ZERO TO THREE®

Journal of ZERO TO THREE: National Center for Infants, Toddlers, and Families

Responding to Violence, Disaster, and Trauma

Understanding Historical Trauma and Colorism

Trauma-Informed Early Intervention

Early Childhood Policy Implications

Fostering Resiliency and Recovery

THIS ISSUE AND WHY IT MATTERS

Family and community violence, natural disasters, and traumatic life events touch the lives of even the youngest children. Many believe that we live in a more violent society than in the past. With new technologies, there is more opportunity to be a consumer of violence, whether it is depicted in news media or in the entertainment industry. In just the past year, our country experienced the trauma-related events of Superstorm Sandy, the Sandy Hook Elementary School shooting, the Oklahoma tornado, and the Boston marathon bombing. Even when families are not directly involved in a traumatic event, they can be affected by it through the media coverage of frightening images and feel a heightened sense of vulnerability and stress.

The burgeoning knowledge of how early life experiences impact later development brings a new urgency to addressing the needs of very young children and their families who are suffering due to violence, disaster, or trauma. Parents and other caregivers play a crucial role in how children cope with and are affected by adverse experiences. Creating effective systems of support requires comprehensive and accessible approaches to identification and treatment, and public policies that help children and families and protect society.

The articles in this issue of *Zero to Three* address a wide range of potentially traumatic experiences, from widespread events to interpersonal experiences. The authors share their experiences and insights about how to coalesce community support, how to meet the unique needs of infants and toddlers, and how to foster family resilience and recovery. The articles reveal how challenging experiences often present the opportunity for growth in individuals, families, programs, and communities that lead to more resourceful solutions and resilient outcomes.

We hope this issue of *Zero to Three* provides early childhood professionals some ideas, resources, and tools to better address the effects of traumatic experiences in the lives of young children and their families. For additional resources, please visit the ZERO TO THREE web site (www.zerotothree.org) for a variety of publications, podcasts, and links to related information.

Stefanie Powers, Editor

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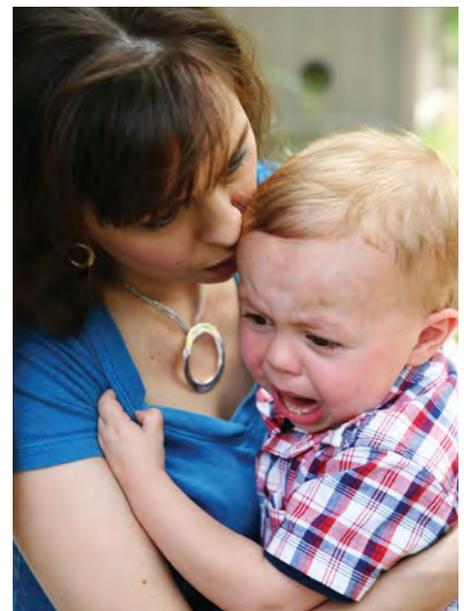
Colorism, A Legacy of Historical Trauma in Parent–Child Relationships

Clinical, Research, and Personal Perspectives

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When infant mental health or child practitioners think about trauma they typically do not think about *historical trauma* (N. McConnico, personal communication, May 30, 2013). Historical trauma is defined as "a cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences" (Brave Heart, 2003, p. 7). Although the legacies of historical trauma are numerous and interconnected (see Sotero, 2006, for full discussion), we will specifically focus on the modern legacies of internalized oppression and the outcome of *colorism*—valuing lighter skin tones over darker skin tones—as it occurs among some members of subjected groups who have experienced historical trauma. The emotional experience of this unconscious social hierarchy of skin color variation may have a significant psychological impact on parent–child relationships.

