



Intergenerational Trauma and Resilience Among Migrant Families

By Maggie Gillen, MA

A little about me

- Maggie worked as a Research Coordinator at MGH (2021-2024) with Strength & Serenity: Global Initiative Against Gender-Based Violence and the Center for Immigrant Health where she developed and implemented collaborative research projects to inform programmatic efforts addressing the mental health and resilience of resettled families in the Greater Boston area.
- Prior to working at MGH, Maggie received her master's degree in Applied Psychology from University College Cork in Cork, Ireland where her studies focused on the facilitation of psychosocial well-being and creative activism among a group of migrant women living in Ireland's Direct Provision system.
- Maggie is currently a PhD candidate at the University of Maryland Baltimore County pursuing a degree in Clinical-Community Psychology where she will continue her work examining multisystemic preventive interventions fostering linguistic and socioemotional functioning among immigrant children and families.



Module 1

The Pervasiveness of Trauma

①

Defining trauma

③

Triple trauma paradigm

⑤

Idioms of distress

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Types of trauma

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Impacts of trauma

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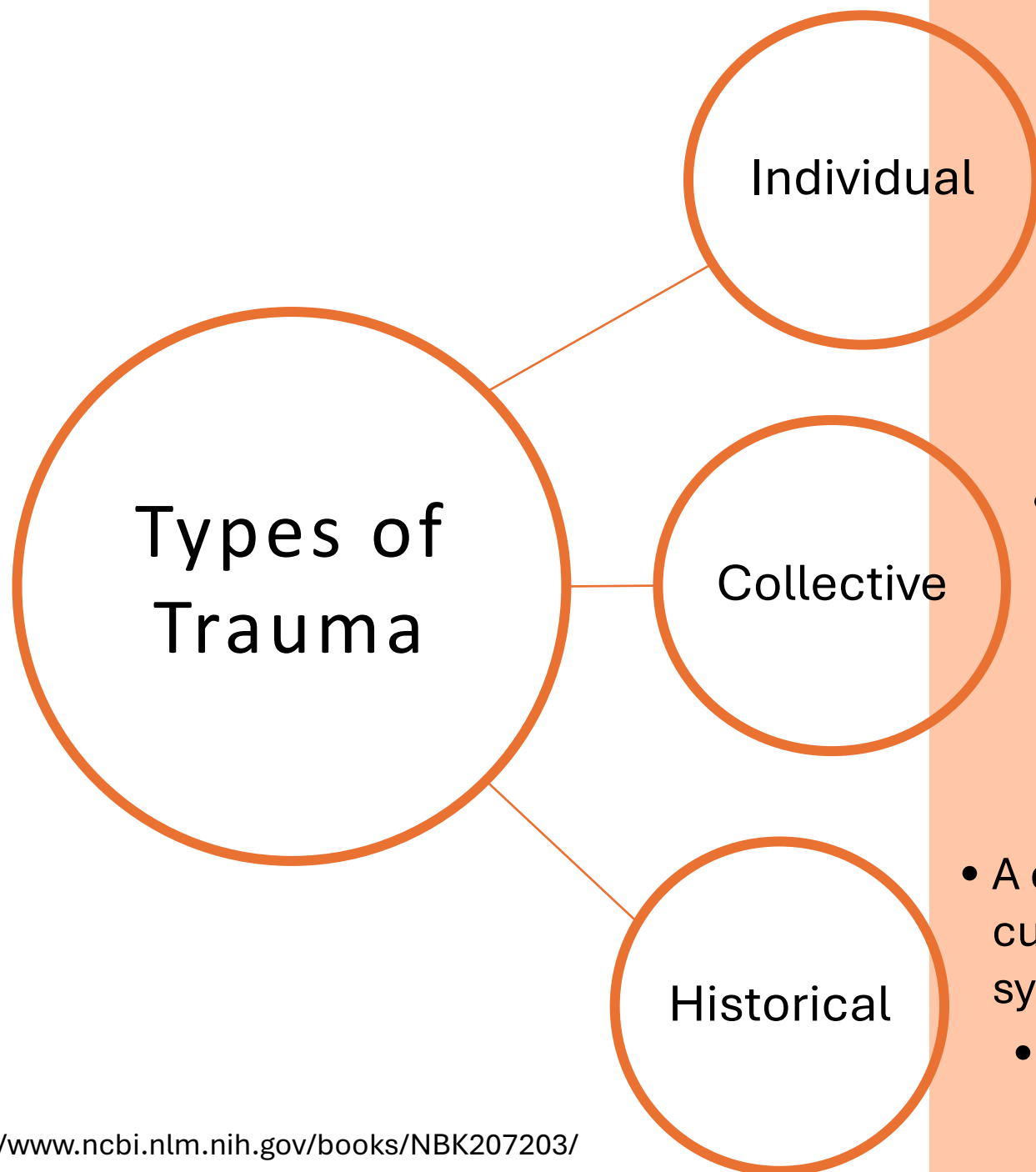
Case study

LEARNING OBJECTIVES:

- Receive an introduction to trauma, its subjectivity, and the different types of trauma people might experience
- Discuss the increased risk of trauma exposure among immigrant communities through the Triple Trauma Paradigm
- Understand the impacts of trauma on different areas of a person's life
- Consider the importance of idioms of distress

Defining Trauma

- Trauma is defined by the emotional response to a distressing event
- Trauma is subjective, meaning not all people who experience a traumatic event are impacted the same way
- Some individuals may display symptoms that meet criteria for a diagnosis of posttraumatic stress disorder (PTSD) while others may exhibit resilient responses or subclinical symptoms that fall outside of diagnostic criteria
- Two people can experience the same traumatic event yet develop different responses and coping behaviors based on various factors including characteristics of the individual, characteristics of the event(s), and sociocultural factors



- An event that is only experienced by one person
 - Ex. A single event: assault, physical injury, car accident
 - Ex. Multiple or prolonged events: life-threatening illness, neglect/abuse, intimate partner violence

- A shared psychological and emotional reaction to a catastrophic event affecting a very large number of people
 - Ex. Natural disasters, war, famine, pandemics, acts of terrorism

- A collective trauma experienced by a specific cultural group that has a history of being systematically oppressed
 - Ex. Slavery, genocide, apartheid, forced relocation

Triple Trauma Paradigm

- Migrant, refugee, and forcibly displaced populations are at high risk of trauma exposure
- The accumulation of adversity experienced throughout the migration process is referred to as the Triple Trauma Paradigm and includes:
 - Trauma experienced in the country of origin
 - Traumatic events along the migration journey
 - Trauma encountered upon resettlement in the host country

Examples of traumatic events experienced throughout the migration journey:

Pre-migration

Witnessing the violence of warfare;
experiencing a critical threat to health, safety, security, or well-being

During migration

Assault and trafficking

Postmigration

Acculturation stressors including economic marginalization, forced family separation, racism and hostility, increased vulnerability and risk of exploitation, unstable housing and limited access to resources

Pervasive impact of trauma on the individual

- Trauma can impact various aspects of a person's life
 - Traumatic events often trigger acute psychosomatic and psychiatric sequelae
- Impact of trauma on the individual:

