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The Impact of Culture on the Transmission of Trauma

Refugees' Stories and Silence Embodied in Their Children's Lives

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INTRODUCTION

Studies of intergenerational transmission of trauma have reported complex, even contradictory, findings (Kaufman & Zigler, 1989; Solkoff, 1992) and have taken many different views of what can be transmitted from one generation to the next, independent of context. Moreover, the wide variety of traumatic settings observed introduces the concept of specificity of transmission, which may fragment our understanding of the phenomena of transmission to such an extent that generalization becomes totally impossible. This attention to context usually tends to focus on the characteristics of the traumatic settings, paying scant heed to those of the groups that experience the traumatic events.

Some main trends are evident, however. One group of writings tends to consider the individual, usually a parent, and the family as bearers and potential transmitters of trauma-related psychopathology that either translates into specific behaviors or modifies intrapsychical representations. Other, more anthropological and sociological writings instead consider society as a whole to be the bearer of social trauma, which, by effecting profound changes in the webs of human relationships and collective representations, has a direct influence on future generations (Lykes & Farina, 1992; Martín-Baró, 1994; Vinar, 1993).

From both perspectives, the question that cannot be avoided, although it is rarely tackled directly, is the degree to which culture influences the transmission of trauma. Behaviors and representations of families and individuals, as well as collective representations, are shaded, even shaped, by culture. Obeyesekere (1985) suggests that culture provides the tools for grieving. When it comes to trauma, culture, which is obviously involved in the reparative process, may be equally involved in determining how, and how intensely, trauma is relived.

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International Handbook of Multigenerational Legacies of Trauma, edited by Yael Danieli. Plenum Press, New York, 1998.

If the specific time and place of a culture and trauma are taken into account, the question becomes even more complex.

With regard to the concept of place, there has been much debate over whether the particular problems observed in second- and third-generation Holocaust survivors are the result of the trauma itself or of the displacement it entailed (Weiss, O'Connell, & Siites, 1986). In the case of refugee children, a number of authors have stressed that exile and uprooting play a major role in the persistence of the impact of trauma, but there is no consensus in this area.

Time is of special importance in considering the transmission of trauma to children. There is a great deal of literature showing that the child's age at the time of a direct trauma influences the symptoms that develop later in life (Green *et al.,* 1991; Pynoos & Eth, 1985), but not much attention has been paid to the impact of the child's stage of development on the consequences of various ways trauma is transmitted.

This study compares two populations of refugee children from contrasting cultures (Southeast Asian and Central American) at two stages of development (8–12 years and 12–16 years) by examining the relationship between family trauma and mental health problems.

The influence of the culture of origin and the child's stage of development on the transmission of family trauma is discussed in light of our data on the impact of family trauma on the two groups of young refugees studied.

First, we briefly review the literature on the interactions among culture, context, and transmission of trauma, focusing on what is known about the two groups under study. We then explain the methodology of the two surveys, present the quantitative and qualitative data obtained, and discuss the results.

CULTURE AND INTERGENERATIONAL TRANSMISSION OF TRAUMA

The influence of culture on intergenerational transmission of trauma cannot be reduced to a single variable having an influence parallel to that of other determining factors.

Culture imbues and shapes what the person, the family, and the community construct around a disease that becomes illness (Kleinman, 1988). We therefore do not go into all the ways that culture influences the transmission of trauma, but by concentrating on some factors known to be important in intergenerational transmission, we attempt to show the importance of culture and propose some hypotheses concerning the mechanisms involved.

Four areas are especially relevant to a consideration of the influence of culture: posttraumatic signs and symptoms, changes in family dynamics, individual and collective meanings associated with trauma, and reparative processes.

Influence of Culture on Parental Symptomatology Associated with War Trauma

As a result of war, adults, who are likely to become parents, may display a wide variety of symptoms, ranging from posttraumatic disorders to depression and anxiety-related problems. Much of the work on war-related psychopathology has taken a diagnostic approach, concentrating in particular on what is defined as posttraumatic stress disorder (PTSD) (Kinzie *et al.,* 1990; Mollica *et al.,* 1990). Some authors, however, have rightly pointed out that the psychological effects of war cannot be reduced solely to posttraumatic symptoms (Danieli, 1985; Kestenberg, 1993), while others question the cross-cultural validity of PTSD as a category,

which was established to deal with the specific problems that Vietnam veterans presented for American society (Richman, 1993).

It is well known that anxiety and depressive disorders take different forms in different cultures, whether in terms of the dominant clinical symptoms (somatization, depressive affect, dissociative reaction, etc.) or the importance attributed to the symptoms. Obeyesekere (1985) points out that among Buddhists, for example, anhedonia and low self-esteem are not considered to be symptoms but rather the end results of an internal progression.

In the case of posttraumatic disorders, cultural variability is just starting to be investigated. Many authors tend to assume that the symptoms of PTSD are universal (Kinzie, Sack, Angell, Manson, & Roth, 1986; Kinzie *et al.,* 1990), but some object to jumping to such conclusions. According to Eisenbruch (1991), in Cambodian refugees, nightmares and reliving experiences, for example, cannot be interpreted outside the framework of their traditional cultural significance, that is, a normal part of grieving for their Cambodian homeland. Rechtman (1992) points out that among survivors of the Pol Pot regime, the return of "ghosts" is not regarded as being pathological the way nightmares are in the West but is actually a normal occurrence when the dead have not been laid to rest with proper funeral rites.

Based on an ethnopsychological analysis of manifestations of distress in Salvadoran refugee women, Jenkins (1991) suggests that the political context mediates the way emotions associated with a traumatic situation are expressed. She shows how the culture of origin provides modes of expression of these emotions, called *calor* (heat) or *nervios* (nerves) in El Salvador. These categories are the main concern of trauma victims and their families, even if symptoms do actually fit DSM-IV–type diagnoses. Allodi (1989) notes that the Latin American refugee children in his study seemed to be fairly well protected against the effects of the trauma despite their parents' serious posttraumatic symptoms and raises the question of how the social context of the symptoms might potentially attenuate their impact.

Without going into too much detail about culturally determined variations in trauma symptomatology, it is interesting to consider which aspect of parental symptomatology is more likely to affect children: the symptoms identified using a classification from outside the group, or those that the group considers to be a problem. The impact of the parents' symptoms on the children should perhaps be examined as a function of the significance assigned to them: the difference between major depression and normal grieving, between dissociation and possession, between reliving traumatic experiences and the return of ghosts not properly laid to rest.

