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Intergenerational Trauma in Reverse: Transmission Across the Lifespan

Introduction

Intergenerational trauma affects generations through different biological, psychological, and emotional levers.[6,7,8] Traditionally, we examine the transmission of trauma from one generation to the subsequent generation, namely through parent-child relationships. But what about intergenerational trauma that transmits from the younger generation to the older, when parent and child both get older and the child becomes the caretaker? Can children hand that trauma back?

This issue brief will explore what we understand about the flow of intergenerational trauma from a bottom up perspective - what happens to abused children when they become their parents' caregivers? What happens to their parents? This brief will then explore pressing opportunities for research to expand on our understanding of backwards intergenerational trauma transmission and how to treat it.

Source: Neuroscience News

Recontextualizing Abuse Across the Lifespan

One way we can examine the "backwards" transmission of intergenerational trauma is through the prevalence of elder abuse. 17.76 million older adults in the US are projected to be victims of elder abuse by 2050.[5] While many people in the United States and across the world find caretaking for their aging parents to be a rewarding, meaningful experience, there are a significant number of people who struggle with and perpetrate domestic elder abuse. Domestic elder abuse is responsible for somewhere between 47 to 60% of elder abuse cases, and a large percentage of those cases are perpetrated by adult children.[3,4]

Even without abuse already present in a parent-child dyad, older adults being taken care of by their children are often placed in new, vulnerable positions where they must rely on their children while also facing growing incapacity, which can be a catalyst for abuse for both parent and child.[1,15] And while domestic elder abuse is not caused directly by the transmission of generational trauma on its own, that transmission is likely a significant piece of the puzzle.

When adult children take responsibility for caring for their parents, they are approaching caretaking with long family histories and well-established patterns of interaction, both positive and negative.[10] A child who has experienced trauma will often keep the relationship with their abuser parent.[10] Research suggests as many as 26% of 53 million filial caregivers experienced abuse or neglect from the parent they are caregiving for.[10] Children who have been maltreated by their parents and/or who have been affected by trauma find periods of caretaking to be vulnerable.[10,11] When abused children interact with their abuser parents, especially without therapeutic intervention around family patterns, it is highly likely the adult child will be reactivated by their trauma in present interactions. With abuse being the learned pattern, research has begun to show that children with Adverse Child Experiences (ACEs), which include different forms of abuse, neglect, and household dysfunction, were between 3-8 times more likely to abuse their elder parent than those without ACEs.[9,11]

What is Happening? Considering Role Loss and Retraumatization

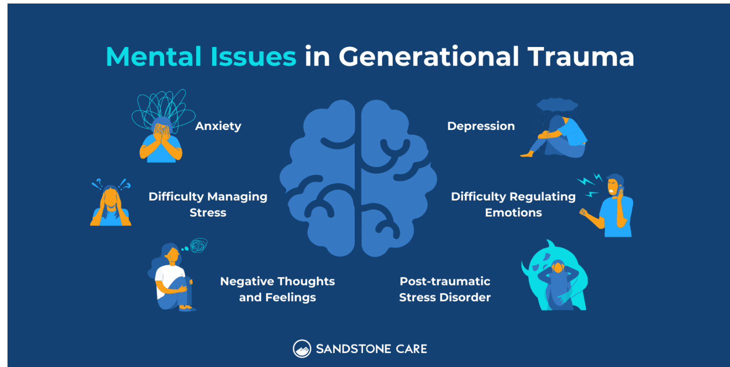
What are some factors that may drive this backwards transmission of trauma? Children who have been maltreated often perceive they are forced into caretaking positions due to a lack of financial, systemic, policy, and home and community based resources and services - this feeling can be retraumatizing.[10] Additionally, whether a child has experienced role reversal in early life or not, taking on the parental role in a caretaking relationship can cause distress for both child and parent, leading to a situation vulnerable for abuse, especially when abuse has been present before.[2,14] Dependency on the parent from an adult child is also a factor for elder abuse, with varying underlying causes for abuse such as a child or parents' addiction to alcohol, pain medications, or recreational drugs; a history of mental or emotional illness; and chronic unemployment.[3]

