



INTERGENERATIONAL TRAUMA



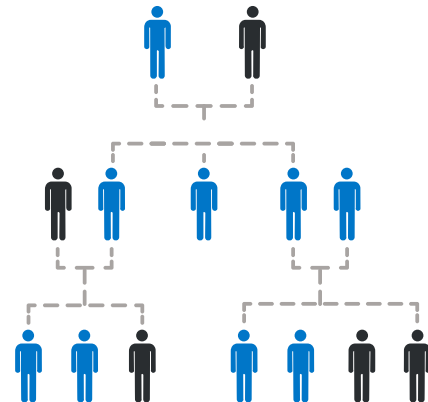
This document was created to provide information about intergenerational trauma, how it is transmitted between generations and the impact on young people. This tip sheet also discusses protective factors and strategies to help young people who are affected by this complex issue.

Introduction

Intergenerational trauma is when trauma that is experienced by one generation is transmitted to subsequent generations, ultimately affecting their health and well-being¹. The trauma can occur at a personal level (e.g. abuse) or a collective level (e.g. war).

Historical trauma is the intentional persecution of a specific population — for example, individuals with shared ethnic, religious, cultural or political background — by an out-group that results in a collective trauma²⁻³. Historical trauma is a type of intergenerational trauma.

Any traumatic experience can lead to intergenerational trauma. Examples of traumatic events include, but are not limited to, residential school experience, the experience of being a refugee and exposure to physical or sexual abuse.



Residential schools

- In Canada, over 150,000 Indigenous children and young people attended residential schools³. Established in the 1880s with the goal of “killing the Indian in the child”⁴, these schools ran until 1996³.
- In addition to forcing children to leave their families, attendees were forbidden from speaking their native language and maintaining cultural traditions³. Children were starved, neglected and in many cases experienced sexual, physical and emotional abuse⁴. The trauma experienced, including the loss of language, family, community and culture, still impacts Indigenous populations to this day⁵.

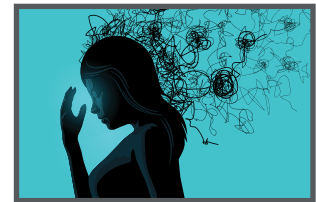


Refugee trauma

- War and persecution due to ethnic, religious or political affiliations may force individuals to seek asylum in other countries. Before and during migration, refugees may experience torture, imprisonment, assault, malnutrition and loss of property⁶.
- Even when refugees are resettled, they may be faced with a myriad of stressors such as family separation, housing difficulties, social isolation and harassment⁷.

Abuse, neglect and maltreatment

- Only a small percentage of parents who were abused as children go on to abuse their children. Rather, parents who were maltreated as children are at greater risk of engaging in damaging parenting behaviours that continue the cycle of intergenerational trauma⁸.



Trauma transmission

A history of trauma can impact parenting, family functioning and communication patterns between parents and their children. These parental factors can indirectly contribute to the intergenerational transmission of trauma.

- Parenting
 - Post-traumatic stress disorder in parents increases the likelihood that they will develop a role-reversing and rejecting parenting style⁹. Role-reversing is when parents excessively rely on their children to meet their emotional needs instead of turning towards another adult for support¹⁰. This parenting style is one pathway by which trauma can be transmitted to the next generation⁹.
 - Other parenting factors that increase the likelihood of trauma transmission include insecure attachment and diminished emotional availability in parents⁹.
- Family functioning
 - Family functioning is a term that encompasses marital problems, parent-child conflict, family cohesion and whether parents are involved in their child's life. Lower family functioning has been linked to intergenerational trauma⁹.
- Communication patterns
 - When parents are unaware that they are referring to past trauma when their children are present – either directly or indirectly – this is known as unfiltered speech. This is problematic because children are left to process what they have heard by themselves. Unfiltered speech is associated with insecure attachment, which increases the likelihood of trauma transmission¹¹.