In looking at the possible impact of parental symptomatology on intergenerational transmission of trauma, the relationship between parents' symptoms and their ability to function must also be considered (Sack *et al.,* 1995). In both cases, the community's cultural definitions of what is normal and abnormal are certainly a crucial factor.

Influence of Culture on Changes in Family Dynamics Associated with War Trauma

The impact of trauma on families has been studied in many different contexts. The transmission of war trauma through changes in family dynamics is a central theme of research on the families of Vietnam veterans (Rosenheck & Nathan, 1985; see also Chapter 14, this volume). In her review of the question, Harkness (1993) points out the high rates of divorce, conjugal discord, and domestic violence in this population. After systemic analysis of the families, she classified them according to three characteristics: enmeshment, disengagement, and impulsivity and violence. Various family profiles have also been identified in work with Holocaust survivors (Danieli, 1985), but they are quite different from those of veterans' families,

largely owing to the differences between the analytic and systemic models used. It seems clear, however, that contextual factors also play a central role in shaping family reactions. For instance, genocide driven by ethnic and religious motives does not have the same impact on the family as a lost war that nobody wants to talk about.

Yet even if fairly similar, prolonged armed conflicts are compared, there are still differences in the ways family dynamics change. In the case of Southeast Asia, for example, Tsoi, Gabriel, and Felice (1986) report that very high family cohesion seems to be the reason why few problems are observed in children whose families have been through many traumatic experiences in the Hong Kong refugee camps. This perception of a tightening of family ties, which are already very close in Southeast Asian cultures, is shared by several authors (Kinzie *et al.,* 1986). Others, such as Ima and Hohm (1991), however, mention an increase in child abuse in Cambodian and Vietnamese families, the groups most affected by armed conflicts in Southeast Asia, and hypothesize that there may be an association between family violence and the social violence in their background. These disparities may partially reflect a discrepancy between what families say and what they actually do. Thus, as Sack *et al.* (1995) observe, Cambodian families tend not to report conflicts within the family or community, but this does not necessarily mean that they are not a problem.

Looking at Central America, several authors (Bottinelli, Maldonado, Troya, Herrera, & Rodriguez, 1990; Farias, 1991; Walter & Riedesser, 1993) clearly emphasize the possible link between family violence and conflict on the one hand, and armed violence on the other. Jenkins (1991, 1995) suggests that what she calls a "political ethos of violence" structures large areas of personal and social experience, particularly interpersonal and family relations. In her opinion, forms of domestic terror, such as the fear of being a victim of witchcraft, occur in parallel with forms of state-sanctioned terror. The repercussions of state-sanctioned violence within the family are different depending on the primary victim; in men, they take the form of physical violence against their wives and children, whereas in women, a tendency to overprotect the children is more often seen, although they also sometimes abuse them physically.

Traumatic phenomena associated with war therefore affect the degree of family cohesion and conflict, among other things. More specifically, cultural factors seem to have a direct influence on family conflicts or violence that may develop in the wake of traumatic events, and on the types of situations or times when the family closes ranks and becomes more cohesive.

Influence of Culture on Personal, Family, and Collective Meanings Associated with Trauma

Beyond the feeling of horror, inhumanity or, on the contrary, too much humanity (Girard, 1977) associated with the violence of war and armed conflict, individuals, families, and communities attach special meanings to trauma. These meanings make it easier, or sometimes more difficult, to situate a trauma within a community's common universe of meanings.

As Mollica (1988) says, these specific characteristics are reflected linguistically in the etymology of the words for torture, rape, and so on. Outside a context of war, Lefley, Scott, Llabre, and Hicks (1993) have shown how cultural beliefs associated with rape vary with the ethnic group concerned and influence the degree of acceptability and suitability of different types of intervention.

Although several interwoven etiological layers are usually involved in construing the meanings of trauma, more often than not, a single explanatory system predominates. For example, in the case of a traumatized person of Khmer origin, the healer looks for the source of a problem in one of three worlds: the world of ancestors, the world of humans, or the world of

demons (Eisenbruch, 1992). But this does not exclude the possibility that both the person and the group may come up with sociopolitical explanations, complementary to the meaning–attribution systems and usually of secondary importance. Eisenbruch stresses the idea that the structure assigned to the social space in which the meaning of traumatic events is construed must be understood from an emic point of view,[1] rather than on the basis of categories corresponding to a Western vision that might lead to a misinterpretation of the relationships between the social, the political, and the religious.

From this perspective, it is interesting to consider how the discourse on trauma resulting from war or armed conflict in Central and South America is structured. In the last few decades, a Marxist sociopolitical language has clearly been dominant in the way people in general, and therapists in particular, talk about the meaning of trauma, but some groups have introduced issues of ethnic and racial identity, referring to the continuity and reenactment of the traumatic event since the conquest and colonization (Lebot, 1992).

More recently, with the collapse of traditional political models and oppositions, it appears that religious meanings that used to be very much of secondary importance are now regaining prominence in explicit discourse. It is highly likely, however, that, implicitly, religion has always been very important in assigning meaning in Latin America, although this has been partly denied (Lebot, 1992).

The complex way that various levels of meaning—collective, family, and personal—fit together, and their implicit or explicit nature, play a key role in the transmission of traumatic events as bearers of meaning and of a possible historical context for future generations. Much has been said and written, both by clinicians and researchers, on the subject of denial, taboo, secrecy, and avoidance in discourse on traumatic events of human origin (Bar-On, 1993; Danieli, 1982). The basic assumption of most of this theoretical and clinical work has been psychodynamic: that shedding light on reality could counteract the potentially harmful effects of the implicit transmission of trauma.

Cross-cultural comparisons may well make it necessary to call into question, at least in part, two aspects of this statement. First, it seems increasingly clear that in the case of trauma, we cannot speak of one reality, but must acknowledge that several meaningful realities may coexist. In writing about his own personal experience, Semprun (1994) clearly explains the impossibility of giving an objective account of the trauma of the concentration camps, and suggests that only through symbolization can the experience be transmitted and understood in all its complexity. Second, the ability to make the various meaningful realities coherent may have a greater impact on the child than whether what is transmitted is implicit or explicit (Antonovsky, 1986). The construction of this coherence, which is based both on what is said and left unsaid, no doubt differs with the equilibrium that each culture establishes between various means of expression and the extent of the group or family's desire to unify discourse around one meaningful reality or another.

