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**Intergenerational Trauma — Legacies of Loss**  
**By Sue Coyle, MSW**  
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Multiple generations of families can transmit the damage of trauma throughout the years. Social workers must be aware of and detect the subtle and not-so-subtle effects on a family, a community, and a people.

In the 1930s and ‘40s, LaVerne Daisy Miller’s mother and her seven siblings were placed in foster care in New York City. Their experiences in these placements were unimaginable, Miller says. By the time they were adults leaving the foster care system, they were what many would call survivors.

However, surviving does not mean coming away unscathed. The experience of foster care left lasting impressions on Miller’s mother, aunts, and uncles. Miller saw firsthand the effects it had on her mother as a parent.

“She was hypervigilant,” Miller says. “She had a lack of boundaries and was really heavily involved in our personal lives in a way that a parent shouldn’t be. Her identity was all tied up in our successes and failures. For a long time, I didn’t know where my mother ended and I began.”

Her mother seemed to lack the ability to be openly affectionate and still does. “At 53, I will still ask my mother, ‘Why don’t you say you love me?’ She has a hard time expressing that.”

Miller, a lawyer and codirector of the Substance Abuse and Mental Health Services Administration–funded statewide Family and Consumer Network Technical Assistance Center, adds that she has begun to notice how the effects of her mother’s experiences have affected her own parenting. “I think one of my underlying struggles is my inability to express affection in an outward way,” she says. “I can send a note or a card or a mountain of cards.” But beyond the notes and cards, it’s difficult. “That impacts my son because I’m not available in ways he would like me to be.

“The other thing is that I’m often very overprotective,” she continues. “I don’t want him to hurt or experience the hurts that I have. Sometimes I overcompensate.”

Miller adds that her mother did the best that she could, and though she doesn’t say it, it’s evident that Miller has as well. However the effects of her mother’s experiences continue to affect Miller, Miller’s son, and potentially generations to come.

Miller and her family’s story is one of many examples of how trauma does not always dissipate in its effects but rather can trickle down from generation to generation. This type of trauma, called intergenerational or historical trauma, depending on its reach or scope, can affect a family, a community, or a people.

**Intergenerational Trauma**  
Intergenerational trauma affects one family. While each generation of that family may experience its own form of trauma, the first experience can be traced back decades.

“The people at the highest risk of trauma and those with the most difficulty working through it have experienced their own trauma but also have come from a family where there was a trauma in their parents and often in their parents’ parents,” says Stephanie Swann, PhD, LCSW, a private practitioner who owns and operates the Atlanta Mindfulness Institute. “Where trauma has been untreated, what is fairly common is that the untreated trauma in the parent is transmitted through the child through the attachment bond and through the messaging about self and the world, safety, and danger.”

Sarah Gardner, LCSW-C, director of clinical services for the Family Center at the Kennedy Krieger Institute in Baltimore, agrees: “What I focus on in the family is what happened in the grandparents’ or great-grandparents’ generation and how that affected the parenting in the next generation and how that affected the next generation and on and on down the line.”

Perhaps one of the most visible examples of intergenerational trauma can be seen in instances of sexual abuse. “I really got interested in intergenerational trauma during my MSW program,” says Lovie Jackson Foster, PhD, MSW, an assistant professor in the School of Social Work at the University of Pittsburgh. “I was working in a child sex abuse clinic and seeing that a lot of parents that would come in, most of them would be shocked to be there with their child. Part of the reason they were shocked was that they had been sexually abused and so they thought that this would never happen to their child because they would protect their child.

“What I found was that, in most cases, the parent was not the abuser but that the perpetrator was the same perpetrator,” she continues. “Some parents would see the perpetrator holding their child in a way that they could have known [was an initiation of abuse] because of their own experience. However, they could not act vigilantly because they often had symptoms of dissociation. They were virtually paralyzed by seeing it rather than being ignited to take action.”

Less visibly, intergenerational trauma also plays out in neglect and in the internal resources children gain or don’t gain as a result of their parents. “[These resources include] a general sense that the world is OK and a general sense that one is able to trust oneself and one’s perception of reality. There is an ability to connect with other people and receive support, to trust that there are people in the world that want what’s best for you,” Swann says. Not having this ability or these resources will affect not only how a person interacts with others but also how he or she interacts with events that are potentially overwhelming to the psyche. And each interaction affects not just the individual, but the next generation as well.

“One of the major barriers to interrupting intergenerational trauma is that very few [in previous generations] have gotten any kind of help,” Foster says.

**Historical Trauma**  
On a larger scale is historical trauma. “They are really very similar,” Foster says of intergenerational and historical trauma. “I think, though, that people talk about historical trauma from a communal perspective vs. intergenerational trauma, which may be talked about more so in a family. I think that’s the biggest difference.”

“Historical trauma is related to a genocide of a people, where some major event is aimed at a particular group because of their status as an oppressed group,” says Mary Ann Jacobs, PhD, an associate professor and the chair of American Indian studies at the University of North Carolina at Pembroke. “It could be a war; it could be cultural, such as when a people’s language is banned and they are not allowed to speak or print it. It could be the desecration of monuments, such as graveyards and other sacred sites. Any of those events that have to do with ignoring the humanity of a group and having that part of social policy, be it formal or informal, where it’s not a crime to do that.”

The events and experiences most commonly associated with historical trauma include slavery, the experiences of the American Indians after European colonization, and the Holocaust. However, historical trauma is not relegated to these three alone, Jacobs notes. “You can look at acts around the world, acts in Rwanda, the Balkan wars, wherever you see a particular group being oppressed,” she says. And someone can look back even further at the traumas Europeans experienced and brought with them to the Americas, she says.