A loving grandparent may make a teasing statement about a "nappy-haired, black as night chile," in reference to a disobedient toddler. Conversely, in some countries in Latin America (Ecuador, Mexico, Colombia) the term "Negrita/negrito" (diminutive of the word black in Spanish) may be used as a term of endearment and as an expression with positive connotations in songs and poetry. Depending on the socio-cultural context it may be used as a way to denote affection between partners, friends, or family members or as an offensive term (Whitten, 2003). Yet, issues related to colorism may be an unrecognized factor in assessments of parent–child interaction. The issues may be subtle but hurtful forms of rejection by caregivers or family members due to the dark or light skin color of the infant or child (Lewis, 2000, 2007).

Abstract

Practitioners need to be aware of the intergenerational transmission of historical trauma in families with young children. One legacy of historical trauma, *colorism*—valuing light skin over dark skin—occurs among many oppressed indigenous, ethnic, racial, and cultural groups around the world. The unconscious hierarchy and privilege associated with skin color may interact with other stressors and traumatic events resulting in the acceptance or rejection of children by parents. A clinical case explores the compounding impact of colorism with present-day traumatic stressors in the parent–child relationship of a Salvadoran dyad where the mother is a survivor of political trauma. The authors then present research, personal, and professional experiences of colorism within families and systems of care and discuss recommendations for therapists.

The legacy of colorism occurs among many indigenous, ethnic, racial, and cultural groups around the world (Bhattacharya, 2012; Hochschild & Weaver, 2007; Vasconcelos, 1928/1979). In this article we will address the *intergenerational relational trauma* (see box Definition of Relational Trauma) and emotional rejection of children within families and their communities that may be triggered by colorism. We then discuss how colorism negatively impacts parent–child relationships in two separate groups who experienced centuries of chronic historical trauma—an immigrant Salvadoran family, and African American descendants of enslaved Africans.

Historical Trauma

"MULTIGENERATIONAL TRANSMISSION of trauma is an integral part of human history. Transmitted in word, writing, body, language and even silence, it is as old as human kind" (Danieli, 1998, p.2).

Historical traumas have occurred in groups across the globe, in numerous cultures and ethnic groups since recorded history (Hooker & Czajkowski, 2007). (See box Assumptions of Historical Trauma Theory.) The essential components of a conceptual model for understanding historical trauma in any group are (a) the historical trauma experience, (b) the historical trauma response (HTR), and (c) the intergenerational transmission of trauma (Sotero, 2006). Figure 1 presents the relationships among these components.

The subjected group may manifest the historical trauma experience as internalized oppression, and it may be expressed in parent–child relationships through the practice of colorism.

Historical Trauma Experience

The historical trauma experience in Figure 1 refers to the exposure of a group (based

Figure 1. The Key Components of Historical Trauma and Impact on Relationships

DEFINITION OF RELATIONAL TRAUMA

Relational trauma has been defined as "a type of psychological trauma involving interpersonal loss within significant care giving relationship" (Briere & Spinazzola as cited by Gardner, Loya & Hyman, 2013, p.3). It can have negative consequences for children's cognitive development, their possibility of self-regulation, the development of self-esteem, trust in the world, and how they may relate to others in the future. Children traumatized in their attachment relationships may have difficulties to empathize with their own children once they become parents and present mental health disorders.

ASSUMPTIONS OF HISTORICAL TRAUMA THEORY

The phenomena of historical trauma in multicultural groups worldwide includes the following assumptions:

1. Mass trauma is deliberately and systematically inflicted upon a target population by a subjugating, dominant population;

2. Trauma is not limited to a single catastrophic event, but continues over an extended period of time;

3. Traumatic events reverberate throughout the population, creating a universal experience of trauma;

4. The magnitude of the trauma experience derails the population from its natural, projected historical course resulting in a legacy of physical, psychological, social and economic disparities that persists across generations.

Source: Sotero, 2006, p. 94

on a specific membership criteria, e.g., ethnic, racial, nationality, religious group) to deliberate perpetration of massive trauma. Historical trauma experiences exist on a continuum that includes experiences from colonialism; systematic discrimination based on a diversity characteristic such as race, gender, sexual orientation, or country of origin; to political violence, genocide, and generations of structural inequality (Duran, Duran, & Brave Heart, 1998; Eyerman, 2004; Healey, 2013; Hooker & Czajkowski, 2007; Noroña, 2011; Sotero, 2006).