Influence of Culture on the Reparative Process

As with most physical or mental problems, therapeutic responses and avenues offered by a community or society depend on how the problem is identified and the meanings assigned to it (Corin, Uchoa, Bibeau, & Koumare, 1992). The posttraumatic reparative process may therefore be individualized and medical, as it is in most Western countries, or it may be more group

[1]An emic perspective is the perception a community or a culture has of itself, in contrast with an etic perspective, which is the perception of a cultural group by an external person or group.

oriented and based on social issues. Work with Holocaust survivors, which has generated the most literature on the reparative process, provides a good illustration of both the development of psychoanalytical and therapeutic trends, and the centrality of religious and identity issues, among others.

In the case of Latin America, reparative processes are part of the universe of sociopolitical meanings attached to trauma. Bearing witness is viewed as therapeutic (Lira & Weinstein, 1984), and the collective strength of the protests of trauma victims as a lever for political change. A typical example is the downfall of the dictatorship in Argentina, partly as a result of pressure from the movement of mothers of the "disappeared," the *madres de la plaza de Mayo* (Kordon & Edelman, 1992).

In Southeast Asia, reparative processes involve more of a return to tradition: reestablishing links with ancestors, appeasing the spirits of the dead, and so on (Eisenbruch, 1988; Williams, 1991).

These processes, whether individual or collective, are ongoing, frequently lasting longer than the traumatic events themselves. The children and grandchildren of trauma victims have direct or indirect contact with these processes, or lack of them, and this may also have a structuring or destructuring effect on their lives.

METHOD

Context of Studies and Sampling Method

The first study involved 156 children aged 8–12, enrolled in Montreal elementary schools, and the second involved 158 adolescents in Montreal high schools.

Subjects were selected by systemic cluster sampling in seven elementary schools and six secondary schools with a high concentration of students of different ethnic backgrounds. Due to their minority status, such children in schools with a low ethnic concentration adapt differently than they would in schools with a high ethnic density; this could have introduced unwanted diversity in our samples. The schools chosen were all French-language public schools belonging to the two main school boards in Montreal. They are situated in parts of the city where housing is cheaper and newly arrived immigrants and refugees tend to concentrate, in other words, in relatively deprived socioeconomic areas. The schools were chosen according to two criteria: whether children born outside Canada made up more than 25% of enrollment (in some schools this figure reached 85%), and whether they had children from both the communities under study (Central Americans and Southeast Asians). Almost all schools contacted agreed to participate in the study.

Student enrollment records served as the basis for sampling, and the children were selected on the basis of the following four criteria:

1. Children must be from Southeast Asia (Cambodia or Vietnam in primary schools, Cambodia only in secondary schools) or Central America (Honduras, Guatemala, or El Salvador). Both these regions have endured prolonged armed conflicts, which makes them at least somewhat comparable in terms of premigration conditions; while there is no denying the significant national and local differences within these regions, each presents a certain cultural homogeneity. Given the differences between the characteristics of traumata of the Vietnamese and Cambodians, however, and the fact that the high-school sample was composed of only Cambodians, here, we will be discussing the quantitative data on the Cambodians alone (n = 67 elementary students, and n = 76 high-school students). It is important to note that all the

Central American families in the sample identified their culture as being Hispanic, or *Ladina* (non-Indian). There are very few refugees of Mayan origin in Canada for two reasons: the cost of migrating such a long distance, and their traditional attachment to the land, which means that they are more likely to choose a place of exile close to the land of their ancestors.

2. Children must be born outside Canada. Defining refugees on the basis of birth outside Canada served two purposes: first, it allowed the inclusion of children who arrived in Canada under a family reunification program but who were not themselves necessarily granted refugee status; second, it allowed the exclusion of children who did not directly suffer the tribulations of the premigration and migration processes, although their parents may themselves have been refugees.

3. For elementary schools, children must be in the third, fourth, fifth, or sixth grade in a regular or special class in one of the elementary schools chosen, that is, children between the ages of 8 and 12, approximately. For high schools, children must be in first or second year (seventh or eighth grade), that is, between the ages of 12 and 16, approximately.

Variables

The two studies gathered quantitative and qualitative data on variables characterizing the premigration period (traumata and separations) and postmigration period (family variables, immigration status, socioeconomic conditions, social network, and acculturation). In this chapter, we will be considering only a few of these variables, which can be divided into three categories:

- Those describing the children's emotional problems as perceived by the parents.
- Those describing the family history of traumata connected with the sociopolitical situation.
- Those that can mediate the effect of the family trauma on the children (intermediate variables).

Emotional Problems of Children and Adolescents. Emotional problems of children and adolescents were assessed using the version of the Child Behavior Checklist (CBCL) completed by parents. The psychometric features of this instrument have been described elsewhere (Achenbach & Edelbrock, 1983).

The CBCL has often been used in a multicultural context. Spanish translations have been validated in Chile and Puerto Rico (Bird, 1987). The CBCL is also available in Vietnamese and Cambodian. These translations enabled us to have the subjects' parents answer the questions in their native tongue, thus reducing any bias that might be due to a limited understanding of English or French.

In a transcultural context, the norms of North American instruments such as the CBCL may prove inadequate. Bird, Canino, Bould, and Ribera (1987) concluded that the CBCL is capable of effectively detecting the presence or absence of psychopathologies in Latin American children. It should be noted, however, that although the critical scores based on North American norms are sensitive enough in the case of Hispanic children, they do not seem to be specific enough. This may be due to differences between Hispanic and American children in type and severity of symptoms. Using the CBCL on an Asian Buddhist population, Weisz, Suwanlert, Chaiysit, Weiss, and Walter (1987; Weisz *et al.,* 1989) suggested that the problem posed by norms with Hispanic children also applies to Southeast Asian children, albeit in a different manner. For the purposes of our study, we followed the procedure used by Weisz *et al.* to compare the global mean internalizing and externalizing scores obtained by different

groups. This procedure avoids the problem of the possible invalidity of norms based on other populations. We used the global scores to compare the general symptom profiles of the children in the two cultural groups being studied.