Physical



Cognitive



Emotional



Social



Spiritual





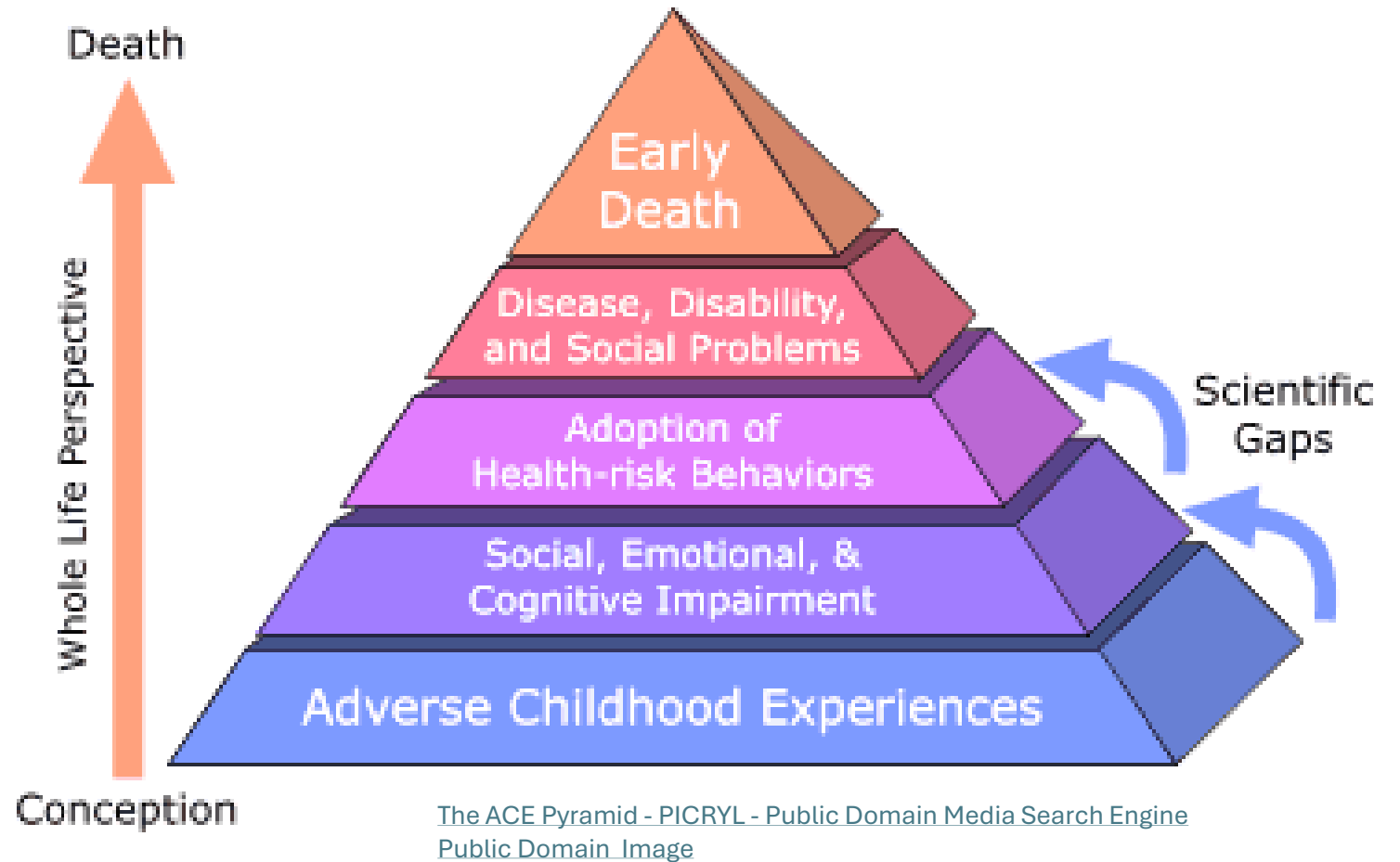
Physical impacts of trauma

- Can present as fatigue, difficulty sleeping, hyperactive and/or dysregulated nervous system, increased cortisol levels, and health consequences
- Adverse Childhood Experiences (ACEs) Study- was one of the first studies to explore the association between childhood adversity and long term/later-in-life health impacts (1995-1997)
 - ACEs are defined as stressful or potentially traumatic events that can occur during childhood and teenage years
 - The original study categorized ACEs into the following groups: abuse (physical, psychological, or sexual) and exposure to household dysfunction (i.e., exposure to substance abuse, mental illness, or domestic violence)
 - ACEs have since been expanded upon to include social, historical and economic conditions that may increase the vulnerability of some populations to traumatic experiences

Physical impacts of trauma cont.

The results of the original ACEs study found that as the number of reported ACEs increases so does the risk for negative health outcomes including heart disease, diabetes, cancer, chronic lung disease, and liver disease.

The ACEs Pyramid, the conceptual framework for the ACEs Study, illustrates how adverse childhood experiences are strongly related to various risk factors for disease throughout the lifespan





Cognitive impacts of trauma

- Trauma can impact the mental processes involved in the ways we think, perceive, learn and understand things around us
- People who have experienced trauma may develop negative and critical beliefs about themselves, others, and the world
 - Trauma influences worldviews, increasing perceptions of the world as unsafe, anticipation of disaster, and mistrust in others
- Other cognitive impacts of trauma may include difficulty with concentration and attention, recurring and intrusive memories, and the occurrence of nightmares



Emotional symptoms of trauma

- Another impact of trauma includes the development of emotional and psychiatric symptoms resulting in a high prevalence of mental health disorders
- Some common co-morbid diagnoses alongside posttraumatic stress disorder can include:
 - Depression
 - Anxiety disorders
 - Substance use disorders
 - Disruptive behaviors





Social impacts of trauma

- Trauma can also impact an individual's social skills and interpersonal relationships
- Having difficulty trusting others might contribute to social isolation and withdrawal
- The fawn trauma response refers to a person who behaves in a people-pleasing way to avoid conflict and establish a sense of safety
 - This can lead to difficulties with setting healthy boundaries and prioritizing the needs of others over oneself
- Traumatic experiences can also increase the risk of developing an insecure attachment, which presents as anxious or avoidant elements in a relationship
- Trauma can also lead to externalizing behaviors including aggression and anger directed towards others



Spirituality

- Finally, trauma can also result in a person losing their sense of meaning, purpose, and connection with their culture or community
- Traumatic experiences may cause an individual to question their religious beliefs

Idioms of distress

- It is important to note that the content discussed in this module is based on a Westernized framework for mental health and trauma
- Non-Western cultures and societies may use alternative ways to label and communicate feelings of distress, referred to as 'idioms of distress'
- Idioms of distress represent expressions and manifestations of distress in relation to personal and cultural meaning

Idioms of distress example - Cambodia

- Studies among Cambodian survivors of the Khmer Rouge regime identify an idiom of distress called '*baksbat*'
- *Baksbat* translates to 'broken courage' and is recognized as a formal cultural trauma syndrome
- *Baksbat* refers to a persistent fear that follows a distressing or life-threatening event, suggesting that people who suffer from this condition will never regain their previous level of calm, functioning, or courage
- Symptoms include a lack of trust in others, submissiveness, feeling fearful, and being 'mute and deaf'



This file is licensed under the [Creative Commons Attribution 2.0 Generic](#) license.
Pictured: 3 survivors from the secret Khmer Rouge prison S21 where at least 12,273 people were tortured and executed.

Study participants contextualized *baksbat* within the sociopolitical context of feeling powerless in an authoritarian society, thinking too much about the events of the genocide, and fearing that a similar situation could occur again

Idioms of distress cont.

- Idioms of distress have refined the global understanding of psychological, social, and somatic expressions of distress and mental illness, while providing a blueprint for researchers and clinicians across countries to account for the phenomenology of distress in specific cultural settings
- A culturally sensitive practitioner would need to not only translate the idiom of distress, but also understand the social and historical context of the term that communicates the expected symptomology and perceived cause of the symptom
- Understanding illness as an idiom of distress can improve empathic connections, clinical compliance, and the overall healing experience in a way that is culturally congruent for the individual

Case study

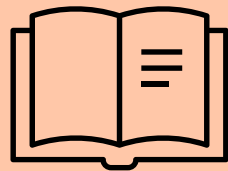
Reflective questions:

- What factors influenced Reem's decision to flee her home?
- How did the threat to her safety in Afghanistan impact her adjustment to the United States?
- How do you see the occurrence of ongoing postmigration trauma exacerbating her existing symptoms?

Scenario:

Reem was 20 years old when she fled Afghanistan in fear for her family's safety and avoidance of a forced marriage to a Taliban soldier. Upon arrival in the United States, Reem exhibited significant hypervigilance when out in public, frequently observing her surroundings and avoiding crowded places. Despite being a successful physician in Afghanistan, Reem's father struggled to find well-paying employment and required Reem's contribution to the family's income. During her commute to work, Reem often received glaring looks from strangers and was accosted and called slurs on numerous occasions. Reem experienced a decline in energy and felt tired and dizzy throughout the day. Reem started to isolate from her family, spending most of her time in her room and withdrawing from her usual participation in Friday prayer.