The historical trauma experiences of families with young children descended from the colonized indigenous people of a country, such as American Indians; Mayan; Aboriginal people of Australia, the United States, India, Central America, South America, and Canada; or the enslaved Africans captured and brought to the Americas during the 400 year trans-Atlantic slave trade, have not been sufficiently addressed in research or clinical practice (Bhattacharya, 2012; Bombay, Matheson, & Anisman, 2009; Brave Heart, 1998; Coles, 1964; Danieli, 1998; Eyerman, 2004; Hooker & Czajkowski, 2007; Sotero, 2006).

THE HISTORY OF EL SALVADOR

El Salvador's history reflects the oppression of communities of color in the rest of Latin America and offers a powerful example of "the struggles of indigenous peoples and of people of color within the context of multiethnic, multiracial societies dominated by lighter skinned descendants of Spaniards" (Comas-Diaz, Lykes, & Alarcón, 1998, p. 778).

After three centuries of colonial domination, the Indian population of El Salvador and other Central American countries was significantly reduced and lost their right to use their land. This loss represented a profound injury to their cultural identity (Comas-Diaz et al., 1998, Czajkoski, 2004) as their Mayan and Aztec ancestors revered the land as a sacred symbol. Cultural expressions through religion, language, dress, or beliefs were suppressed often by force or punishment and the indigenous Indians were indoctrinated into Catholicism. By the end of the colonial period the former Indian towns were in the possession of a small group of Spanish families that became the ruling oligarchy. These ruling families excluded *mestizos* (part Indian part European), *ladinos* (pure blooded Indians that assimilated to the ruling culture), and

Indians from economic and social power. After El Salvador obtained independence of Spain (1821) the oligarchy and military abolished all village landholding, which added to the oppression of *campesinos* or peasants (Czajkoski, 2004). Monopolistic practices impeded the rise of a middle class, and the disenfranchised people of mixed races and colors constituted the masses of the poor... the poor having evolved from those with native "Indian" blood in the 15th century to all the underrepresented classless peasants of mixed race living in the 20th century and beyond (Czajkoski, 2004).

Land possession and distribution, class interests, socioeconomic inequalities, and structural racism originated mass traumas and political conflicts in El Salvador. The most known casualties are the massacres of *La Matanza* (1932) and *El Mozote* (1981). The massacre in the town of El Mozote is one of most brutal killings perpetrated by the government during the Civil War (1979–1992); approximately 900 civilians were tortured and murdered after being accused of aiding the guerrilla militants in the area. The Civil War was the result of the conflict between leftist revolutionary organizations and the military government, which was aided by the United States. It was especially violent and its victims were primarily women, children, vulnerable civilians, and *campesinos*. It is estimated that approximately 75,000 people were killed during the Civil War. There are also uncounted thousands of people who disappeared (United Nations Truth Commission, 1993). In 1992 the Peace Agreement was signed, putting an end to the war (United Nations Truth Commission, 1993); however, most of these crimes were left unpunished.

After the civil war and the natural disasters that followed, thousands of Salvadorans fled to other countries. Beginning in 1576 and through 2005 numerous earthquakes, destructive volcanic eruptions, droughts, landslides, and hurricanes have affected the country of El Salvador. These natural events resulted in significant trauma. For example the earthquake of 1986 resulted in 1,500 deaths, 10,00 injuries, and more than 100,000 people were left homeless.

Many members of small communities had seen or had known of a relative or a friend who was tortured or murdered or were incapacitated by serious physical and psychological injuries. Those who were able to escape to flee to other countries "brought with them a history of living terror and poverty" (Cohen, Mzorek, & Tan, 2013, p. 5).