Family History of Trauma. In order to assess the history of war traumata suffered in connection with an armed conflict, we used the same instrument as in an earlier study (Rousseau, Corin, & Renaud, 1989), that is, a trauma scale based on the Breslau and Davis (1987) model that takes into account the severity and number of traumata experienced by the family and by the child. The scale examines traumatic events arising within a context of war or armed conflict, as reported by key informants from the country or region concerned. The Latin American version of the instrument had been developed for use in a preliminary study (Rousseau *et al.,* 1989). The Cambodian version was constructed along the same lines. Rape was not studied directly since, after consultation with our key informants, we realized that a direct question on such a taboo subject would be too invasive in this type of interview. None of the respondents brought up rape spontaneously in relating the traumata experienced by the nuclear or extended family, which shows how much the topic is avoided, but this says nothing about how widespread rape is, although there is ample literature confirming its frequency (Khuong, 1988).

This history of traumata was assessed in terms of two raw scores that correspond to the number of traumata reported by the child and by his or her family before and after the birth of the child. This instrument can also weigh traumata according to severity, as established by key informants from the same culture with a good knowledge of the context of war or armed conflict. The various aspects of trauma that we examined are intensity of the familial trauma, the bond between the traumatized person and the child, and the child's age at the time of the trauma.

Analysis of our findings shows that for the Central Americans, there is a strong association between the severity of emotional problems and the total number of traumata reported (raw scores). At first glance, these findings seem to call into question the literature associating intensity of trauma and risk to mental health, and confirm, rather, the importance of the multiplicity of traumata on the development of psychiatric trauma (Terr, 1991). It should be noted, however, that the children and adolescents in our sample who have experienced many traumata either directly or indirectly have also, on the whole, experienced more severe traumata. We preferred to use only the raw scores, since they did not significantly change the results obtained, and we were not attempting to conduct an in-depth study of trauma measurement.

The emotional burden associated with events experienced during the premigration period was sometimes revealed by a vagueness in responding to questions about traumata, which could be seen as an avoidance strategy. Concern over retraumatizing the respondents forced the interviewers to respect this vagueness, which may reflect a difficulty inherent in trauma research (Danieli, 1982).

Intermediate Variables: Parental and Family Characteristics. The literature on children in general, and refugee children in particular, mentions two salient indicators of family dynamics that can be influenced by contextual stress: family cohesion, which stands out as a protective factor (Tsoi *et al.,* 1986; Wolkind & Rutter, 1985), and conflict, which is a risk factor (Garmezy, 1983).

The selection of an appropriate instrument for measuring family dynamics was based on three criteria: potential for clearly assessing the dimensions of conflict and cohesion, respondent acceptance of the instrument, and cross-cultural suitability.

The Family Environment Scale (FES) developed by Moos and Moos (1986), which is used to evaluate global family behaviors without identifying specific actors (children or parents), is better suited than others to contexts where the rules governing interactions among family members do not correspond to the Western model. Moos and Moos note that the psychometric characteristics of the cross-cultural versions of the FES are highly comparable to those of the English version; the norms, however, may vary across ethnic groups. For this reason, we avoided using any cutoff point and considered the scale as a continuous measure. The Spanish version of the FES, which was developed and validated by Szapocznik, Kurtines, and Foote (1983), was used on our Central American sample, For the Cambodian sample, key informants from this ethnic group were recruited to translate the FES. The accuracy of this version was checked through back-translation.

Among the parental characteristics suggested as likely to transmit the impact of trauma from parents to children and adolescents, the level of parental depression stands out as particularly significant, owing to its direct repercussions on the emotional availability of parents (Barankin, Kostantaveas, & Bosset, 1989; Sigal, Silver, Rakoff, & Ellen, 1973). The Self-Rating Depression Scale developed by Zung (1969) was used to measure depression in our subjects' parents. The advantage of this scale is that the range of symptoms it measures does not focus on the more cognitive aspects of depression. This consideration is of particular interest in a cross-cultural context, where the cognitive/affective dimension may vary considerably. The Spanish version used was validated by Zung. The Cambodian translation was validated in the same way as the FES.

The following sociodemographic characteristics were documented: time in Canada, sponsorship (or lack of it), immigration status, income level, and employment status and command of host-country languages (French and English). Table 1 gives some of the sociodemographic characteristics of the sample.

We performed *t* tests and correlational analyses to investigate the relationships between CBCL scores, trauma scores, and family variables.

Qualitative Method

We gathered qualitative data on several aspects of the experiences of refugee families from the two communities under study in two ways. First, we did an ethnographic survey of parents and adolescents from the two communities. Second, we devised a semistructured interview covering key aspects of experiences: trauma suffered in their homeland and separations resulting from their exile, the acculturation process in different social spheres, and personal and family ideas of what the future held. For this part of the study, all elementary and high-school subjects were interviewed. The two sets of data were analyzed for content by comparing the Central American and Southeast Asian respondents, as well as the parents and the children. The following presents only the qualitative material most relevant to the question of intergenerational transmission, concentrating the analysis on two issues:

1. What the children, adolescents, and parents say and do not say about the trauma: Have the parents talked to their children about what happened? If now, why not? If so, what have they said? What do the children and adolescents know? What have they guessed? Would they like to know more about it or less? Does the family refer to the trauma in other, inexplicit ways?
2. The subjective desire to transmit the past: What do the parents wish or not wish to transmit about their origins and their past? What do the children and adolescents wish or not wish to hold on to?