Retraumatization Effects for Aging Parents

This trauma felt by children also becomes felt by their parents in cases of elder abuse. Alongside the deep pain that elder abuse can cause both parent and child, research suggests that elder abuse can lead to the aging parent experiencing "physical and mental health problems, posttraumatic stress

disorder, poorly controlled chronic disease, high medical bills, decreased quality of life, breakdown of trust or quality of relationships, and even premature death".[6] Research suggests that, in fact, elder abuse puts its victims at a 300% higher risk of death compared to elders who have not been abused.[16]

Figure 1: Mental Issues in Generational Trauma



Source: Sandstone Care

Implications for Research and Intervention

We know how deeply painful it can be to be the parent or the child in an abusive relationship. We know some factors that make elder abuse and retraumatization of aging parents more likely. There are several things we don't know, like how much the measure of trauma increases in older adults from interactions with their adult children who are perpetrating abuse, or how later developmental stages or the presence of cognitive decline affects parent-adult child interactions, abusive and otherwise. We don't know much about the experience of abused older adults in general. We also don't know if the treatments we have established to treat trauma or intergenerational trauma will work with reverse transmission.

Before established treatments can even be implemented, we have to consider systemic differences with treating backwards versus traditional intergenerational trauma transmission. With traditional transmission, monitoring for abuse happens more frequently.[19] School settings specifically provide more opportunities to track behavioral changes. There are more opportunities for socialization for children in school. From early learning onward, school settings help teach kids coping skills, and provide them with other positive adult influences earlier on in their development, which is a crucial time for intervention.[20] Older adults often struggle to socialize due to a variety of factors, and many adults who are being abused are not monitored the same way, and often will not disclose abusive behaviors.[17] If treatment may be needed or there is abuse, there are systems that put pressure on children and parents in parent-child abusive dyads to heal (or at least make behavioral changes) while their child is younger. Additionally, when intervention is applied, often school systems are tracking to make sure the harm has decreased. As parents get older, we lose those systems and maybe even the drive to heal those relationships later in life.[13] Time is of the essence when your parent is in need of care, but patterns are well established, and old wounds fester. Overall, it's clear that the systems that help to deliver treatments are different, so treatments might need to be as well.

Interventions for Trauma and Family Issues

When we examine clinical treatments for trauma and family issues, we can see modifications need to be made. Common treatments include Structural Family Therapy (SFT), Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization and Reprocessing (EMDR). Then there is the Relational, Individual, Social, and Environmental Model (RISE), which was created for the older adult population. RISE is an elder abuse response intervention based in person-centered engagement and relationship building. RISE aims to integrate restorative approaches, motivational interviewing, supported decision making, and teaming, which strengthens support systems for older adult.[17] Importantly, RISE focuses on an older adult's self determination, and "success" is defined by the abuse victim.[17] With traditional transmission, success is not always defined by the child.

Structural Family Therapy focuses on the interactions between family members and how they shape the structure of the family, formed by the "subsystems, boundaries, hierarchies, and coalitions" in a family.[18] SFT, similarly to RISE, involves buy-in from families, but is dependent on families to stay committed to treatment. Research would be required to measure potential issues with commitment to therapy. TF-CBT is traditionally delivered to children below 18, so this model would need to be adapted for older adults.[21] EMDR can be helpful for trauma treatment, but is not helpful per se in active abuse situations.[22] Importantly, APS should be contacted in cases of active abuse regardless of the modality that can be implemented alongside their interventions. Those experiencing cognitive decline may not be able to participate in these two latter modalities, as EMDR is not indicated for those who are unable to reprocess their trauma, and TF-CBT traditionally requires a child to be able to reprocess their trauma in a narrative. Overall, trauma treatment methods outside of RISE need to be adapted for a less monitored, neurologically and developmentally different population with different systemic supports.

Conclusion

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Reverse intergenerational trauma, where adult children transmit trauma back to their aging parents, exists, as demonstrated partially by the prevalence of elder abuse. While research has understood mechanisms of traditional intergenerational trauma transmission from parent to child, the "bottom-up" perspective remains underexplored. Researching the mechanisms of transmission of “backward” intergenerational trauma, as well as how developmental stages, cognitive decline, and systemic factors affect opportunities and avenues for treatment, is essential. From there, we can begin to develop adapted interventions like RISE that work to break cycles of trauma and heal both older, midlife, and maybe even younger generations.

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