

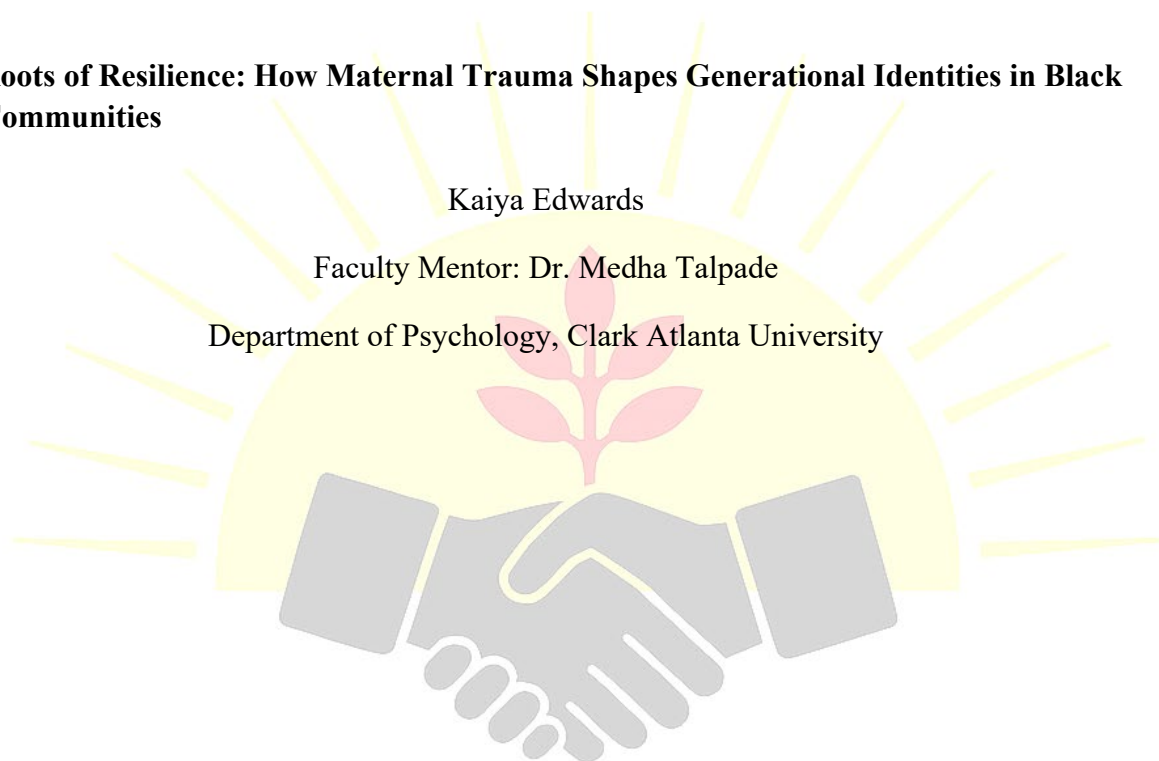


Roots of Resilience: How Maternal Trauma Shapes Generational Identities in Black Communities

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Abstract

The purpose of this study was to understand the protective and risk factors for transmission of trauma across generations for Black women and their daughters. Specifically, this study seeks to answer the following research questions: What are the protective factors of intergenerational trauma among Black women and their children? What are the risk factors of intergenerational trauma among Black women and their children? Research shows that trauma experienced by African Americans due to systemic oppression is transmitted across generations, particularly through maternal influence. Many Black Americans exhibit behaviors, such as hypervigilance and distrust, which become normalized and are often passed down as survival mechanisms. Maternal trauma is linked to increased risks of depression, anxiety, and negative parenting, perpetuating trauma-informed behaviors. Identifying protective factors may inform interventions to strengthen resilience within affected communities. Participants were 4 pairs (eight total participants) of Black women and their daughters. The data collection method included 45 minute interviews , one for the daughter and a separate one for the mother of each pair. Results indicated that daughters whose mother had coping mechanisms were more likely to pass on similar behaviors to their daughters and those who had behaviors such as hypervigilance or distrust were more likely to pass similar behaviors onto their daughters or a ‘mirroring effect’. Implications of the results for future studies include testing the validity of interventions based on the findings of this study or changing the participant criteria such as inviting fathers and sons to participate. The results of this study can contribute to the field of psychology and help initiate positive change for culturally relevant interventions for people of color.

Keywords: women, maternal influence, intergenerational trauma, racism

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The transmission of trauma across generations has profound implications for individuals, families, and communities, particularly within populations historically subjected to systemic oppression. For African Americans, the enduring legacy of slavery, segregation, and systemic racism has embedded trauma into familial and cultural structures. Without identifying the factors that exacerbate or mitigate trauma transmission, these cycles will persist, perpetuating psychological distress and limiting opportunities for healing.