Table 1. Sociodemographic Characteristics of Cambodian and Central American Refugee Children and Adolescents

	Children		Adolescents	
Sociodemographic characteristics	Cambodian ($n = 67$)	Central American ($n = 56$)	Cambodian ($n = 76$)	Central American ($n = 82$)
Sex (%)				
Male	52.2	57.1	60.5	57.3
Female	47.8	42.9	39.5	42.7
Mean age (years)	10.3	10.7	13.7	14.4
Mean length of stay in Quebec (years)	5.2	5	9.8	6.6
Household income (%)				
Moderate	56.7	17.9	18.4	34.1
Low	43.3	82.1	81.6	65.9
Employment status of parents (%)				
Employed	38.8	71.4	40.8	46.3
Unemployed (both)	61.2	28.6	59.2	53.7
Mean size of household (people)	5.6	3.9	5	4.8
Type of household (%)				
Two-parent	91.0	71.4	72.4	64.6
Single-parent	9.0	28.6	27.6	35.4
Parents' educational level (%)				
Elementary	53.7	33.9	61.8	30.5
High school	46.3	58.1	35.5	59.8
University	—	7.1	2.6	9.8
Parents' French or English proficiency (%)				
Nil	10.4	8.9	14.5	8.5
Poor	89.6	64.3	75.0	63.4
Good	—	26.8	10.5	28.0

RESULTS

Nature and Intensity of Family Traumata

The trauma profile reported by the families varied according to geographic context. The greatest traumata in both number and severity, reported by Cambodian respondents for both the children and adolescents, were suffered before the birth of the child; for the Central Americans, trauma was worse after the birth (Tables 2 and 3). The traumata most frequently reported by the Cambodian respondents (Table 2) that occurred in the child's lifetime were confinement in a refugee camp (98.5% for children, 98.7% for adolescents) and fleeing their homeland on foot (43.3% for children, 30.3% for adolescents). The journey out of the homeland was fraught with peril. Some parents even reported leaving their older children with peasants met along the way, for fear they would die if they stayed with them. Forced labor

Table 2. Percentage of Families of Cambodian and Central American Refugee Children and Adolescents Having Experienced Trauma, by Type of Trauma and Time of Trauma

	Children				Adolescents			
	Cambodian ($n = 67$)		Central American ($n = 56$)		Cambodian ($n = 76$)		Central American ($n = 82$)	
Type of trauma	Before	After	Before	After	Before	After	Before	After
In homeland								
Persecution	1.5	1.5	7.1	46.4	10.5	6.6	6.1	51.2
Threats	11.9	4.5	1.8	39.3	34.2	10.5	6.1	63.4
Imprisonment	1.5	—	1.8	14.3	2.6	—	3.7	20.7
Execution	68.7	—	8.9	25.0	32.9	3.9	4.9	35.4
Torture	3.0	6.0	5.4	21.4	3.9	1.3	7.3	32.9
Disappearance	32.8	3.0	10.7	19.6	15.8	2.6	9.8	25.6
Forced labor	86.6	—	—	—	77.6	10.5	—	4.9
Violence witnessed by child	—	—	—	12.5	—	—	—	30.5
Other	3.0	4.5	7.1	39.3	47.4	36.8	1.2	62.2
During migration								
Crossing borders illegally	44.8	43.3	1.8	16.1	35.5	30.3	—	30.5
Attack by soldiers	13.4	9.0	—	—	19.7	18.4	—	9.8
Flight from country by boat	—	1.5	—	—	1.3	5.3	—	1.2
Other	46.3	37.3	1.8	28.6	38.2	35.5	1.2	50.0
Stay in refugee camp	—	98.5	—	—	—	98.7	—	1.2
Birth in refugee camp	—	53.7	—	—	—	52.6	—	—

(86.6% for children and 77.6% for adolescents) and the execution of a relative (68.7% for children and 32.9% for adolescents) were the most often reported family traumata that occurred before the birth of the child.

The main traumata in the child's lifetime, as reported by the Central American respondents, were persecution and threats for both the children and adolescents; execution and assassination (25.0% for children, 35.4% for adolescents), and torture (21.4% for children, 32.9% for adolescents) were also frequent. In addition, 19.6% of the children and 25.6% of the adolescents had a relative disappear. Fewer traumata were suffered before the birth of the child, and most of them in the adolescent sample involved difficulties in leaving the country, especially crossing national borders on foot.

If we consider traumata reported for the entire family, the respondents in the samples of both children and adolescents reported a greater number of traumata suffered by the nuclear family than by the extended family (Table 4). The Cambodian respondents in the children's sample were especially vague in identifying the members of the nuclear family who suffered traumata; 10.4% reported a trauma suffered specifically by the father of the child, 6.0% by the mother, and 1.5% by a sibling of the child, for a total of only 17%. The figure 95.5% is explained by the fact that respondents often reported that the entire family had suffered a trauma, particularly in connection with life in a refugee camp and crossing borders. The type of trauma reported by the Cambodian parents of this sample (i.e., associated with life in a refugee camp

Table 3. Means and Standard Deviation of CBCL Internalizing and Externalizing Scores, Trauma Scores, and Family Scores

	Children		Adolescents	
	Cambodian	Central American ($n = 56$)	Cambodian	Central American ($n = 82$)
CBCL scores				
Internalizing				
M	6.6	19.2	5.4	12.4
SD	4.2	13.9	3.7	8.1
Externalizing				
M	7.3	18.5	4.3	8.6
SD	4.6	13.5	4.3	8.6
Trauma index				
Before birth				
M	3.7	0.5	4.2	0.5
SD	1.8	1.3	2.8	1.3
After birth				
M	2.9	3.1	2.1	4.9
SD	1.5	2.9	2.9	3.3
Family scores				
Cohesion				
M	8.3	7.5	8.1	7.8
SD	1.0	1.2	(1.3)	(1.4)
Conflict				
M	1.4	1.8	0.8	1.6
SD	1.3	1.9	(1.1)	(1.6)
Parental depression				
M	38.2	31.6	36.1	32.9
SD	5.0	8.0	(6.0)	(8.7)

Table 4. Percentage of Families of Cambodian and Central American Refugee Children and Adolescents Having Suffered Trauma, by Relationship between the Trauma Victim and the Child

	Children		Adolescents	
Trauma victim	Cambodian ($n = 67$)	Central American ($n = 56$)	Cambodian ($n = 76$)	Central American ($n = 82$)
Nuclear family				
Father	10.4	55.4	42.1	46.3
Mother	6.0	25.0	32.9	19.5
Sibling	1.5	5.4	11.3	2.4
Entire nuclear family	95.5	64.3	80.3	48.8
Extended family				
Grandparent	20.9	7.1	9.2	13.4
Other family member	40.3	57.1	19.7	46.3
Entire extended family	52.2	14.3	67.1	41.5

and crossing borders on foot) would appear to be at the root of this discrepancy. Interestingly, however, the rates of trauma reported by the parents of Cambodian adolescents involving the father (42%) or mother (33%) are much higher than in the families of children.

In the case of Central American respondents, the profile of traumata suffered directly by parents is similar for both children and adolescents. As in the case of parents of Cambodian adolescents, more direct traumata involving the father than the mother were reported (Table 4).