Protecting against trauma transmission

Protective factors can prevent the intergenerational transmission of trauma. These factors include⁹:

- secure attachment, i.e. interacting with children in a sensitive and responsive manner
- high family functioning
- good peer and community support

Among refugees who have experienced trauma, large family networks in the new country and early integration into their new communities can also decrease the likelihood of trauma transmission⁹.

The impact of intergenerational trauma on young people

Mental health difficulties

Children in families affected by intergenerational trauma are at increased risk of developing anxiety and depression^{9,15}.

Psychosocial problems

Intergenerational trauma has also been linked to psychosocial problems, such as difficulties regulating emotions, hyperactivity, physical aggression and difficulties interacting with peers¹⁵⁻¹⁶.

Indigenous populations

Indigenous children whose parents attended a residential school are at greater risk for poor well-being than those whose parents did not attend³. These children are more likely to report suicidal thoughts, attempt suicide³ and have higher levels of depression¹². School difficulties are more likely, such as repeating a grade or experiencing learning difficulties¹³. Children are also more likely to be involved in the child welfare system¹⁴, and to experience abuse, neglect and household dysfunction¹².



Impact on parents

Young people whose parents have experienced trauma may struggle with their parent's health or mental health difficulties. Adults with past trauma experience are more likely to abuse substances, attempt suicide, experience depression and have poor health - leading to an increased risk of cancer and heart disease¹⁷.

Supporting young people

Intergenerational trauma is a complex issue; however, there are proven strategies for helping those who are affected by intergenerational trauma. Below are some strategies and discussion points to address intergenerational trauma with young people.

- Social support
 - Social support from family and friends can help young people develop resilience, which can lessen the impact of intergenerational trauma¹⁸.
 - Who is supportive in your life? How can they support you? Do you feel comfortable reaching out to them?
- Sense of belonging to one's community
 - It can be important for young people to relate to their community and experience their collective grief together. Being able to find their individual 'story' in the larger narrative of trauma can promote healing¹⁸.
 - What did your community experience? How do you fit into this story? How can you connect with your community?
- Public space for collective grief and remembering
 - This strategy is helpful for those affected directly or indirectly by a historical trauma event. Examples of public space include memorials, museums, public exhibits and holidays¹⁸⁻¹⁹.
 - Individuals can also create space in public forums to grieve and remember, for instance, by making a post on social media or creating and sharing artwork¹⁹.
 - Are there public spaces where you can remember and grieve? If not, how can you make space?
- National redress¹⁸
 - Unfortunately, very few populations have received apologies or compensation at the national level. Among those who have, national redress increased their willingness to discuss traumatic events in their past with their children²⁰.
 - While the young person cannot control whether the oppressors acknowledge their past wrongs, they may find it empowering to advocate for social justice.



Counsellors should be aware of secondary trauma, which is defined as the indirect exposure to trauma through a survivor's retelling of events²¹. Seeking support from supervisors or peers and making time for self-care activities can minimize the risk of secondary traumatization²¹.

Additional resources



Read more about trauma-informed care in a 2016 report by the [Substance Abuse and Mental Health Services Administration](#). See page five for information on preventing secondary traumatic stress in direct service providers.