Additional resources:



Further reading

- The Body Keeps the Score – Bessel van der Kolk
- Solito: A Memoir – Javeir Zamora
- Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing Your Practice – Jennifer Mullan
- Donovan et al., (2022). Repercussions of ACEs and Immigration-related Trauma on Latinx Communities in Western North Carolina

Media and videos

- The Wisdom of Trauma – Gabor Maté
- How We Can Bring Mental Health Support to Refugees - Essam Daod

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Module 2

Ecological and Family Systems Model: An Introduction to Intergenerational Trauma

1

**Social ecological
model of health**

3

**Defining intergenerational
trauma**

5

Emerging research

2

Family systems theory

4

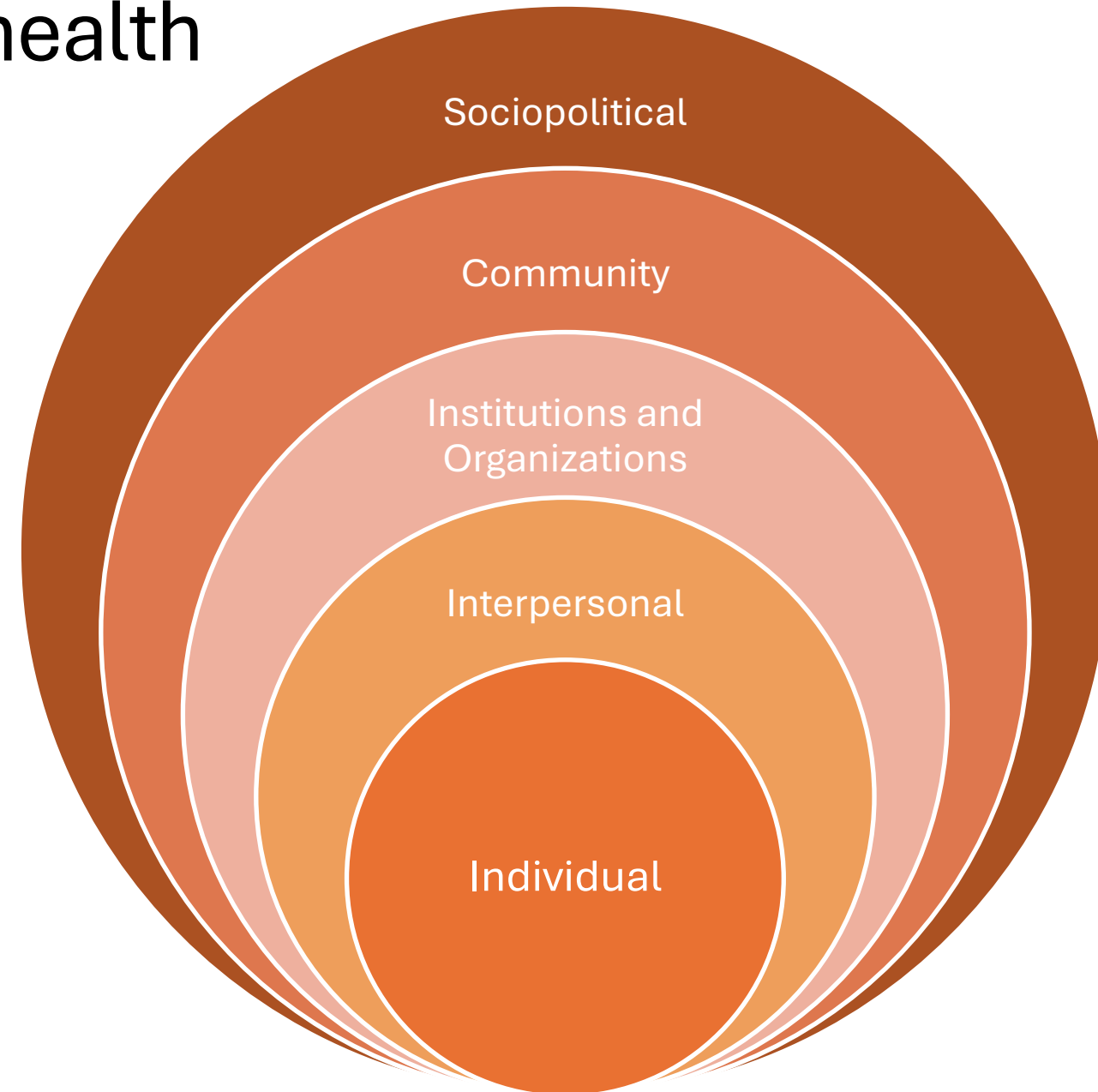
**Intergenerational
trauma background**

LEARNING OBJECTIVES:

- Receive an introduction to the social ecological model of health
- Define family systems theory
- Compare the background of intergenerational trauma research to emerging research today

Social ecological model of health

- The social ecological model is a broad framework for understanding health and health behaviors that considers the complex interactions between individuals and their environments
- Acknowledging the intersection between a person's identities and their position in surrounding social systems allows for a holistic understanding of health
 - Individual- a person's knowledge, attitudes, beliefs, and behaviors
 - Interpersonal- family, peers, social networks
 - Institutional- organizations, schools, workplaces, health systems
 - Community- neighborhoods, resources
 - Sociopolitical- social and cultural norms, and local and federal policies



Family systems theory

- Throughout this module series, we will focus predominantly on the interpersonal level of the social ecological model of health when discussing the family unit.
 - However, no ecological level acts in isolation- all ecological levels interact with one another and contribute to a holistic understanding of symptom presentation
- Family systems theory describes human functioning based on the interactions between people within a family, and the context(s) in which that family is embedded
- Family systems theory can be used to understand how the well-being of one family member impacts the functioning of other members through the study of intergenerational trauma

What is intergenerational trauma?

- Research shows that trauma experienced by a parent or caregiver can be passed down to their children without the child having directly experienced the traumatic event themselves
- Trauma can be transmitted to second and third generations and so on

Background of intergenerational

Research on intergenerational trauma has historically focused on offspring of Holocaust survivors

Among Holocaust survivors and their descendants, studies have found:

- Higher levels of depressive symptoms, posttraumatic stress, anxiety disorders, attention deficiency, and greater perceptions of taking on parental pain and burden
- Development of behaviors that mirror parental traumatization including fear, mistrust, and hypervigilance toward anticipated disaster
- Parenting styles that encompass dysfunctional communication and impaired family functioning

Braga et al. *BMC Psychiatry* 2012, **12**:134
<http://www.biomedcentral.com/1471-244X/12/134>



RESEARCH ARTICLE

Open Access

Transgenerational transmission of trauma and resilience: a qualitative study with Brazilian offspring of Holocaust survivors

Luciana Lorens Braga^{a*}, Marcelo Feijó Mello^{a†} and José Paulo Fiks[†]

EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2019, VOL. 10, 1654065
<https://doi.org/10.1080/20008198.2019.1654065>



EUROPEAN JOURNAL OF
PSYCHO-
TRAUMATOLOGY
The scientific journal of the International Society for Traumatology



REVIEW ARTICLE

OPEN ACCESS

Intergenerational consequences of the Holocaust on offspring mental health: a systematic review of associated factors and mechanisms

Patricia Dashorst^a, Trudy M. Moore^{b,c}, Rolf J. Kleber^{b,c}, Peter J. de Jong^d and Rafaele J. C. Huntjens^d

Intergenerational transmission of trauma: Holocaust survivors, their children and their children's children

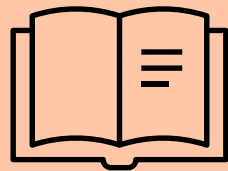
Author: C. Fred Alford

(Sangalang & Vang, 2017); (Braga, Mello, & Fiks, 2012)

Emerging research

- Findings among Holocaust survivors cannot be generalized to contemporary forcibly displaced groups as each population is likely to have distinct and unique experiences of trauma
- One suggested approach to evaluation and study of intergenerational trauma is the use of a culturally enhanced bioecological model to understand unique cultural components of the meaning of trauma and subsequent parenting behaviors
- Research on the transmission of trauma among refugees, asylum seekers, and survivors of forced displacement is emerging and informs the basis of the remaining modules in this series

Additional resources:



Further reading

- Children of the Holocaust - Helen Epstein

Media and videos

- What is Generational Trauma? <https://www.youtube.com/watch?v=sxiT7Ddd2Ts>
- Bown Family Systems Theory <https://www.youtube.com/watch?v=-GK7LaT5rxY&t=69s>

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Module 3

The Consequences of Parental Trauma on Child Psychological Adjustment

①

**Child psychosocial
functioning and
adjustment**

③

Externalizing problems

⑤

**Coping behaviors and
worldviews**

②

Internalizing problems

④

School performance

⑥

Case study

LEARNING OBJECTIVES:

- Define child psychosocial functioning
- Understand how parental trauma impacts child psychosocial functioning
- Elaborate on adverse mental health outcomes experienced by children of parents who have experienced trauma