Studies have shown that African Americans experience higher rates of PTSD compared to other racial groups (Roberts et al., 2011). Despite this, they are less likely to seek mental health treatment, leading to untreated trauma being transmitted across generations. Amongst Black women, the intersection of racial and gender-based oppression introduces unique challenges, further compounding the effects of trauma. While there is growing research on intergenerational trauma transmission, little is known about the specific risk and protective factors within Black communities.

Trauma and its transmission intergenerationally is not only a psychological phenomenon but a socio-cultural one. To fully comprehend trauma's impact, we must explore the ways in which trauma shapes the individual and the social fabric of the community. Trauma's intergenerational effects are influenced by complex layers of familial ties, historical context, and cultural resilience mechanisms

This study aims to address these gaps by exploring the intergenerational transmission of trauma amongst Black women. By focusing on the unique experiences of mothers aged 45 to 60 and their daughters aged 18 to 25 years, this research seeks to understand both the risk factors

that perpetuate trauma and the protective factors that disrupt its transmission. This understanding is essential for informing culturally competent interventions that support the resilience and wellbeing of Black families.

Conceptual Framework

Trauma Transmission in African American Communities

Black Americans have experienced traumatic events beginning with their horrific journey from their homeland to slavery in a foreign country by foreign entities. Their trauma did not stop here, and has been continuously inflicted because their “subhuman” identity has been sewn into society, systemically traumatizing the Black collective in America. Yet, the transmission of the trauma within Black communities is severely understudied, and there is not currently a measure or model for intergenerational trauma that can be applied to various populations.

The historical embedding of trauma within African American populations has played a significant role in the transmission of trauma-informed behaviors between parent and child. When overviewing the “normal” behaviors of Black Americans, there are clear parallels between the symptoms of PTSD outlined by the DSM-5 and these normalized behaviors. Some of these behaviors include but are not limited to hypervigilance, persistence of negative beliefs or expectations of oneself, others, and the world (e.g., “Do not trust the government”, “Black people are not welcome anywhere”, “Being a black person in America is dangerous”). These behaviors are passed down in order to protect and prepare Black children for the world they are expected to enter. Black Americans have a higher prevalence of lifetime PTSD (8.7%) compared to their Hispanic, Asian, and White peers. In addition to a higher risk of developing PTSD after trauma exposure, Black Americans were less likely to seek treatment than their White counterparts

(Roberts, et.al., 2011). As Black Americans are more likely to have PTSD, and less likely to seek treatment there is a cycle of trauma exposure, lack of treatment, and then transmission of trauma.

The Roles of Mothers in Trauma Transmission

Research has established that maternal trauma increases the risks of trauma transmission in many forms including harsh parenting behaviors such as verbal hostility, and physical coercion (Schwerdtfeger et al., 2013; Russo et al., 2024; Fitzgerald et al., 2020).

Daughters will often mimic their mothers behaviors during key times of identity formation whether these behaviors are positive or negative. Many mothers desire to prepare their daughters for the struggles that may come with life, and specifically with racial and gender based discrimination that they may experience (Cooper et al., 2019). These daughters are then socialized under the identity politics manifested from the needs of stability and comfortability of their mothers. These politics have been passed down from ancestor to descendent (mother to daughter) for generations, embedding the behaviors rooted in trauma into the familial structure, community structure then into the cultural structure (Matoba, 2023).

Overall, research has supported that maternal trauma is positively correlated with maternal and youth psychopathology (Russo et al., 2024; Fitzgerald et al., 2020). In addition, caregivers's internalization of trauma informs their parenting behaviors and indirectly promotes emotional dysregulation within offspring (Jensen et al., 2021). With research supporting that trauma is being transmitted between parents and children in addition to associated with both maternal and youth internalization, as well as psychopathology it is important to identify the protective and risk factors of trauma across generations.

Resilience

Identifying the protective factors of intergenerational trauma transmission can inform preventive measures, programs, and interventions that can be implemented within those communities. From chattel slavery, to Jim Crow, Black Americans have faced a plethora of systemic traumatic and long standing experiences due to the racial caste system in America which has affected both their physical and mental well-being (Watson, 2024; Carter et al., 2021) Yet, success of many of these same people show that there is resilience and collective hope embedded into the community.

Other cultures have been studied in the past and protective factors such as political participation and spiritual values have been noted to heal the individual who directly experienced the trauma and these protective factors were passed onto their children (Gailiené 2019). African Americans exhibit similar patterns, where collective activism has served as a powerful means of resilience. These acts of political engagement create shared experiences of empowerment that can disrupt trauma transmission by fostering a sense of collective identity and self determination. In addition, the church has been a space for healing, community and restoration in many African American communities. Spiritual healing is at the center of many of these households and serves as a coping mechanism for trauma.

