

Wchan Organization for Victims of Human Rights Violations

Trauma Rehabilitation and Training Center

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Effect of trauma on a person

Many trauma survivors present with a chief complaint of extreme sadness, hopelessness, excessive guilt, loss of interest in former pleasurable activities, fatigue or loss of energy, sleep disturbance, decreased ability to concentrate, and psychomotor agitation or retardation. They may also suffer from flashbacks, nightmares, irritability, nervousness, grief and emotional numbing.

Effect of trauma on a person

A number of studies indicate that those who have been exposed to a major trauma are at risk of developing a major depressive disorder, anxiety and PTSD.

Some studies showed that in civilians have reported high rates of war-related mental health problems that combatants.

Intergenerational transmission of trauma was first observed in 1966 by clinicians among a number of children of survivors of the Nazi holocaust. Since then, several terms have been used to describe Intergenerational Transmission of Trauma.

For example: secondary traumatization, secondary traumatic stress (STS), co-victimization, secondary survivor, finally the suggestion that because the trauma is passed on from parents to their children, perhaps "parental transmission" would be a better term to apply.

Clinical reports suggest special characteristics of children of survivors, and particular problems in the relationships between children and parents in survivor families, supporting the hypothesis of intergenerational transmission. Some of the parents who survived traumatic events seem to be likely to pass their depressive symptoms onto their own children.

In other words, many of the offspring of trauma survivors may suffer from the same symptomatology of their parents and some other symptoms like decreased school performance, anger, behavioral problems and agitation.

No mechanism alone is the answer to how trauma passes from one generation to the next generation. There have been several attempts at explaining how the transmission of depressive symptoms may be passed on to next generations. Some of those are:

Biological or genetic model of trauma transmission

Genetic or biological aspect may play a role in the transmission of trauma from one generation to the next. Based on this model of transmission of trauma, genetic has a main role in etiology of a person's illness, genes transmit elements from a parent to the child and some mental illnesses seem to have a clear hereditary etiology.

Sociocultural and socialization model for trauma transmission

Children learn things by observing and copying their parents' behaviors. Socialization model of transmission focuses on how children of survivors form their own images through their parents' child rearing behavior.

For example, a trauma survivor parent, give their children warnings such as, "don't trust anybody", "Be careful", and "One must not rely on anyone outside the immediate family". These messages left their mark on their children.

These exaggerated worries from anxious parents may have conveyed a sense of impending danger that the child has absorbed. In the end their compulsive anxiety tends to be transmitted to their children, raising their own anxiety and keeping them closer to home.

Primary survivors' responses to trauma varies depending on:

- How the survivor explains his/her trauma; such as, why that happened? Was it expected? Am I deserved to pass through that?
- Severity of trauma vs value a person giving it to his/her trauma.

These can shape the survivors' perspective on his/her trauma.

Then the most important factor is how we deal with a survivor as government, service providers, etc. Those whom have been acknowledged by government and "their political parties" as survivors that are deserved to be compensated (whether financial wise or giving them titles such as heroes who struggled for their nations) and rehabilitated physically and psychologically, are have less symptoms of trauma or may not have any symptoms.

In contrast, those who feel that they were victims and now no one acknowledge their sacrifices, have more symptoms of trauma.

Intergenerational transmission of trauma

The reactions of primary trauma survivors are reflected on how their children feel, think and behave in term of transmitting trauma symptoms. These may support the socialization model of trauma transmission.

One of our Clinical Supervisor's Master theses was on "Intergenerational transmission of trauma" among children of survivors of Kurdish genocide. This study compared between two groups of students of the classes 11 and 12 among children of genocide survivors and children on ordinary parents.

The study found that the levels of depression among genocide survivors were moderate according to the Beck Depression Inventory, while in the general population group was minimal or (no depression).