Characteristics of Family Variables

According to the FES, from the parents' point of view, Cambodian families were more cohesive than Central American ones in both samples, while the conflict level did not vary significantly between the groups in the children's sample but was significantly higher in the Central American adolescent sample (Table 3). The level of parental depression was significantly higher among the Cambodians than among their Central American counterparts.

Association between Emotional Problems, Traumata, and Intermediate Variables

The association between the scores for traumata experienced before and after the birth of the child and the emotional symptoms reported by parents varied with the cultural group and stage of development (Table 5). For the Cambodians, there appears to be a significant association between the number of traumata experienced by the family after the birth of the child and internalizing problems only among adolescents. Further analysis reveals that the effect is sex-linked, and that it is adolescent Cambodian girls ($r = .47$; $p = .008$), for whom an increase in the number of family traumata is associated with an increase in internalized symptoms.

Among the Central Americans, there is a strong association between the number of traumata experienced by the family after the birth of the child and internalized and externalized symptoms in the children. The number of traumata before the child's birth is also significantly correlated to externalized symptoms in the children. For Central American adolescents, only the number of traumata after their birth is associated with internalized symptoms. The relationship between the number of traumata and emotional symptoms does not vary with sex for either Central American children or adolescents.

Table 5. Pearson's Correlation Coefficients between CBCL Internalizing and Externalizing Scores in Refugee Children and Adolescents and Trauma Occurring before and after the Birth of the Child

	Children				Adolescents			
Timing of trauma	Internalizing		Externalizing		Internalizing		Externalizing	
Cambodia								
Before birth	−.0577	(.643)	−.0315	(.800)	.0711	(.542)	.0297	(.799)
After birth	−.0594	(.633)	.1302	(.294)	.2433	(.034)	.1259	(.278)
Central America								
Before birth	.1825	(.178)	.2870	(.031)	.0690	(.538)	−.0380	(.735)
After birth	.5017	(<.000)	.4146	(.001)	−.0138	(.902)	.2279	(.039)

Note: Numbers in parentheses indicate two-tailed levels of significance.

Table 6. Pearson's Correlation Coefficients between Intermediate Family Variables and Trauma Occurring before and after the Birth of the Child

	Children			Adolescents		
Timing of trauma	Cohesion	Conflict	Parental depression	Cohesion	Conflict	Parental depression
Cambodia						
Before birth	−.2522	.0627	.0702	−.0566	.0610	.0062
	(.040)	(.614)	(.572)	(.627)	(.601)	(.958)
After birth	.1308	.0626	−.0105	−.0825	.0318	.3173
	(.291)	(.615)	(.933)	(.479)	(.785)	(.005)
Central America						
Before birth	.0226	.1026	.1039	−.0979	.0806	−.1555
	(.869)	(.452)	(.446)	(.382)	(.472)	(.163)
After birth	−.0900	.4406	.3379	.1362	−.1283	.1445
	(.510)	(.001)	(.011)	(.222)	(.250)	(.195)

Note: Numbers in parentheses indicate two-tailed levels of significance.

As in the case of emotional symptoms, the association between trauma scores and family variables that may modify the effect on the children varies with the ethnic group and the sample (Table 6).

In the Cambodian samples, there is a significant association between the number of traumata experienced before the birth of the child and low family cohesion in families of children, while the number of traumata after the birth is linked to the level of parental depression in the families of adolescents. For the families of Central American children, the number of traumata after the birth is associated with the degree of family conflict and parental depression. A similar association is not found in the families of adolescents, however (Table 6).

The three variables that describe the family—cohesion, conflict, and parental depression—are also associated in various ways with the emotional symptoms of the children and adolescents of both cultural groups (Table 7). Overall, in the case of Cambodian children and adolescents, a higher degree of family cohesion is associated with a decrease in emotional symptoms. Depression in Cambodian parents is also strongly associated with emotional problems, but only among adolescents. In Central American families, family conflict and parental depression are associated with emotional symptoms in children and adolescents, whereas the lack of family cohesion seems to play an insignificant role.

After controlling for significant intermediate family variables (conflict, cohesion, and parental depression) and length of time in Canada, partial correlations between traumata before and after the child's birth and emotional problems in Central American children and adolescents do not change in any meaningful way. For Cambodian adolescents, on the other hand, the correlation between traumata after the birth and internalized symptoms shrinks to insignificance when family cohesion, parental depression, and time in Canada are controlled for ($r = .24$; $p = .034$ before; $r = .14$; $p = .215$ after).

Further analysis shows that the relationship between trauma after the birth and internalized symptoms among Cambodian girls is still significant, even after controlling for family variables and length of time in Canada ($r = .47$; $p = .008$ before; $r = .38$; $p = .04$ after). Parental depression and length of time in Canada are partially responsible for the variation in the strength of the correlation.

Table 7. Pearson's Correlation Coefficients between Intermediate Family Variables and CBCL Internalizing and Externalizing Scores in Refugee Children and Adolescents

	Children			Adolescents		
CBCL scores	Cohesion	Conflict	Parental depression	Cohesion	Conflict	Parental depression
Cambodia						
Internalizing	–0.1993	0.1875	0.0946	–0.2182	0.1288	0.4383
	(.053)	(.064)	(.223)	(.058)	(.268)	(<.000)
Externalizing	–0.0668	0.2242	–0.1663	–0.4626	0.1515	0.4431
	(.296)	(.034)	(.089)	(<.000)	(.191)	(<.000)
Central America						
Internalizing	–0.1144	0.3456	0.3488	–0.2883	0.3978	0.3599
	(.200)	(.005)	(.004)	(.009)	(<.000)	(.001)
Externalizing	–0.1637	0.3295	0.1971	–0.0842	0.2297	0.2768
	(.114)	(.007)	(.073)	(.452)	(0.038)	(.012)

Note: Numbers in parentheses indicate two-tailed levels of significance.

RESULTS OF QUALITATIVE ANALYSIS

Implicit and Explicit Family Discourse on Trauma

Before going into the specific question of how the family refers to trauma, let us take a brief look at the major differences that have traditionally existed, independent of traumatic events, in parent–child communications in these two cultural groups.