Resilience in African American communities is rooted in cultural and familial practices that emphasize strength, hope and the ability to overcome adversity. This steadfast commitment to “keep your head up” has protected individuals and families from the full impact of trauma while also contributing to cycles of silence and unprocessed pain (Watson 2024). In order to develop more effective interventions to disrupt the transmission of trauma, clinicians must utilize

the culture and traditions of African Americans and apply these to a culturally informed treatment strategy.

Research Question/s

What are the risk factors of intergenerational trauma transmission amongst Black women?

What are the protective factors of intergenerational trauma transmission amongst Black women?

Qualitative Research Orientation

This study utilizes a qualitative approach to explore the lived experiences of Black women and their perceptions of trauma transmission. A phenomenological method was chosen to capture the essence of their experiences and the meanings they ascribe to intergenerational trauma. This approach allows for a nuanced understanding of how trauma is transmitted or disrupted within Black families, emphasizing the unique intersections of race, gender, and systemic oppression.

Research Design

Role of Researcher

As a researcher I acknowledge that my personal and academic interests in studying trauma and resilience within African American populations may create biases, values and experiences that could affect the interpretations of this study. In order to combat this, multiple validation methods were utilized including member checking and reflexive journaling.

Sample Size

Eight participants participated within this study in order to ensure a range of perspectives while maintaining detailed analysis of individual experiences.

Sample and Context

The sample consisted of eight African American women. The four mothers were between 45 to 60 years old and the four daughters were between the ages of 18 and 25 years.

Demographics

Participant	Age	Hometown	Race
Mother 1	48	Chicago, IL	Black
Daughter 1	23	Chicago, IL	Black
Mother 2	47	Chicago, IL	Black
Daughter 2	21	Chicago, IL	Black
Mother 3	52	Riviera Beach, FL	Black
Daughter 3	20	Palm Beach, FL	Black
Mother 4	59	Decatur, GA	Black
Daughter 4	25	Atlanta, GA	Black

Sampling Procedure/Ethical Considerations

This study used a mixed sampling approach, beginning with random recruitment through social media, followed by criterion sampling to ensure participants met the study’s inclusion criteria. Participants were initially recruited by responding to a widely accessible Instagram post, which advertised the study and invited individuals to participate. This approach allowed for a diverse range of potential participants from various locations and backgrounds, increasing the likelihood of capturing diverse perspectives. This two-step process ensured that only individuals

with experiences relevant to the study's research questions were included, while the initial random recruitment reduced potential bias by allowing any eligible individual to express interest.

The inclusion criteria included being African American, a woman, and being a part of mother-daughter dyad in which both individuals were willing to participate. Each participant was given and read a consent form prior to their interview. Participants were also recommended to reach out to their school's counseling and disability service or other professionals after their interview.

The semi-structured interviews (See Appendix A) ranged from 45 minutes to an hour. Interviews were conducted through Zoom and interviews were audio recorded upon permission. Participants were asked eight questions and written notes were taken throughout the interview process.

Data validation

The researcher utilized member checking, rich thick descriptions and reflexive journaling as validation strategies. Reflexive journaling was used by researcher by reflecting on personal biases, values and experiences that may affect the interpretation of results or cause interviewer bias. After reflecting on the experience, the researcher noted that she expected certain responses from participants yet attempted to remain as objective as possible to avoid interviewer bias. Member checking was utilized by the researcher overwriting the notes with the interviewee as she wrote them to ensure the participant felt as though their narrative was being correctly portrayed. Rich thick descriptions were used to create a comprehensive outlook of the cultural, historical and social context of the research.

Results

The written notes from interviews were documented and then uploaded into Atlas Ti. Atlas Ti then generated codes and quotations. From those codes six themes were creating including need for preservation, maternal influence, systemic racism, resilience and family bonds, inequity in education, and self reliance

Themes

Theme 1: Need for Preservation

Participants emphasized the importance of preserving stories of trauma and resilience within their families. The preservation of these stories was noted to be a key part in preventing trauma within their families. This code was discussed by many of the participants during their interview sessions.

“If people continue to speak about it [the stories of trauma from our ancestors], it won’t get buried.” - Mother 4

“When you’re open about what you’ve been through, others know they’re not alone” - Mother 1

Theme 2: Maternal Influence

Participants were frequently identified as the primary influence in their daughters’ lives, with participants rarely mentioning paternal figures.

“My mom shaped everything about who I am. Even the way I handle hard times—I learned that from her.” - Daughter 3

“ I don’t know who I would be without my mom.” - Daughter 2

“My mother and I had a close relationship. I tried to have that same relationship with my daughters” - Mother 3

Theme 3: Systemic Racism

Participants shared experiences of systemic racism, colorism, and discrimination that shaped their perceptions of self and society. These experiences helped shape them, yet also affected their confidence, and self determination.