THE PRACTICE OF SLAVERY

The practice of slavery has existed for most of recorded history. Although much is known about U.S. slavery from a historical,

The emotional experience of the unconscious social hierarchy of skin color variation may have a significant psychological impact on parent–child relationships.

legal, and economic perspective, very little is written about the period of slavery as a collective and chronic experience of psychological trauma (Eyerman, 2004). Unique to the practice of slavery in the United States, the enslaved Africans were designated as "chattel"—the property of their owner for life (Bennett, 1964). As chattel the enslaved African people had no legal, social, or civil rights. The laws from the Supreme Court of the United States decreed they were counted as "three-fifths" of a man. The historian Kenneth Stamp in his seminal work *The Peculiar Institution* (1956) studied the everyday life of slavery in the American South. Based on an examination of historical records he outlined five psychological tactics used by slave owners to maintain strict subjection of millions of enslaved Africans in the southern regions of the United States. The colors "black" and "white" next to each tactic highlight the psychological precursors to colorism in modern interpersonal relationships within African American communities:

1. Maintain strict discipline (of blacks).
2. Instill belief of (black) personal inferiority.
3. Develop awe of (white) master's power (instill fear).
4. Accept (white) master's standards of "good conduct."
5. Develop a habit of perfect dependence (on whites).

These two historical traumatic experiences, a tortuous political regime and chattel slavery, in these targeted groups took place over centuries and across many generations. The chronic nature of the trauma then became part of the historical everyday experiences for families socializing their

children for survival and is evident in modern child-rearing practices in their descendants (Branch & Newcombe, 1996).

Historical Trauma Response at the Individual, Family Level

Dr. Maria Yellow Horse Brave Heart (2003), a descendent of leader Chief Sitting Bull (who was killed in the massacre of the Lakota American Indians in the Battle of Little Big Horn), has identified the concept of HTR. Figure 1 (see p. 12) shows the relationship between the historical trauma experience and the HTR in both the targeted group and the bystanders of the experience. In her clinical work in the Lakota community she noted a recurring array of symptoms experienced by different generations of the current descendants of the survivors of those massacred in 1849.

The trauma history of an identified group may be expressed through parent–child relationships in a variety of ways that impact young, developing children. Brave Heart (1998) noted an increase in child abuse in communities that included HTR descendants and wondered if this increase is due, in part, to unresolved experiences of historical trauma. Other manifestations of HTR in parent–child relationships may be in relation to socialization practices that highlight cultural histories of survival, hero or martyr stories, and myths related to group resilience and modern-day status. More likely there may be silence and omission of sections of history related to painful memories and traumatic events of the group (Hurmence, 1984; Tatum, 2012).

It is likely that the experience of mass trauma, like political violence in the focal generation, may create extreme fear in caregivers, which in turn leads to disruptions in the quality of attachments (Bar-On

Outcomes of Oppression

A COMMON THEME IN each of these components of the historical trauma is that historical factors interact with current systems of oppression and modern stressors (including current traumatic events) and result in either problematic or resilient outcomes in individuals, families, and communities (Eyerman, 2004; Fast & Collin-Vézina, 2010; Hulko, 2009; Ruden, 2011; Sotero, 2006).

The most insidious emotional residue of historical trauma, including issues of colorism, is when the oppressed group internalizes the beliefs or stereotypes created by the aggressor group (Taylor & Grundy, 1996). Internalized oppression occurs when some members of subjugated people mimic and take on the beliefs of the dominant colonizer (Fannon, 1925/1961) in an attempt to make sense of a social world where they were not valued. Some traumatized group members may re-enact a cycle of self-hatred, as well as disdain and diminishment of one's own group, and act out their aggression on people who look like them (Bhattacharya, 2012; Fannon, 1925/1961; Hooker & Czajkowski, 2007). This phenomenon is also similar to the psychological behavior of learned helplessness in the face of chronic abuse (Seligman, 1975).

