



Nationaal
Psychotrauma
Centrum

Generaties en trauma alertering

Updates 7 september 2022

Familiepatronen kunnen worden overgedragen van generatie op generatie wat betreft gevoelens, gedragingen en herinneringen. In het onderbewuste worden herinneringen opgeslagen. Het zijn met name de niet verwerkte verlieservaringen en trauma's die apart worden opgeslagen en een individu kan sturen in het opnieuw creëren van situaties waar zijn of haar (voor)ouders zich in bevonden.

Elke maand zet de ARQ-bibliotheek nieuwe publicaties over *Generaties en trauma* op deze lijst. Wilt u liever een mail ontvangen met referenties naar geselecteerde publicaties, geef dan uw e-mailadres door aan de [ARQ-bibliotheek](#). Voor eerdere updates kunt u ook mailen naar de [ARQ-bibliotheek](#).

7 september 2022

1.

Bhattacharjee, C. (2022). Exploring the Effects of Witnessing Family Violence in Childhood Among South Asians in America. The Department of Professional Psychology and Family Therapy. South Orange, NJ, Seton Hall University. **Doctor of Philosophy**, <https://scholarship.shu.edu/dissertations/3015>

Incidents of domestic violence and its transgenerational impact within the South Asian community, although prevalent, are often dismissed as peripheral concerns due to various sociocultural and internalized psychological factors. This study explored the long-term effects of witnessing three types of interparental violence (psychological aggression, physical aggression, and injury) on participants' self-esteem, attachment style, and conflict resolution abilities as adults. Cultural values conflict unique to the South Asian American community was used as a moderator to assess the relationship between participants' self-esteem and degree of violence witnessed. Eighty-seven self-identified South Asian American women (age range = 20–40 years, M = 27.5) participated in the study by completing a survey with multiple questionnaires. Although the relationship between witnessing higher levels of domestic violence and the participants' self-esteem or attachment style were not statistically significant, a significant effect was found between witnessing psychological aggression and participants' conflict resolution abilities. Furthermore, descriptive statistics revealed insecure attachment style for majority of participants (n = 70). Incidental findings also showed a significant relationship between cultural values conflict and participants' self-esteem. Overall, this study expands on existing literature around witnessing domestic violence and its lasting impacts and discusses unique cultural factors that can have important clinical implications.

2.

Bunn, M., et al. (2022). "Family-based mental health interventions for refugees across the migration continuum: A systematic review." SSM - Mental Health: 100153. <https://doi.org/10.1016/j.ssmmh.2022.100153>

This study reviewed the literature on family-based mental health interventions for refugees across migration contexts and settings to identify types of interventions and intervention components, implementation approaches and to assess effectiveness. The review used a systematic approach, and

ten intervention studies were retained for analysis. The findings identified three primary types of family-based mental health interventions used with diverse refugee communities in settings in the Global North and South-parenting groups, multiple family groups and home visiting interventions. Findings indicated that non-specialized or peer providers were frequently utilized to deliver the interventions though additional details on the workforce and workforce development strategies are needed to better understand how to sustain and support such providers. The findings suggest that family-based mental health interventions are potentially effective for improving a range of child and caregiver mental health outcomes and improving family processes and functioning among refugee families. However, the empirical evidence is quite limited to date, with a need for additional rigorous studies, especially with refugee families in humanitarian settings, to further build the evidence base.

3.

Golding, J., et al. (2022). "Possible transgenerational associations between grandparents' childhood exposures and religious belief in their granddaughters: a longitudinal cohort study [version 1; peer review: awaiting peer review]." Wellcome Open Research 7(213). 10.12688/wellcomeopenres.18049.1

Background: Research in non-genetic inheritance indicates that grandparents' smoking habits and their childhood experiences of trauma can influence the physical and psychological attributes of their grandchildren. This was particularly apparent for outcomes such as autism and obesity where the population prevalence changed over time. Other factors which have changed temporally include religious and spiritual beliefs (RSBs) which have been declining in Western populations.