Child psychosocial functioning

- Mental health outcomes among children are often conceptualized according to their capacity for psychosocial functioning and adjustment
- In child psychology, psychosocial function refers to the ability of a child to adapt to their surrounding environment
 - Adaptive ability implies the child has sufficient resources to respond adequately to the demands of the environment and achieve his or her objectives



Child psychosocial functioning and parental trauma

- Experiences of emotional distress can inhibit psychosocial functioning and increase difficulty for a child to:
 - Tolerate unexpected changes to their environment
 - Accurately interpret social interactions
 - Identify and regulate their emotions
- Parental trauma can lead to adverse mental health outcomes among children, including increased emotional distress
- Measures of psychosocial functioning and emotional distress are often characterized as follows:
 - Internalizing behaviors
 - Externalizing behaviors
- We will elaborate on the impact of parental trauma on these two categories

Internalizing problems

- Parental trauma has a significant impact on the development of internalizing problems among migrant children
- Internalizing problems refer to emotional symptoms and expressions
 - Includes an increase in depressive symptoms, secondary traumatic stress, anxiety disorders, attention deficiency, psychosocial stress, and social withdrawal
- Emotions and inner states experienced can be horror, fear, sadness, shame, anger, stress and anxiety, and low self-worth



Photo by Mikhail Nilov: <https://www.pexels.com/photo/boy-in-black-and-white-long-sleeve-shirt-sitting-on-green-leather-couch-7929429/>

(Mathieson et al, 2008); (Bezo & Maggi, 2015); (Bryant et al., 2018)

Internalizing problems cont.

- Higher rates of secondary traumatic stress and posttraumatic stress disorder (PTSD) have also been found among migrant offspring even when the children have not experienced the traumatic event directly themselves
- Some studies found an association between posttraumatic stress in refugee mothers and an increased use of psychiatric services by children
- Children of traumatized parents might also develop increased feelings of guilt and high levels of empathy and identification with their parents' suffering

Externalizing problems

- Parental trauma also increases the risk of children developing externalizing problems
- Externalizing problems refer to a grouping of behavior problems that are manifested through children's outward behaviors and reflect the child negatively acting on the external environment
- Externalizing problems among migrant offspring can include:
 - Disruptive, hyperactive, and aggressive behaviors
 - Conduct problems
 - Social hostility
 - Peer conflict

School performance

- Children exposed to parental posttraumatic stress are also at higher risk of performing poorly in school via:
 - Lower-than-average grade point average
 - Less likelihood to be eligible for and advance to higher education
- Poor school performance can lead to concerns with later-life mental health outcomes

(Berg et al., 2022a)



Photo by energpic.com: <https://www.pexels.com/photo/woman-sitting-in-front-of-macbook-313690/>

Survival after trauma

- Many people who have experienced trauma navigate the world from a place of survival and may develop strategies as a response to pain and fear in the aftermath of a traumatic event
- Living in survival mode involves a constant need to focus on survival and self-preservation that precludes the ability to live in the present and enjoy life
- The language we often hear to describe these survival strategies is "maladaptive," meaning the method(s) a person uses to attempt to address feelings of distress and pain is unhealthy and potentially harmful
 - Examples of "maladaptive" survival strategies may include risky health behaviors such as substance and alcohol misuse, self-harm, or additional behaviors that increase an individual's vulnerability to situations of high risk and additional trauma exposure
- Children who have not experienced trauma directly can still learn and develop these behaviors and worldviews resembling those of the traumatized parent

Children learn to perceive the world with self-protection and survival at the forefront, and adopt coping behaviors that may lead to adverse outcomes

Worldviews

- Viewing the world as unsafe
- Stigma about mental health
- Hypervigilance in anticipation of disaster or harm
- Social hostility
- Indifference towards others

Behaviors

- Alcohol and substance misuse
- Avoidance of help seeking
- Stockpiling food
- Risky health behaviors

Case Study

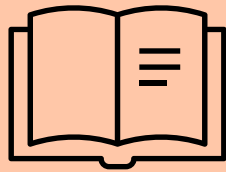
Reflective questions:

- What emotions and inner states does Anthony exhibit?
- How does Anthony project these feelings?
- What possible mental health outcomes is Anthony at risk of developing further?

Scenario:

Anthony was born in the United States after his parents fled poverty and political unrest in Venezuela. At 12 years old Anthony was experiencing an increase in suspensions from school due to getting into physical altercations with peers. Anthony feels hopeless about things working out for him in the future and he feels guilty that he is not meeting his parents' expectations for moving to this country to give him better opportunities. Anthony engages in self-harming behaviors and is currently being evaluated for an inpatient hospitalization admission.

Additional resources:



Further reading

- The Immigrant Paradox in Children and Adolescents: Is Becoming American a Developmental Risk? - Cynthia Garcia Coll & Amy Kerivan Marks

Media and videos

- Internalising and Externalising Behaviours – KidsMatterAustralia

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Module 4

Psychosocial Mechanisms of Parental Trauma Transmission

①

Nature vs. Nurture

③

Parent-child dyad

⑤

Family stressors

②

Severity of trauma symptoms

④

Social learning

⑥

Case study

LEARNING OBJECTIVES:

- Differentiate between biological and psychosocial mechanisms of trauma transmission
- Describe impacts of parental trauma symptomology
- Elaborate upon the influence of the parent-child dyad on trauma transmission
- Utilize a socioecological framework to discuss the role of systems and structures on intergenerational trauma

What are mechanisms of trauma transmission?

- Now that we have reviewed the consequences of parental trauma on children, we will explore why and how these outcomes are occurring
- Mechanisms of trauma transmission refer to processes or events that drive, amplify, or buffer against the transmission of parental trauma and the development of adverse outcomes among children