The concept of respect is central to the parent–child relationship in both groups. For Southeast Asian families, respect is part of the code of conduct that governs all family and social relationships, and is embedded in a complex hierarchical structure. Relationships are fundamentally unequal, and the language reflects the fact that a person does not exist alone, but only as a function of all these relationships (Atlani, 1994). The Southeast Asian parents we met in the course of our research were very often puzzled by questions regarding what they had said to the child, or what was important to the child. The Southeast Asian interviewers also found it difficult to understand these questions that treated the child as an independent individual. The parents' answers reestablished the proper relationship: They were the ones who knew what was important for their children, or what they should think, and there was no point talking directly to their children about it.

In Central American families, respect is a type of consideration among family members that implies emotional closeness more than obedience. Dialogue, mutual understanding, and love are the signs of this respect.

In both communities, the way a family talks about trauma depends on preexisting patterns of intrafamily communications; it may reinforce them, or change them subtly, or even break them.

Southeast Asian Families. On the whole, the Southeast Asian parents rarely spoke to their children, of any age, about their traumatic past and the war. When they did, they tended to talk about family members who had not been "properly laid to rest" and whose spirits might

still affect the living, or about their past poverty and hunger, so that the children would appreciate the gains they had made in the host country.

The parents offered the following justifications for the fact that they had not told the children what was happening: They were too young, it would have been dangerous, they might have talked, it would have been pointless. Even now, they still speak only occasionally and anecdotally about the past, saying that there is no point, that the children/adolescents cannot understand, that the children/adolescents do not speak their native language well enough to talk about anything but day-to-day matters. Last, some parents say that their children are not interested, while others acknowledge that the children sometimes talk about it, but that they do not answer: "I let her talk and then that's the end of it."

Many Southeast Asian adolescents express a desire to know more about the family's past and the war. They mention that they feel left alone with their sketchy memories or vague impressions about things that might be secret. "There's nobody I can talk to" and "I think about it all the time" were comments often heard. Some ask their parents questions, but often get no reply: The television is on, their parents say they haven't the time or simply remain silent. Often, the adolescents accept this state of affairs as unchangeable, although they wish it were not.

Some adolescents acknowledged that they did not like "those stories," or said that their memories mixed with snatches of stories seemed unreal: "It's almost as if it never happened." They also seemed to have trouble talking to their friends about the past. One adolescent reported that his friends "don't believe it; they say it isn't true," or could not imagine that it could be true. He mentioned that some teachers at school were "curious," however.

More implicitly, parents acknowledged being afraid for their adolescents. Rape was frequently mentioned in adult conversation as a very real threat. A mother quoted this proverb: "Girls are like cotton: Once it falls in the mud, it's no good anymore. Boys are like gold: If it gets dirty, you just wash it off and it shines." The world outside the community was seen as threatening and violent, especially for girls. Unlike their parents, the adolescents did not see the source of the danger of violence as lying exclusively outside the community. A number of them admitted to being members of gangs from the community and committing violent acts within the community—facts that the parents seemed to be unaware of or denied. Although they did not explicitly mention the danger of rape, some adolescent girls expressed a need for male "protectors" against other men, and they sometimes chose gang members for this role.

Central American Families. The Central American families spoke more of the past and history in their homeland than did the Asian families. Questions about the traumatic events and the war were often treated generally as *la politica,* or, in the case of El Salvador, *la situación.* Some parents expressed a desire to distance themselves from this history and *la politica,* whereas others had a desire to share their past political commitment and continue it through their children.

Many parents said that they had already explained to the children their departure and the misfortunes they had suffered as a result of the traumatic events. A fairly large number of these parents gave explanations that either skirted around the traumatic events ("I told him that we were going to visit his aunt," "We were going to Canada because her father was there") or were even false ("I told him we were going on vacation"), with the implicit goal of protecting either the child or the family's safety. A large n umber of parents said nothing to the children because they felt they were too young, because they did not want them to worry, or because they themselves were not psychologically up to it: "I went crazy." Some parents explained that they had said nothing because they had the impression that the children already knew what was going on.

After many years in the host country, parents were more willing to talk about what had happened in their homeland, although the desire to avoid painful memories and frequent political opposition within the family may limit what is actually said. The Central American adolescents often placed themselves at what they felt as a necessary distance from the past. They said that they remembered "enough," that they "know nothing about politics," even though they knew that their parents did. Some adolescents said that their parents had spoken to the older children and were waiting for the right time to tell them. They showed no impatience or desire to know more, and on the contrary, seemed much more comfortable at this relative distance.

Implicitly, despite the distance the families put between themselves and politics, which is strongly associated with armed violence, some concepts traditionally associated with the language of Central American political activism emerged very frequently. The concepts of equality and inequality, of discrimination and dominance, for example, partially structured family members' observations regarding relationships both within the community and outside it. Similarly, while material prosperity was generally viewed in a positive light, *el materialismo* was seen as one of the evils undermining family and community relations.

Subjective Desire to Transmit or Not Transmit the Past

Southeast Asian Families. Southeast Asian parents wanted to pass on to their children the aspects of their culture of origin that define the code of acceptable conduct in the community, mostly emphasizing respect and obedience. Some parents defined the code of conduct in more detail: Specifically, their main concerns were the importance of not living together until after marriage, and behavior with respect to the opposite sex. Parents sometimes mentioned customs and religion, but they had little or no desire to pass on their native language. Religion was seen as protecting against the risks of future violence: "It preaches nonviolence and gratitude toward parents; it distinguishes between good and evil." Parents did not say that there were some aspects of their culture of origin that they did not wish to pass on to their children. Rather, anything negative (violence, extreme liberty, abandonment of parents) was attributed to the host community.

Southeast Asian adolescents appreciated and wished to hold on to the reserve, politeness, and respect that they felt characterized their culture of origin. Several questioned the lack of freedom and the frequent physical violence that they reported in parent–child relationships in their community. They had a less dichotomized view of the positive and negative aspects of their own culture, and of that of the host country, than did their parents.

Central American Families. The main things Central American parents wanted to pass on to their children were their language and customs. Intrafamilial communication, love, and respect for parents were also seen as fundamental values that characterize the culture of origin and should be transmitted to the children. Central American parents named some aspects of their cultural heritage that they did not want to pass on: *machismo,* irresponsibility, laziness, submissiveness, and armed violence.