References

1. Sangalang, C. C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant and Minority Health*, 19(3), 745–754. <https://doi.org/10.1007/s10903-016-0499-7>
2. Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338. <https://doi.org/10.1177/0886260507312290>
3. Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), 320–338. <https://doi.org/10.1177/1363461513503380>
4. Royal Commission on Aboriginal Peoples (RCAP). (1996). *Looking forward, looking back: Report of the Royal Commission on Aboriginal Peoples* (Volume 1). Ottawa, Canada: Communication Group.
5. Menzies, P. (2010). Intergenerational trauma from a mental health perspective. *Native Social Work Journal*, 7, 63–85.
6. Refugee Health Technical Assistance Center. (n.d.). Traumatic experiences of refugees. <https://refugeehealthta.org/physical-mental-health/mental-health/adult-mental-health/traumatic-experiences-of-refugees/>
7. International Bullying Prevention Association. (2020, February 27). Trauma is more than ACEs. <https://ibpaworld.org/blog/trauma-is-more-than-aces/>
8. Greene, C. A., Haisley, L., Wallace, C., & Ford, J. D. (2020). Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clinical Psychology Review*, 80. <https://doi.org/10.1016/j.cpr.2020.101891>
9. Flanagan, N., Travers, A., Vallières, F., Hansen, M., Halpin, R., Sheaf, G., Rottmann, N., & Johnsen, A. T. (2020). Crossing borders: A systematic review identifying potential mechanisms of intergenerational trauma transmission in asylum-seeking and refugee families. *European Journal of Psychotraumatology*, 11(1). <https://doi.org/10.1080/20008198.2020.1790283>
10. Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal*, 15(3), 217–223. <https://doi.org/10.1177/1066480707301290>
11. Dalgaard, N. T., Todd, B. K., Daniel, S. I. F., & Montgomery, E. (2016). The transmission of trauma in refugee families: associations between intra-family communication style, children's attachment security, and psychosocial adjustment. *Attachment & Human Development*, 18(1), 69–89. <https://doi.org/http://dx.doi.org/10.1080/14616734.2015.1113305>



12. Bombay, A., Matheson, K., & Anisman, H. (2011). The impact of stressors on second generation Indian Residential School Survivors. *Transcultural Psychiatry*, 48(4), 367–391. <https://doi.org/10.1177/1363461511410240>
13. First Nations Centre. (2005). *First Nations Regional Longitudinal Health Survey (RHS) 2002/03: Results for adults, youth, and children living in First Nations communities*. Ottawa, Canada: First Nations Centre.
14. Barker, B., Sedgemore, K., Tourangeau, M., Lagimodiere, L., Milloy, J., Dong, H., Hayashi, K., Shoveller, J., Kerr, T., & DeBeck, K. (2019). Intergenerational trauma: The relationship between residential schools and the child welfare system among young people who use drugs in Vancouver, Canada. *Journal of Adolescent Health*, 65(2), 248–254. <https://doi.org/10.1016/j.jadohealth.2019.01.022>
15. McDonald, S. W., Madigan, S., Racine, N., Benzies, K., Tomfohr, L., & Tough, S. (2019). Maternal adverse childhood experiences, mental health, and child behaviour at age 3: The all our families community cohort study. *Preventive Medicine*, 118, 286–294. <https://doi.org/10.1016/j.ypmed.2018.11.013>
16. Dalgaard, N. T., & Montgomery, E. (2017). The transgenerational transmission of refugee trauma: Family functioning and children’s psychosocial adjustment. *International Journal of Migration, Health and Social Care*, 13(3), 289–301. <https://doi.org/10.1108/ijmhsc-06-2016-0024>
17. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & 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. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
18. Hudson, C. C., Adams, S., & Lauderdale, J. (2016). Cultural expressions of intergenerational trauma and mental health nursing implications for U.S. health care delivery following refugee resettlement: An integrative review of the literature. *Journal of Transcultural Nursing*, 27(3), 286–301. <https://doi.org/10.1177/1043659615587591>
19. Liem, R. (2007). Silencing historical trauma: The politics and psychology of memory and voice. *Peace and Conflict: Journal of Peace Psychology*, 13(2), 153–174. <https://doi.org/10.1080/10781910701271200>
20. Nagata, D. K., & Cheng, W. J. Y. (2003). Intergenerational communication of race-related trauma by Japanese American former internees. *American Journal of Orthopsychiatry*, 73(3), 266–278. <https://doi.org/10.1037/0002-9432.73.3.266>
21. Zimering, R., & Gulliver, S. (2003). Secondary traumatization in mental health care providers. *Psychiatric Times*, 20(4).



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