Like intergenerational trauma, the effects of historical trauma are far reaching. While they may begin with slavery in the colonies, for example, they can persist today.

Foster, who works within the African American community in Pittsburgh, constantly sees the effects of historical trauma. “Historical trauma has morphed into a myriad of contemporary trauma,” she says. “Over time, the social policies, the reaction to the black community, the racism that occurs—it has created a cumulative trauma. You don’t get through one trauma and then it dissipates. They just keep building on top of each other.”

Foster notes that the violence experienced in many of today’s black communities, the way children are taught to behave, the overincarceration of African Americans, and the un- or underpunished killings of African American boys are part of the effects and evolution of historical trauma.

Similarly, the American Indian community has faced both told and untold trauma. “Most of the historical traumas for the American Indians were around colonization: a banning of indigenous languages, a banning of traditional religious practices, a banning of tribal governments, a banning of tribes, removal [informal and formal], warfare, and disease,” Jacobs says. “All of these occurrences impact a people’s ability to continue cultural practices.”

The results of these events and experiences have led to the loss of language and culture in the American Indian communities, but that’s not all. “There is a lot of violence in these communities,” Jacobs says, “far beyond the rate of violence in non-Indian communities around them. There is substance abuse, alcoholism, and chronic health issues such as diabetes and mental health issues.”

**Cautions**  
In treating intergenerational and historical trauma, helping professionals first must begin with perspective and vocabulary. For one, the role these traumas have in the effects on and actions of an individual cannot be assumed. “I don’t think historical trauma is a be-all, end-all,” Jacobs says. “At the end of the day, I still have to say that it doesn’t explain all of these social ills, but I think there is a role there. The cultural orientation of American Indians toward the past, the closeness of native cultures to their ancestors, the impact of oral tradition—all of that creates a world where those traumas are carried with the people who are here today.”

Gardner agrees: “Historical trauma is a social determinant. Social workers are trained to see social determinants and how they affect outcomes, but you’re still responsible for your own life.”

Second, there is some discussion about the use of the word “trauma” in treatment. “There are two schools of thought,” Gardner explains. “One is that some clients and providers may be uncomfortable calling it trauma. But the other school of thought is ‘Don’t sugarcoat it; be very direct. This is what happened to you. These are the effects.’

“There are individual and group child and adult treatment models,” she adds. “The family therapy model I developed doesn’t start with the child or caregiver’s trauma. It focuses on building the caregiver skills necessary to benefit from family and individual trauma treatment. We pace the sessions so clients can feel more in control.”

On a personal level, Miller takes issue with the term trauma, though she notes that the focus on complex traumas is a positive step forward. “Trauma is a notion that is very Western and very modern,” she says. “In the African American community, people will experience challenging experiences, but we don’t call it trauma. People don’t talk about it in that way. The language of trauma is culturally incompetent.”

**Treatment**  
Beyond vocabulary and a healthy perspective, treatment for intergenerational trauma and historical trauma is fairly similar to that of any trauma-informed practice, though pace may vary. “If someone is bereft of internal resources, then treatment looks different,” Swann says. “You might spend an enormous amount of time on building the treatment relationship.”

Progress also may be slower, she adds. By way of example, Swann discusses a recent client who did not lack the crucial internal resources. “I just worked with someone who had a birth trauma,” she describes. The client had nearly lost her life and her child’s life in labor and delivery. Now pregnant with her second child, the trauma was triggered.

Swann says she worked with this individual for just 10 sessions of eye movement desensitization and reprocessing (EMDR) and in that time, she saw the client become much less anxious and better able to stay in the present moment and to experience her birth trauma as something that happened to her in her past as opposed to the fragments continuing to feel as if they were happening in the present. “I would say it went so quickly because she had a lot of internal resources to work with,” Swann notes.

Approaches will vary depending on the model employed by the clinician. “Trauma-focused cognitive-behavioral therapy [CBT] is the gold standard in child trauma treatment,” Gardner says. “However, it requires that the caregiving family be able to participate constructively. Caregivers need to be able to hear their child’s story about the trauma. They need to be able to manage their own emotions while hearing their child’s story. They can’t shut down or say it didn’t happen.”

Outside of CBT, the models that should be employed are evidence based and specific. “Psychodynamic theories are good for many things,” Swann says, “but when you begin to look at trauma, you need specific trauma models in your repertoire. You need to be trained in a comprehensive trauma assessment. There are very specific tools to use.”

Among the more general tools used to understand family dynamics and relationships across generations are the genogram and eco-map, which will help indicate whether intergenerational trauma is present from the get-go, Swann says. Once PTSD has been identified, you can begin to move down to a specific trauma treatment path effectively using methods such as EMDR, prolonged exposure, or trauma-focused CBT, just to name a few.

**Moving Forward**  
Outside of the office, historical and intergenerational trauma can be fought through further education and empowerment. This can take place in two locations: the community and the social work classroom.

“It’s really important to empower students who come from those communities [affected by historical trauma] to work in those communities,” Foster says. “A lot of times, students of color are not learning how to engage their own community. It behooves us to help those students.”

Additionally, it is not just social workers who need to be involved. “I would like to see more awareness about trauma-informed practices in the child and family-serving provider community across disciplines,” Gardner says. “The other aspect I’m very keen on is shared power. It shouldn’t be that some expert is going to come in and tell you what you need and what your experiences are. I would like to see much more training and emphasis on professionals developing the skills necessary for forming partnerships with clients that allow for mutual respect and shared power.”

Finally, social workers should remember that historical and intergenerational trauma are ever-evolving experiences for the individual and the community. “If we don’t stop it,” Foster says, “it will affect more and more [people].”

— Sue Coyle, MSW, is a freelance writer and practicing social worker in Philadelphia.