The Central American adolescents identified themselves as *Latinos,* and this identity is built up largely around language, birthplace, and, for some, a certain way of relating to others: "warmth . . . consideration." *Machismo* was mentioned as one of the negative aspects of the culture of origin. Many adolescents expressed contempt for and felt betrayed by those young people of their community who identify "too much" with Quebeckers.

Interestingly, in both cultural groups under study, there is a definite convergence of what parents wish to pass on to their children and what the adolescents value and consider to be the key aspects of their culture of origin. The numerous conflicts between refugee parents and adolescents seem to leave these spheres untouched for the most part, at least, as they are defined in theory. The two groups of parents take different approaches to the transmission of violence, with the Asians emphasizing the aspects of their own culture (e.g., religion) that protect them against violence and perceiving the risk of violence as coming from outside the community, while the Central Americans see the transmission of the violent social environment in which they used to live as a possible risk. One of the preventive strategies they have adopted seems to be to promote a distancing from politics and a new appreciation of religion. This importance of religion is not mentioned in most of the Latino-American studies of trauma. This may be explained in part by the fact that the majority of these consider population from the southern part of Latin America, where the religious phenomena may be less important than in Central American countries (Jenkins, 1991).

DISCUSSION

For a number of reasons, the quantitative and qualitative results of the two studies presented here must be interpreted with caution when it comes to understanding intergenerational transmission of trauma.

First, despite similarities in the sociodemographic and traumatic profiles of the samples of children and adolescents, this was not a longitudinal study, and differences between the patterns of associations between variables in the two samples may be caused, accentuated, or reduced by facts other than the child's stage of development. In particular, the differences in the traumata suffered directly by fathers or mothers of the Cambodian children and adolescents may be evidence of different degrees of direct exposure to war.

Moreover, for the two samples, there is an overlap between the traumata experienced before the birth of the child and those experienced afterward, often when the child was quite young. Although, in the case of very young children with no direct experience of the traumatic event, for whom transmission of trauma may well be very close to purely intergenerational, the fact remains that the association with other events, such as separations, makes these traumata different.

It should also be noted that the two groups display marked differences in exposure to family trauma before and after the child's birth. These differences may be due to a different degree of geographic proximity to the armed conflict and introduce some confusion as to whether cultural origin or contextual differences are more significant.

Other limitations have to do with the characteristics of the family variables examined: Only depression was studied; thus, parental symptomatology was not considered globally and other aspects of family dynamics could also have been studied.

Despite all these limitations, the observations made in these two studies raise some interesting questions about possible interactions between child development, cultural origin, and context of trauma in the family transmission of the impact of trauma.

The first question has to do with the possibility that family transmission of the impact of trauma is not a linear function of time elapsed since the trauma occurred, but that the culture of origin and different stages of the child's development play roles in mediating the relationship.

This hypothesis, which is backed up by observations on fluctuations in the relative importance of risk and protective factors at different stages of development (Werner, 1989), chal-

lenges the common assumption found in the literature that refugee children eventually become just like any other immigrants (Rumbaut, 1991), and that the impact of trauma decreases linearly with the passage of time. The relationship between family trauma and emotional problems seen in Central American youngsters remains constant if we control for time spent in the host country. Furthermore, in the case of the Cambodians, the appearance of emotional problems associated with the family trauma observed in adolescent girls can be attributed only partially to a variation in family dynamics (cohesion, conflict, parental depression) or to length of time in Canada. These variations could be partially due to the way the families of the two cultural groups talk about their traumatic past. The Central Americans talk more explicitly about the trauma, and in the younger children, this seems to be associated with a greater invasion of the child's emotional world. The Central American adolescent distanced themselves, which could be a protective avoidance mechanism. Among the Southeast Asians, the silence surrounding the past seems to protect the children at first, but indirect references to the past through allusions to rape seem to have an impact on anxiety and depression levels in pubescent girls. This indirect reference, which could also be termed a return of the repressed, seems to breach the relative protection provided by silence, which also served as an avoidance mechanism.

Another question has to do with the patterns in which family variables such as parental symptomatology or family dynamics are involved in transmission. The results of our two studies of Central American children and adolescents suggest that trauma may sometimes affect the family climate, which in turn had a major impact on the symptoms displayed by children and adolescents. The impact of trauma on children, both before and after birth, seems to be relatively independent of these family conditions, however. What is more, the association between family climate and trauma does not appear to be immutable, even for two samples of the same ethnic origin having fairly comparable trauma profiles. This underscores the need to try to understand the relationship between trauma, conflict, and family cohesion in all its complexity.

A third and final question concerns the establishment of continuity between past and present, between children and parents, beyond the ruptures caused by traumata and migration.

The literature on adolescent immigrants and refugees has greatly emphasized the importance of intergenerational conflict and the gap created by the fact that young people are acculturated much more quickly than their parents. The convergence seen in the qualitative data between what parents wish to pass on of their culture and what adolescents value highlights another dimension: the means of establishing continuity based on cultural anchors that help them cope with rupture. This continuity, which should be investigated to determine whether it is only paid lip service or actually influences behavior, may develop in parallel to many conflicts about everyday matters. Given the many losses these populations have to come to terms with, it is possible that continuity may play a protective role and facilitate the inevitable grieving process that Eisenbruch (1988) calls "cultural bereavement."

In the way they talk about the transmission of trauma to their children, both cultural groups studied seem to employ strategies that could be described as "preventive neutralization," although the two groups differ radically in where they feel this violence is rooted. The Central Americans see violence as existing within the community, and they talk openly about the risk of transmission and the need to avoid it. The Southeast Asians, on the other hand, see violence as chiefly coming from the outside world and being transmitted to children and adolescents through bad influences when they breach the code of conduct.

Although the two communities' strategies to counter the spread of violence differ in form—a code of conduct as opposed to respect and mutual understanding—they are similar when it comes to refocusing on values considered to be characteristic of the culture of origin that subjectively underlie family cohesion and strength.

CONCLUSION

Research into the interactions of culture and context in the intergenerational transmission of trauma is only just beginning, and a great deal remains to be done to develop a better idea of their specific roles.

An understanding of intergenerational transmission of trauma in light of the strategies devised by various cultures may not only enhance our prevention and intervention efforts for those suffering the consequences of direct or indirect trauma but may also open up avenues for understanding how the hate and hostility that underlie many modern conflicts as much as, if not more than, immediate economic interests, have been passed on from time immemorial.

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