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC) to explore whether grandparental exposures were associated with the religious and/or spiritual beliefs of their grandchildren. In line with other inter/trans-generational human studies we predicted that: (P1) grandparents' childhood exposures to cigarette smoking (whether in utero or by active smoking) and/or exposure to traumatic events during childhood will be associated with their grandchild's RSB; (P2) associations will differ between maternal and paternal lines of inheritance; (P3) relationships will vary with age at grandparental exposure, and (P4) associations will differ between grandsons and granddaughters.

Results: We found significant associations between the grandchild's RSB and both the grandparents' smoking and their childhood trauma histories (P1 supported). These associations were mainly found down the maternal line (P2 possibly supported) and results varied with age of exposure of the grandparents; being strongest for in utero exposure of cigarette smoke and for pre-puberty exposure of traumatic events (P3 supported), and that granddaughters were more affected than grandsons (P4 supported).

Conclusions: We hope that these results will motivate collection of similar data to further evaluate these questions in other populations, including a possible role for biological mechanisms.

4.

Kuntz, L. (2022, August 17, 2022). "Trauma in Your DNA: Educator of the Year Lecture." PsychiatricTimes. <https://www.psychiatrictimes.com/view/trauma-in-your-dna-educator-of-the-year-lecture>

Can we inherit our parents' trauma? Research points to yes.

“Real true, posttraumatic stress disorder [PTSD] is going to have an impact, certainly on the next generation and maybe generations after that,” said Rachel Yehuda, PhD.

5.

Lor, M., et al. (2022). "Refugee-related trauma patterns and mental health symptoms across three generations of Hmong Americans." *Journal of traumatic stress* **35(4)**(4): 1087-1098.
<https://dx.doi.org/10.1002/jts.22813>

Hmong adults who are Vietnam War refugees have been exposed to refugee-related trauma, but little is known about associations between patterns of trauma exposure and mental health outcomes in Hmong adults. We examined patterns of trauma exposure and mental health symptoms (i.e., somatization, depression, anxiety, and probable posttraumatic stress disorder [PTSD]) in three generations of Hmong adults (N = 219). Trauma exposure and probable PTSD were measured using the Harvard Trauma Questionnaire-Hmong Version. Somatization, depression, and anxiety symptoms were measured using the Brief Symptom Inventory. Latent class analysis (LCA) and auxiliary analysis of sociodemographic characteristics and mental health symptoms were performed. The best-fitting LCA model described three distinct classes: complex and pervasive trauma (60.3%), combat situation and deprivation trauma (26.0%), and low exposure to refugee-related trauma (13.7%). Participants in the complex and pervasive trauma class were the oldest, had the shortest U.S. residency, were the least proficient in English, and reported the most severe mental health symptoms; those in the combat situation and deprivation trauma class were the youngest, moderately proficient in English, and reported moderate mental health symptoms; and those in the low exposure to refugee-related trauma class were the most proficient in English, had the longest U.S. residency, and reported the least severe mental health symptoms. Our findings call for surveillance and a trauma-informed approach for Hmong elders with limited English proficiency, who have a high risk of experiencing accumulative effects of refugee-related trauma and are susceptible to poor mental health outcomes. Copyright © 2022 International Society for Traumatic Stress Studies.

6.

Musanabaganwa, C., et al. (2022). "Community engagement in epigenomic and neurocognitive research on post-traumatic stress disorder in Rwandans exposed to the 1994 genocide against the Tutsi: lessons learned." *Epigenomics* **0**(0): null. 10.2217/epi-2022-0079

Epigenomic and neurocognitive studies have provided new perspectives on post-traumatic stress disorder and its intergenerational transmission. This article outlines the lessons learned from community engagement (CE) in such research on Rwandan genocide survivors. A strong trauma-related response was observed within the research project-targeted community (genocide survivors) during explanation of the project. CE also revealed privacy concerns, as community members worried that any leakage of genetic/(epi)genomic data could affect not only themselves but also their close relatives. Adopting a culture of CE in the process of research implementation enables the prioritization of targeted community needs and interests. Furthermore, CE has stimulated the development of mental healthcare interventions, which married couples can apply to protect their offspring and thus truly break the cycle of inherited vulnerability.

7.

