all kinds of adverse influences in the family. People with ACEs exhibited negative behaviors in their childhood, facing social difficulties and learning difficulties. When they enter an intimate relationship, they are unable to maintain a stable and healthy relationship. Because of the negative growth environment, they cannot provide a supportive growth environment for their children. All of these factors increase the risk of children developing an anxious or avoidant attachment type, which affect their mental health eventually. This study provide described the intergenerational effect by attachment styles of ACEs, providing the reference of early family-based intervention and supportive public policies aimed at foster parent–child relationships of ACEs.

References

[1] McLaughlin, K. A., Weissman, D., & Bitrán, D. (2021). Childhood adversity and neural development: A systematic review. Annual Review of Developmental Psychology, 3, 1–28.
[2] Humphreys, K. L., LeMoult, J., Wear, J. G., Piersiak, H. A., Lee, A., & Gotlib, I. H. (2020). Child maltreatment and depression: A meta-analysis of studies using the Childhood Trauma Questionnaire. Child Abuse & Neglect, 102, 104361.
[3] Wang, S., Zhao, B., Wu, H., & Liu, W. (2022). The effects of marital quality on children's pro-social behavior: The chain mediating model of parental positive emotion expression, parenting behavior, and the gender difference. Psychological Development and Education, 38(3), 323–330.
[4] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (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.
[5] World Health Organization. (2020, January 28). Adverse childhood experiences international questionnaire (ACE-IQ). https: //www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-%28ace-iq%29
[6] Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Lawrence Erlbaum Associates.
[7] Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), Attachment in the preschool years: Theory, research, and intervention (pp. 121–160). University of Chicago Press.
[8] Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation: Anxiety and anger. Basic Books.
[9] Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult romantic attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), Attachment theory and close relationships (pp. 46–76). Guilford Press.
[10] Mikulincer, M., Shaver, P. R., & Pereg, D. (2003). Attachment theory and affect regulation: The dynamics, development, and cognitive consequences of attachment-related strategies. Motivation and Emotion, 27(2), 77–102.
[11] Sherman, L., Warnell, K., & Cassidy, J. (2015). Infant capacities related to building internal working models of attachment figures: A theoretical and empirical review. Developmental Review, 37, 1–25.
[12] Ahn, S. H. (2021). Adverse childhood experience and loneliness among young adults: Exploring the roles of attachment style and resilience (Master's thesis). Dalhousie University. DalSpace.
[13] Pollard, D. L., & Cantos, A. L. (2021). Attachment, emotion dysregulation, and physical IPV in predominantly Hispanic, young adult couples. International Journal of Environmental Research and Public Health, 18(14), 7241.
[14] Gillath, O., Karantzas, G. C., & Fraley, R. C. (2022). Adult attachment: A concise introduction to theory and research (2nd ed.). Academic Press.
[15] Robinson, L., Segal, J., & Jaffe, J. (2021, February). How attachment styles affect adult relationships. HelpGuide. https: //www.helpguide.org/articles/relationships-communication/attachment-and-adult-relationships.htm
[16] Powers, S. I., Pietromonaco, P. R., Gunlicks, M., & Sayer, A. (2006). Dating couples' attachment styles and patterns of cortisol reactivity and recovery in response to a relationship conflict. Journal of Personality and Social Psychology, 90(4), 613–628.
[17] Maccoby, E. E. (Ed.). (2006). Handbook of child psychology (6th ed.). John Wiley & Sons.
[18] Mills-Koonce, W. R., Appleyard, K., Barnett, M., Deng, M., Putallaz, M., & Cox, M. (2011). Adult attachment style and stress as risk factors for early maternal sensitivity and negativity. Infant Mental Health Journal, 32(3), 277–285.

DOI: 10.54254/2753-7048/2026.HT30364

[19] Lyons-Ruth, K., & Block, D. (1996). The disturbed caregiving system: Relations among childhood trauma, maternal caregiving, and infant affect and attachment. Infant Mental Health Journal, 17(3), 257–275.
[20] Simons, R. L., Lin, K.-H., & Gordon, L. C. (1998). Socialization in the family of origin and male dating violence: A prospective study. Journal of Marriage and Family, 60(2), 467–478.
[21] Wang, J. H., Merrin, G. J., Kiefer, S. M., Jackson, J. L., Huckaby, P. L., Pascarella, L. A., Blake, C. L., Gomez, M. D., & Smith, N. D. W. (2024). Peer relations of adolescents with adverse childhood experiences: A systematic literature review of two decades. Adolescent Research Review, 9(3), 477–512.
[22] Luo, S., Chen, D., Li, C., Lin, L., Chen, W., Ren, Y., Zhang, Y., Xing, F., & Guo, V. Y. (2023). Maternal adverse childhood experiences and behavioral problems in preschool offspring: The mediation role of parenting styles. Child and Adolescent Psychiatry and Mental Health, 17(1), 95.
[23] Qu, G., Liu, H., Han, T., Zhang, H., Ma, S., Sun, L., Qin, Q., Chen, M., Zhou, X., & Sun, Y. (2024). Association between adverse childhood experiences and sleep quality, emotional and behavioral problems and academic achievement of children and adolescents. European Child & Adolescent Psychiatry, 33(2), 527–538.
[24] Shu, Y., Zhang, Z., Wang, H., Wang, C., Dou, L., Wang, W., Zhang, L., Bi, J., & Wu, M. (2025). The long-term effects of adverse childhood experiences on adult health and behaviors: Mediating role of socioeconomic inequality. BMC Public Health, 25(1), 1950.