“My grandfather said that I was too dark.” - Mother 2

“I’ve seen so much injustice because of the color of my skin, it’s hard not to carry that with you.” - Daughter 1

Participants who experienced colorism also noted how this affected their relationships, and perception of beauty.

Theme 4: Resilience and Family Bonds

Strong familial bonds and adaptive coping mechanisms were key protective factors for many participants. Mothers who had strong familial ties often described learning coping strategies from their own mothers, while those who lacked these ties often created their own mechanisms. “We really relied on each other a lot because we didn’t have a lot of other people to rely on.” - Mother 3

“If you don’t cry, how are the flowers going to grow?” - Mother 2

“The support from my now husband instilled confidence in me. He’s my backbone” -
Mother 1

Spirituality was also noted as a strength in some participants, who noted that their spirituality and spiritual community grounded them in times of hardship.

Theme 5: Inequity in Education

Participants reported experiencing inequities in educational settings, often being stereotyped or excluded due to their race.

“I never felt like I had the same opportunities as the white kids in my school.” - Daughter 3

“Being told I would never become a nurse while I was in nursing school.” - Mother 1

Theme 6: Self-Reliance

Participants described feeling the need to lead conversations about trauma and healing within their families. Many acknowledged their mothers’ strength or lack of in breaking cycles of silence about trauma:

“My mom never talked about what she went through growing up, but I’m starting to open those doors with her.” - Daughter 1

“They were addicted to drugs. They had no time for me” - Mother 1

“Children were seen, not heard” - Mother 1

Discrepant Cases

Mother and Daughter 4 were discrepant cases within this study. While Mother 4 did not mention any coping mechanisms, closeness with her daughter, or shared responsibility of passing on coping mechanisms, her daughter emphasized the development of her own coping mechanisms.

Essence of Phenomenon

The essence of this phenomenon is that the intergenerational transmission of resilience, trauma, and coping mechanisms within Black mother-daughter relationships, is shaped by systemic oppression, maternal influence, and self-determined healing. Through storytelling, maternal bonds, and lived experiences, participants navigate the complexities of hardship and

self-preservation. While systemic racism creates barriers, the power of familial connection, and resilience emerge as forces in shaping emotional and psychological well being across generations. The study highlights both the continuity and the disruption of these patterns, with some mothers actively passing down coping strategies, others remaining silent, leaving their daughters to develop their own methods of survival and healing.

Discussion

The findings of this study highlight that the protective and risk factors of each motherdaughter dyad are consistent across the participants. Similar to past studies, familial bonds, community networks, and faith-based coping mechanisms were all mentioned repeatedly by participants as ways in which they coped with the trauma they experienced (Chou et al, 2023; Cooper et al., 2019;). Maternal influence was greatly emphasized as either a backbone or a crutch to participants. Those who reported stronger maternal bonds indicated that they learned their coping strategies from mothers modelling them in the home. They also reported less direct trauma, and less symptoms such as hypervigilance. The main risk factor of the passing behaviors related to posttraumatic stress disorder, etc, or lack of coping strategies was silence. Again, those with strong maternal bonds who reported a free communication style between their parents and themselves often stated that they felt released from the trauma by talking about it and having a supportive familial system. Community networks such as friends, therapy, school , church and work also were reported as an outlet and an avenue for healing. The findings of this study suggest that strong communal networks and familial bonds are essential to disrupt the cycles of trauma in African American families.

Many participants emphasized the importance of storytelling as part of the healing process. Through passing on the stories of trauma, racism, and resilience, the community is able

to both learn from the past and realize that they are not alone in their experiences. This information can be applied to interventions that highlight storytelling as an avenue for healing in marginalized communities and emphasize open communication as a protective factor.

In the future, I would investigate the trauma transmission from mother to son, or father to son in African American households. Although maternal influence has been highlighted as a key factor to child development, researching the impact of paternal trauma on the transmission of intergenerational trauma is important especially considering the unique hardships and stereotypes African American men face in fatherhood.

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Appendix A Interview Questions

How do you identify your race, origin, and gender?

What is your favorite memory as a mother/daughter?

1. *Can you describe any racist or traumatic (...because they were Black) experiences that your parent had?*
2. *If so, how were you informed of these experiences?*
3. *How did your parent describe dealing with the 'experience'(s)?*
4. *Do you have prior experiences that would you describe as traumatic? How did these experiences impact you?*
5. *How did you cope with this experience?*
6. *Do you think that you are treated differently because you are Black?*
7. *How or were you taught coping strategies?*
8. *Do you think it is important to pass this information (racism and coping with the experience) to the next generation/others/*