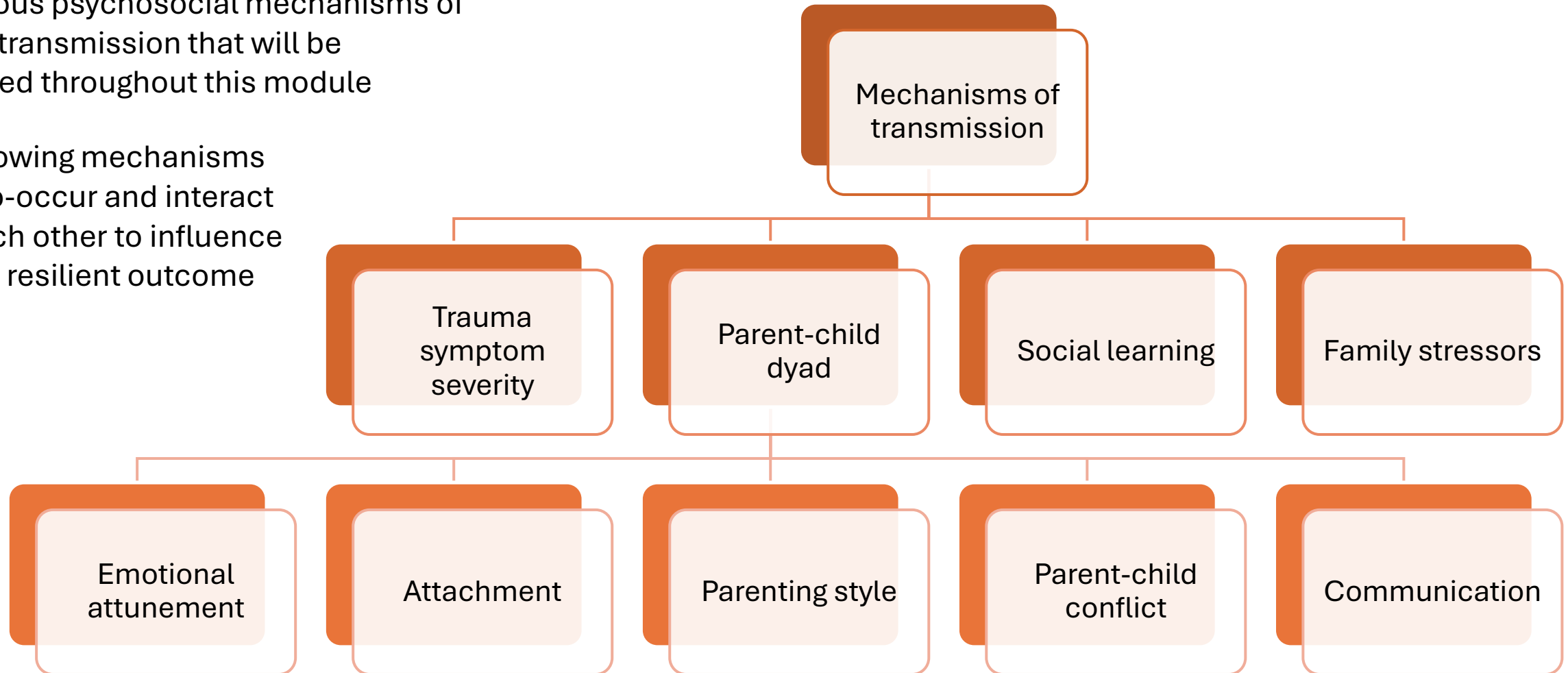
Nature vs. Nurture

- A common approach to understanding human development falls within the nature vs. nurture debate
 - Nature refers to our genetics and hereditary factors as a primary influence of our development
 - Nurture considers the impact of environmental variables including the social context and interpersonal relationships among which we live
- Intergenerational trauma transmission can be explained by nature through the study of epigenetics and the way trauma alters and modifies gene expression
- Intergenerational trauma transmission can also be explained by nurture through the understanding of psychosocial mechanisms of trauma transmission
- While the transmission of trauma across generations occurs through an interplay between both nature and nurture, this module will focus on psychosocial mechanisms of trauma transmission

Psychosocial mechanisms of parental trauma transmission

This flowchart provides an overview of the various psychosocial mechanisms of trauma transmission that will be discussed throughout this module

The following mechanisms often co-occur and interact with each other to influence risk and resilient outcome



Severity of parental trauma symptoms

- The severity of a parent or caregiver's trauma symptoms, not the actual trauma exposure, has been found to influence the transmission of parental trauma to subsequent generations
- Higher levels of parental posttraumatic stress and PTSD symptoms are associated with adverse child mental health outcomes

Researchers have identified 3 PTSD symptom clusters for refugees- Each of these components of parental PTSD symptomology have various disruptive effects on children's psychosocial adjustment (East et al., 2018)

Depressed mood

Categorized by melancholic thoughts, feelings, and anhedonia

Can interfere with parents' emotional engagement, playful interactions, and verbal responsiveness toward their child

Withdrawn/ Detached

Involves avoidance of activities with others, alienating oneself from social interactions, and anxious behaviors

Withdrawal and detachment in the context of the parent-child dyad might signal indifference to the child

Volatility and Panic

Includes angry outbursts, panic attacks, and irritability

Often takes the form of punitive parenting

Parent-child dyad

Trauma compromises a person's capacity for emotion regulation, mentalization, and other skills that are important to cultivating meaningful and reciprocal relationships

The way trauma impacts the relationship between a parent and a child is identified as one of the most significant mechanisms of trauma transmission

(Flanagan et al., 2020)

01 EMOTIONAL ATTUNEMENT

02 PARENTING STYLES

03 PARENT-CHILD CONFLICT

04 INTRAFAMILY COMMUNICATION

Emotional attunement

Emotional attunement refers to the ability for parents to:

- 1) Recognize
- 2) Understand
- 3) Meet the needs

expressed through their child's display of emotions



Licensed by CCO - Close up of child in parental affectionate hug

1

Recognize

- **Reflective functioning** refers to the ability for a parent to step back from their own experiences in order to **recognize** the emotional experiences of their children
- Trauma can influence a person's capacity for reflective functioning
- Ex. In a study of refugee mothers with children born of conflict-related sexual violence, there were lower levels of reflective functioning capabilities compared to a control group of mothers

2

Understand

- Once a parent can recognize the emotional response of their children, **parental sensitivity** refers to their ability to **understand** the underlying needs communicated through their child's distress
- Less sensitive parents may not accurately interpret their child's display of emotions, and thus respond in ways that reinforce undesirable behavioral strategies
- PTSD symptom level is significantly associated with parental sensitivity toward children



PTSD symptom



Parental sensitivity

3

Meet the needs

- When a child can reasonably anticipate that his or her **needs will be met**, they will feel secure with their caregiver
- Parents who are sensitive and accurately respond to their child's display of emotions are creating a **secure dyadic attachment**
- Decreased emotional attunement of traumatized parents may cause children to develop an insecure or disorganized attachment style

Emotional attunement and trauma among migrant parents

- Overall, traumatized parents living in survival mode may have reduced capacity to consider their children's perspective and interpret their thoughts and feelings accurately
- Feelings of uncertainty and despair regarding the asylum process are identified by some migrant mothers as a challenge to directing their attention towards anything else including their child's needs
- Mothers who have been displaced from their homes leave behind the support of extended family members who, in many cultures, assist with childcare
 - Constant time with their child can lead to enmeshed mother-child relationships and may create a blurring between the mother and child's needs, with the potential for lower reflective functioning and parental sensitivity



Migrant Mother, alternative version (LOC fsa.8b29523)
- PICRYL - Public Domain Media Search Engine Public
Domain Search

Parenting styles

- Interactions between parent-child dyads are largely dependent on the parenting style, or the approaches a parent uses when engaging with and raising their child
- Various parenting styles have been suggested as potential mechanisms of trauma transmission including:
 - Harsh/hostile parenting
 - Overprotective parenting
 - Role-reversal parenting or "parentification"

Harsh/hostile parenting

- Research has found parental PTSD levels or psychological distress to be predictive of harsh parenting and reduced warm parenting
- One harsh or hostile parenting scale refers to factors such as negativity, use of physical discipline, and rigid enforcing of rules
- Other sources define hostile parenting to involve behaviors that are violent, aggressive, and include profanity and threats
- Some parents described difficulty containing their own frustration and agitation, or could not tolerate their children's demands, and thus projected their aggression onto their children

(Bryant et al., 2018); (Flanagan et al., 2020)

Parenting Scale

18. When my child misbehaves, I spank, slap, grab, or hit my child...

never or rarely. 1 2 3 4 5 6 7 most of the time.

25. When my child misbehaves...

I rarely use bad language or curse. 1 2 3 4 5 6 7 I almost always use bad language.

28. When my child does something I don't like, I insult my child, say mean things, or call my child names...

never or rarely. 1 2 3 4 5 6 7 most of the time.

Note. Items from "The Parenting Scale: A Measure of Dysfunctional Parenting in Discipline Situations," by D.S. Arnold, S.G. O'leary, L.S. Wolff and M.M. Acker, 1993, *Psychological Assessment*, 5, p.140. Copyright 1993 by the American Psychological Association, Inc.

Overprotective parenting

- Due to adaptive hypervigilance and perceptions of the world as unsafe, parents who have experienced trauma may become overprotective toward their children in attempts to shield them from such dangers
- An overprotective parenting style might discourage independence, interfering with the development of a child's autonomy

Parentification

- Parentification refers to a role reversal in which children display care-giving behavior toward their parents and take on adult responsibilities out of need or ability
- This parenting style is framed as an often indirect and unintentional outcome to one's circumstances
- [Mind-Fully Healing](#) is a podcast by licensed trauma and anxiety therapists, Micheline Maalouf and Nadia Addressi. This episode dives deeper into parentification and specifies how it might show up in immigrant families.