Okpaku, S. O., et al. (2021). Migration and psychosis. Mental health, mental illness and migration. Singapore, Singapore, Springer Nature Singapore Pte Ltd ; Singapore: 321-345. https://dx.doi.org/10.1007/978-981-10-2366-8_12

This chapter reviews the literature on migration as a risk factor for psychosis dating from the work of Odegaard. The earlier crude hospital counts have been replaced by more sophisticated population-based incidence studies. Research has identified several major trends: European studies indicate that the risk of psychosis is higher in all immigrant groups than in the host population. Meta-analytic studies have shown a high mean weighted relative risk for developing schizophrenia for first generation immigrants. Some studies have shown also that the increased risk persists for second generation immigrants. Various explanations are given for the above findings. The chapter then considers issues of screening and assessment of immigrants and concludes with treatment approaches. The need for an anthropological and ethnographic approach is emphasized. The encounters between providers and migrants and their families are to be seen essentially as transcultural encounters. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

8.

Torrisi, O. (2022). "Young-age exposure to armed conflict and women's experiences of intimate partner violence." Journal of Marriage and Family n/a(n/a). <https://doi.org/10.1111/jomf.12876>

Abstract Objective This study examines the legacy of experiencing armed conflict in childhood and adolescence on women's later risk of intimate partner violence (IPV) in four ex-Soviet countries. **Background** Prior research is largely concerned with male soldiers and perpetration, and rarely considers when, during the life course, conflict occurs. This study focuses on civilians, women's victimization and pays attention to the age at conflict exposure. This aspect is crucial to understand if war has lasting consequences for family violence, beyond contemporaneous effects. This paper further contributes by providing insights on driving mechanisms. **Method** The study combines cross-national data on IPV from the Demographic and Health Surveys (N = 17,787) and geo-referenced conflict information from the Uppsala Conflict Data Program. Using linear models with fixed effects, it compares the IPV outcomes of women exposed to conflict before the end of their teens with nonexposed peers and older women. **Results** Young-age conflict exposure is associated with greater adult IPV risk. Childhood exposure (ages 0–10) matters the most, especially for physical forms of IPV. Results are not driven by migration. Analyses of potential pathways show no relationship between war and changing marriage market conditions, or attitudes towards IPV in women. Conversely, men experiencing conflict in late adolescence (16–19) are more likely to condone violence against partners. Furthermore, women's childhood exposure to conflict correlates with having a violent father. **Conclusion** War in young-ages has long-term implications for family violence. These appear in part related to greater exposure to family violence, and to a normalization of the use of violence in future potential perpetrators.

9.

Zraly, M. and M. G. Kagoyire (2021). Resilience and ethics in post-conflict settings: KwiHangana, living after genocide rape, and intergenerational resilience in post-genocide Rwanda. Global mental health ethics. Cham, Switzerland, Springer Nature Switzerland AG; Switzerland: 207-224. https://dx.doi.org/10.1007/978-3-030-66296-7_13

This chapter describes the concept of resilience and its relevance for global mental health in humanitarian settings and beyond. It focuses on resilience among people affected by complex humanitarian disasters, gender-based violence and conflict-related sexual violence, and historical trauma. We look at resilience in the context of Rwanda following the genocide against the Tutsi in 1994. Case material is drawn from an ethnographic study of resilience among Rwandan genocide-rape survivors and a qualitative study of the experience of Rwandan youth descending from women survivors of genocide rape whose mothers participated in a resilience promotion intervention. In addition, the intergenerational effects of women's resilience on their children's lives are also discussed. The qualitative and narrative data we present illuminates ethical issues of universal vs. culturally specific conceptions of resilience; consideration of speakability vs. unspeakability for collective resilience; and strengthening resilience as a humanitarian action vs. also as a development and peace-building activity. These issues are analyzed through the ethical lenses of humanitarian standards and principles, cultural relativism, moral experience, social acknowledgment, and the humanitarian-development-peace nexus. Recommendations for ethically engaged resilience promotion practice in complex humanitarian and recovery settings are provided. (PsycInfo Database Record (c) 2022 APA, all rights reserved)