Parentification among immigrant families

- Immigrant families often experience changes in family roles and obligations after displacement that involve increased dependence on children
 - Children of a younger age tend to acculturate faster than parents upon arrival to the U.S. due to socialization and language development in school settings
 - Therefore, children often take on the role of cultural broker and mediator between the family and the host society due to their ability to navigate the systems and language
 - Ex. It is not uncommon for immigrant children to support their families with adult responsibilities such as paying bills, communicating with the school, translating documents, etc.
- Financial barriers and economic exclusion are frequently experienced by immigrant families, making the need to contribute to the household income an added responsibility and obligation taken on by children

Emotional parentification

- Emotional parentification refers to children taking care of the emotional needs of the parent
- When parental trauma symptoms are acute, children may respond by caring for them in a way that mirrors typical parental caregiving behavior such as offering food, comfort, or physical proximity
- Children may become burdened by a sense of responsibility for the emotional welfare of the parent at the expense of his or her own needs

Parent-child conflict

- Adverse mental health outcomes among children are associated with higher levels of parent-child conflict
- Research shows that problems in parent-child relationships stemming from parental trauma may escalate further due to dissonant acculturation, or a lack of shared culture between immigrant parents and children born in the resettled country
- Culture influences an individual's expectations, values, and practices
 - Therefore, cultural differences between parents and children may lead to disagreements over expectations such as the value of cultural preservation, obligations/responsibilities, child autonomy, etc.
- While a lack of shared language, values, and culture may cause disputes to occur and escalate, language barriers were also noted to hinder conflict resolution, making it difficult to communicate and understand differing perspectives

Intrafamily communication

- How and when parental trauma history is told to children can influence the transmission of trauma between generations
- Various communication styles have been found to influence intergenerational trauma transmission
 - Unfiltered communication
 - Open communication
 - Silence and secrecy

(Dalgaard et al., 2016)

Photo by cottonbro studio:

<https://www.pexels.com/photo/elderly-woman-talking-to-her-grand-daughter-5585288/>



Unfiltered communication

- Represents disclosures that are accidental rather than made through a conscious pattern of communication
 - For example, parents may openly discuss their traumatic experiences when their children are within hearing range
 - Research has shown that contradictions between a child's implicit knowledge of the past and the parent's explicit perception of what the child knows is associated with insecure attachment and feelings of ambiguity and uncertainty in the children

Silence and secrecy

- Many parents have trouble thinking or talking about the past, while others may have a desire to shield their children from knowledge of their traumatic experiences to avoid exposing them to the trauma
 - Often immigrant youth may observe their parents' reluctance to talk about their trauma, leaving them decontextualized from their family and community, and impacting their identity development

Open communication

- Open communication about traumatic events from the past is associated with anxiety in children with direct trauma exposure, and children 12 years old or younger

Modulated disclosure

- Modulated disclosure is an adaptive form of communication
 - Refers to a style of communication where the amount of disclosure and open communication is adapted to be developmentally appropriate for the child
 - Parental sensitivity to the child's cognitive and emotional needs is seen as more important than the content of which is disclosed
 - In families where both parents provided age-appropriate reasons and meanings to past trauma, children suffered less from PTSD and psychological distress, and family relationships were strengthened
 - While some level of disclosure and open communication between parents and children may be universally beneficial, a modulated approach can be culturally embedded, and thus vary across cultures while still having the same adaptive qualities

Social learning

- Social learning is a critical factor throughout child development that informs a child's construction of the world around them and the means through which to navigate their surroundings
- Children learn methods of communication, emotional expression, how to acquire their needs, and displays of love as they are modeled to them
- Children may observe and imitate a traumatized parent's behaviors, worldviews and symptomology
 - Many research studies have examined intergenerational trauma through cycles of violence including the perpetuation of socially learned harsh parenting styles, intimate partner violence, and substance misuse
 - Ex. A mother's volatile trauma symptoms might model explosive behaviors for their children, predisposing their child to act out aggressively

Family stressors

- Resettled families experience various acculturation stressors that increase stress and tension within the family unit
 - Includes uncertainty about asylum status, language navigation, and social pressures to conform to a new culture while attempting to maintain values and traditions of the culture of origin
- Many acculturation stressors are reflective of present systems that place people in positions of structural vulnerability, or the way life opportunities are constrained within mutually reinforcing power hierarchies
 - Ex. Economic exclusion, hindered access to resources, social marginalization, and exploitation and discrimination
- Contributes to feelings of helplessness, hopelessness, and a lack of autonomy and dignity

Case Study

Reflective questions:

- What mechanisms of trauma transmission do you see in this scenario?
- How has the mother's trauma impacted the parent-child relationship with Camila?
- What adverse outcomes is Camila at risk of developing?
- How might Camila pass her mother's trauma onto her own children?

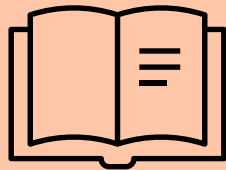
Scenario:

Camila grew up witnessing significant domestic violence between her parents. Camila now lives with her mother and younger sister after her mother left her father; however, the family still experiences unexpected visits from the father when he is under the influence of alcohol. Camila often helps get her sister ready for school and cooks for the family. Camila's mother experiences intrusive flashbacks and describes to Camila the details of the abuse that she experienced by her husband while Camila comforts her until she calms. Camila's own consumption of alcohol has increased recently, and she has sought out romantic relationships with men who are coercive and controlling.

An important note:

- Exploring the consequences and mechanisms of intergenerational trauma has provided an understanding of the risks that contribute to adverse mental health outcomes
- However, as we draw conclusions about these mechanisms of trauma transmission, it is crucial to emphasize that parents who have experienced trauma are not "bad" or inadequate parents, rather parenting in traumatizing and marginalized environments is difficult
- Protective factors can promote resilience and mitigate the transmission of adverse outcomes
- We value a focus on resilience through a strength-based lens to divert research publication and application away from perpetuating a deficit framework
- Please go to Module 5 to learn more about resilience and protective factors

Additional resources:



Further reading

- It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle - Mark Wolynn

Media and videos

- What We Carry for Our Ancestors: Intergenerational Healing - Serene Thin Elk

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Module 5

Resilience and Protective Factors

①

Introduction

③

Family resilience

⑤

Social/cultural protective factors

②

Individual resilience

④

Structural protective factors

⑥

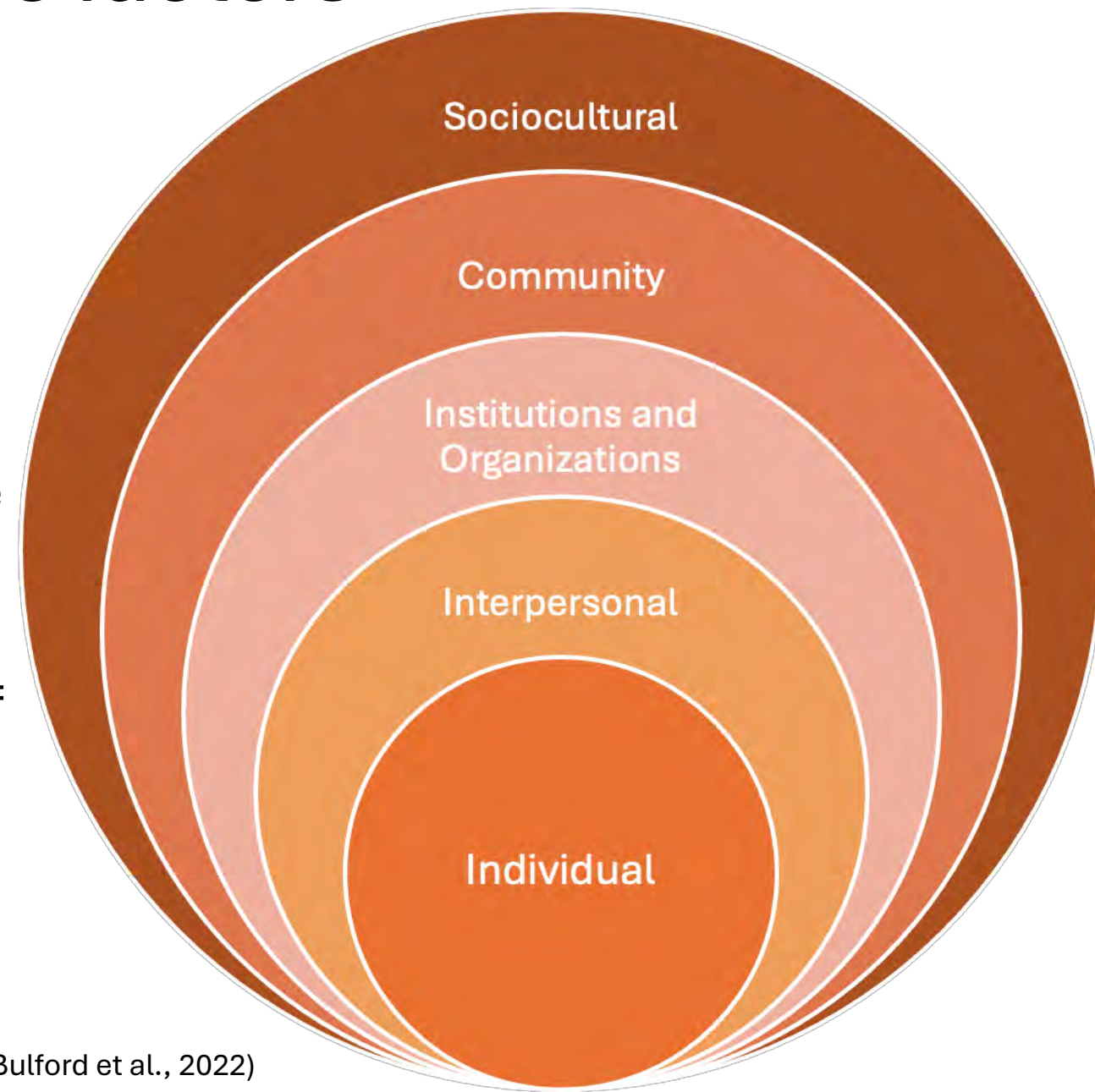
Case study

LEARNING OBJECTIVES:

- Define resilience
- Discuss protective factors across all ecological levels
- Reflect on opportunities to apply content discussed

Resilience and protective factors

- Exploring the consequences and mechanisms of intergenerational trauma has provided an understanding of the risks that contribute to mental health consequences; however, protective factors can promote resilience and mitigate the transmission of adverse outcomes
- Resilience- the ability of an individual to withstand the effects of stressful events that would ordinarily lead to pathology
- Pathways to resilience exist across all socioecological levels



Individual resilience

- Individual resilience refers to a person drawing on sources of strength from within themselves
- Personal strategies for managing stress and promoting well-being might include reading, listening to music, meditation, and gardening
 - Participation in creative processes like art and literature
 - Expressive writing in the form of poems, literary pieces, stories, songs, and books give meaning to ruminating thoughts, experiences of trauma, and emotional distress, and are used as coping mechanisms to ease stress
- Meaning making related to motherhood/fatherhood can also be a protective factor
 - Spending time with children has been reported to alleviate or reduce trauma symptoms
 - Parenthood is empowering and a source of strength and purpose
 - Trauma recovery involves restoring a sense of identity and meaning and studies suggest this meaning might come from parenthood

Family resilience

Adaptive family functioning, including family flexibility and cohesion, is associated with intergenerational resilience

Family flexibility

- Both stability and change are necessary in healthy family relationships
- A flexible or structured family dynamic includes shared leadership, democratic discipline, stable roles with potential for role-sharing, change when necessary, and balance

Family cohesion

- The level of emotional bonding between family members is measured by family cohesion
- Refers to a sense of belonging, a sense of togetherness, and a sense of hope and meaning in life
- Includes a balance between family members' independence and their togetherness - important for maintaining healthy relationships

Institutional and structural protective factors

- To counter the impact of acculturation stressors and structural vulnerability on the family unit, successful resettlement would require comprehensive structural resources and support from the resettlement countries so that immigrant families can exist safely without experiences of ongoing trauma
- Resource availability and environmental conditions are important factors in the process of trauma recovery, and increase pathways to resilience
- A trauma-informed approach to working with people from immigrant and refugee backgrounds emphasizes safety, including advocating for access to basic needs, reducing barriers to service access, and taking steps to optimize physical, emotional, and cultural safety in institutional settings like healthcare
- Health and social care services aiming to improve immigrant mental health should build upon or integrate interventions into existing sources of support already utilized by immigrant families



Khmer Girls in Action-

Like a lotus, we rise

- Some organizations have been developed to assist and empower immigrants to expand their own understanding of, and solutions to, structural forces threatening their well-being
- Khmer Girls in Action (KGA) is a Southeast Asian American women-led organization engaged in healing justice work that involves a focus on transforming institutions that contribute to health inequities, as well as psychological, spiritual, and emotional healing caused by structural oppression
- KGA programs advance the political education of youth leaders to identify root causes of intergenerational trauma and structural violence, and to use this civic and political power to advocate for resources supporting health equity

Photo by Ilo Frey: <https://www.pexels.com/photo/selective-focus-photography-of-red-waterlily-flower-in-bloom-2302908/>

(Lin,

Social protective factors

- A significant benefit of structural support and programs is the opportunity to facilitate social connectedness and belonging
- Addressing structural and social marginalization would connect families to wider sources of social support
- For many immigrant families, meaningful social support includes peer and community support and a large family network in the resettled country
- According to research studies, less social support is related to higher PTSD symptom levels, while increased social support is related to posttraumatic growth

Social networks: like-ethnic community

- Having a social network of people from the same cultural or ethnic community can also contribute to the well-being of immigrant families
- Ethnic social support has been identified as a protective factor because it provides immigrants who experience mental health challenges an opportunity to relate to others- can express emotions and share everyday difficulties of coping with cultural demands, academic difficulties and cultural conflicts
- The Southeast Asian Refugee Youth Project highlights the importance of having friends of a similar ethnic background to foster empathy and connection
- In another research study, immigrant fathers' number of native friends predicted better child mental health
- Access to a social network of members of the same ethnic community also increases the likelihood of support seeking behaviors from family, friends, and community members

Cultural protective factors

- Religion and spirituality are important sources of strength and community among many immigrant families
 - Temples and other sacred sites are often described as healing spaces that provide peace and solace, not only among people experiencing distress but also their families
- Participating in cultural practices, such as performing classical dance and wearing cultural attire, have been identified as a "critical form of healing that resists multiple layers of systemic erasure and [invisibilities]" often experienced through a pressure to assimilate to the dominant culture of the resettled country

(Parmer et al., 2023); (Maleku et al., 2022); (Lin, 2022)



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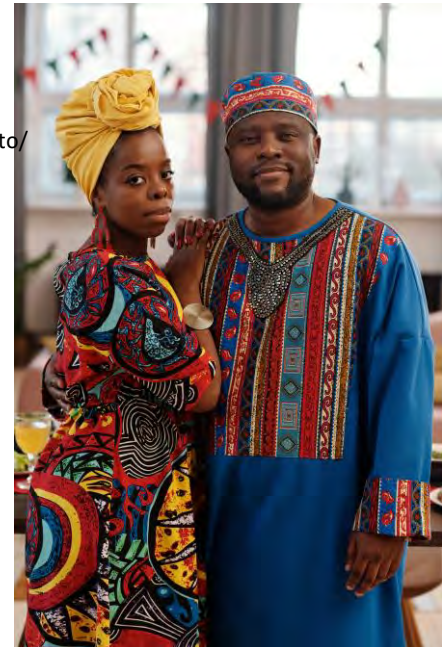


Photo by Askar Abayev:
<https://www.pexels.com/photo/photo-of-couple-wearing-traditional-clothing-6193436/>

Collective cultural identity

- Maintaining ties to one's ethnic identity can foster resilience
- Children of parents who maintain ethnic pride and cultural identity were found to perform better than children whose parents assimilate fully
- A strong cultural identity "encourages members to reflect on how they stand on the shoulders of their ancestors and their visions for collective thriving"
- Many families across cultures use the telling of stories and family narratives as a socialization tool to create and maintain individual and collective identity
 - Growth and resilience are possible when family and cultural narratives are framed in empowering ways
 - Empowering narratives focus on collective strengths, messages of hope and justice, and the integration of ethnic and individual identities

Case Study

Reflective questions:

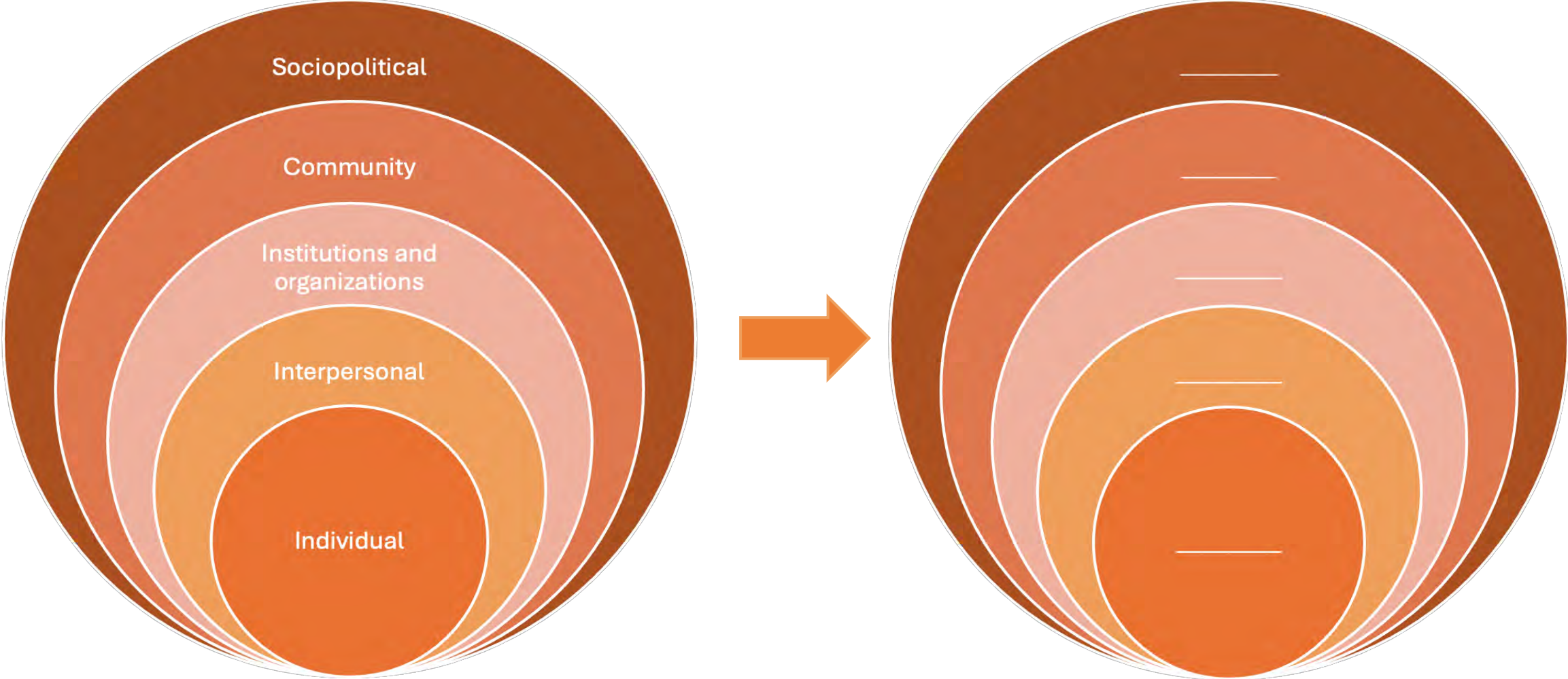
- How does Lucía's role as a mother impact her well-being?
- What protective factors do you see at each ecological level?
- How does the community that you live in contribute to your well-being? What do you think could be changed in your environment to better meet individual and collective needs?

Scenario:

In Mexico, Lucía experienced significant domestic violence by her partner, but felt forced to stay in the relationship because she had very little access to economic opportunities. When Lucía found out she was pregnant, she became motivated to seek a safer environment for her child and came to the United States to be reunited with extended family members. Lucía felt a sense of peace and in control when she left Mexico. When she arrived at her family's home, Lucía realized that they lived in a large Latino community where she could walk by markets selling familiar foods and ingredients; she attended church services; and she also had access to a parenting program where she learned how to read baby communication cues and understand child developmental stages. When Lucía's baby was born, her family members helped to care for the baby, allowing Lucía the ability to pursue employment opportunities. Lucía still experiences depressive symptoms at times, but when spending time with her baby Lucía is reflective about her pride in being a mom and being able to make helpful choices for herself and her child.

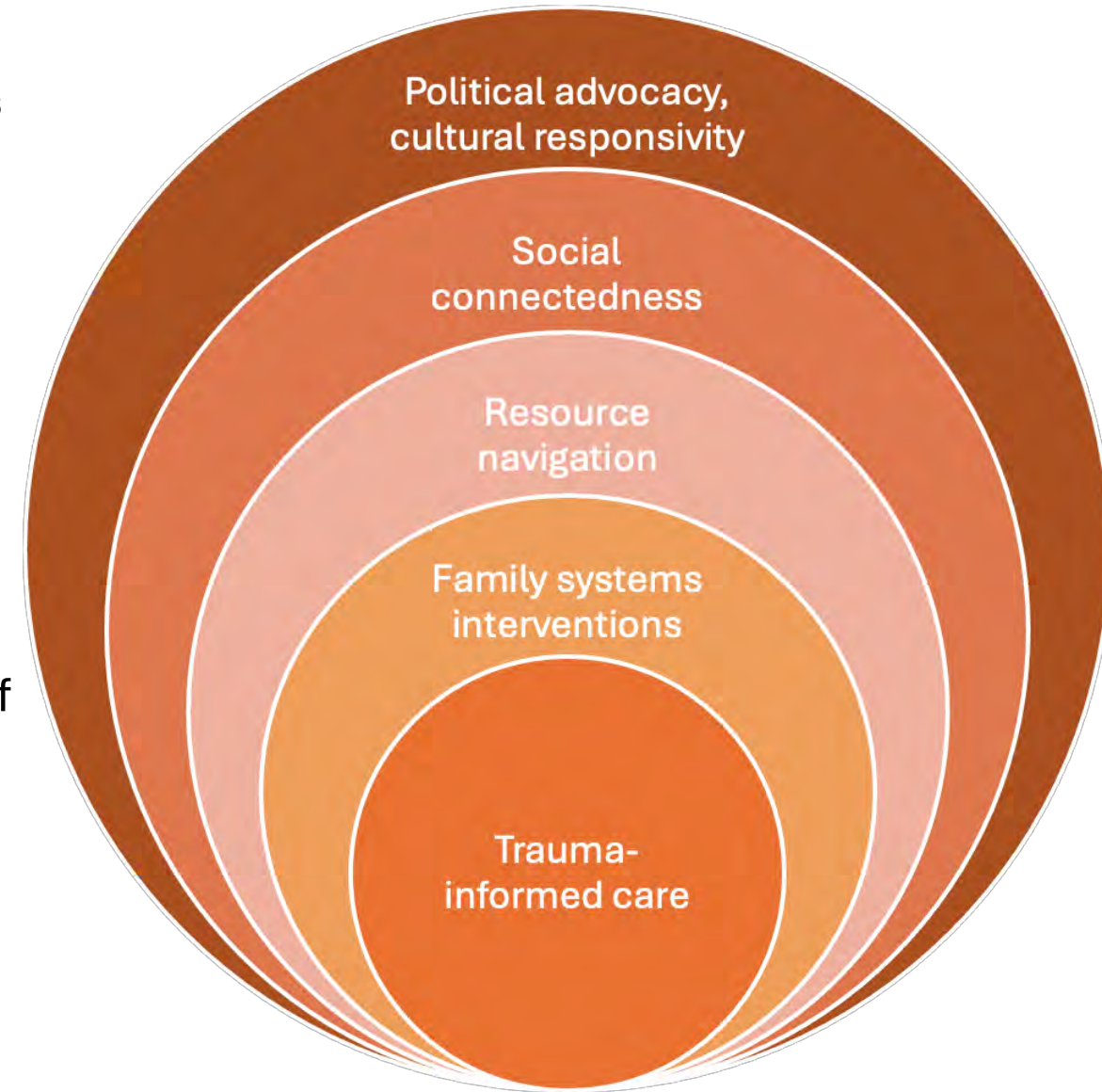
When the socioecological and interpersonal risks of trauma transmission are understood, future advocacy, interventions and research efforts can mitigate adverse outcomes.

Below, reflect on how the knowledge you have gained throughout these education modules can be applied to each ecological level to support pathways to resilience, empowerment, and healing:

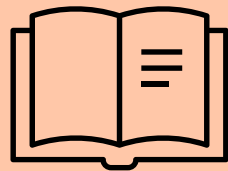


Application suggestions:

- Trauma-informed care
 - A strength-based, compassionate approach that fosters healing through safe and collaborative relationships
 - Understands the prevalence and impact of trauma and the complex paths to healing
 - Avoids re-traumatization
- Family systems interventions
 - Family therapy, parenting courses
- Resource navigation
 - Increase access to resources, opportunities and care
- Programs that support social connectivity and sense of belonging
- Political advocacy to address structural vulnerabilities
- Cultural responsiveness- delivering care that is congruent with an individual or family's cultural values, beliefs, and context



Additional resources:



Further reading

- Systems Thinking for Social Change: Practical Guide to Solving Complex Problems, Avoiding Unintended Consequences, and Achieving Lasting Results - David Stroh

Media and videos

- You Can Heal Intergenerational Trauma - Dr. Thema Bryant
- Healing Through Generations: Ancient Wisdom, Ancestral Healing and IFS Therapy in Treating Intergenerational Trauma Workshop – Daphne Fatter, Monique Lang & Tatiana Dávila

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