Colorism: A Mark of Oppression

Psychiatrists Abram Kardiner and Lionel Ovesey (1951) coined the phrase "mark of oppression" to characterize the psychological impact of the indelible and inescapable characteristic skin color of African Americans. The issue of colorism can be found in cultural groups around the world (Bhattacharya, 2012; Russell, Wilson, & Hall, 1992). Throughout history, members of societies with dark skin tones have traditionally been viewed pejoratively (Vasconcelos, 1979). For example, the darker skin tone members of India are relegated to the lowest caste in the social hierarchy. The lightest skin tones that approximate Whiteness are viewed as of the most value by members of every caste within societies in India (Bhattacharya, 2012). For centuries people in Latin American countries such as Brazil, El Salvador, or Nicaragua classified darker skin tones as ugly (Sotero, 2006; Vasconcelos, 1979). In countries such as Guatemala, El Salvador, Peru, and Ecuador, power has been in the hands of the White oligarchy while Indians, mestizos and the descendants from African slaves have been marginalized and regarded as inferior. Social divisions have been based on ethnic traits (determined by skin color), economic aspects, and academic and educational accomplishments (Comas-Diaz et al., 1998).

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El Salvador's history reflects the oppression of communities of color in the rest of Latin America.

et al., 1998). These disruptions are evidenced by frightening (hostile) or frightened (helpless) behaviors with their children that have continued across generations (Lieberman, 2007; Lyons-Ruth, Bronfman, & Atwood, 1999; Main & Hesse, 1990; Weingarten, 2004). Children in these situations may develop disorganized strategies to gain control or attention in the parent–child relationship (i.e., eating or sleeping disruptions, controlling aggressiveness, excessive compliance, withdrawal from caregivers, engaging in contradictory behaviors with the caregiver; taking care of the vulnerable caregiver in the form of role reversal; Bellow, Boris, Larrieu, Lewis, & Elliot, 2005 ; Landy, 2005–2006).

Intergenerational Transmission of Trauma

The intergenerational transmission of trauma refers to the transmission of the effects of the mass trauma experience across generations (Connolly, 2011; Sotero, 2006). This transmission can happen through different mechanisms such as secrecy about the horrors of the trauma or, on the contrary, telling and retelling of the traumatic events and through heightened levels of stress and abusive tendencies in parent–child relationships as a result of the trauma (Ramos, 2013; Weingarten, 2004). The experiences of children of Jewish holocaust survivors illustrate the impact of historical trauma on the mental health of subsequent generations of descendants. In clinical work with the children of survivors of the genocide of Jews preceding the end of World War II (Bar-On et al., 1998) the children demonstrated the *survivor's child complex*, which was a fixation to trauma, where they repeated the event in a number of ways, such as through play or drawings.

Other clinicians working with the descendants of parents in groups that experienced historical trauma noted symptoms in children that included nightmares, perceived obligation to family, and unique coping strategies (Brave Heart, 1998; Duran et al., 1998).

As has been described above, one of most deleterious effects of group historical traumatic experiences is the possible transmission of disruptive patterns of attachment on the group's descendants, which can give place to relational trauma and therefore to cycles of neglect and violence in the parent–child relationships. Caregivers who are survivors of historical and intergenerational trauma may show limitations in their ability to maintain a focus on their child's mental states (e.g., organized, disorganized, dissociated) in the face of strong emotions (mentalization; Gardner et al., 2013) and to think and feel with compassion about their own and their child's thoughts and feelings (reflective functioning; Fonagy, Gergerly, Jurist, Traget, 2002). This limitation renders them unavailable to understand the meaning and motivation of their child's behavior and to help them manage their emotions. The diminished capacity of the caregivers may limit their ability to buffer the child from overwhelming stressors or fear. In order to protect themselves from disorganization and pain these caregivers may detach from their internal experience, thoughts, and feelings regarding their children and may be in danger of repeating with their children what happened to them and to their ancestors (Landy, 2005–2006; Schechter & Willheim, 2009).

According to Falicov (1998) the underlying racial issues in many countries in Latin America mirror and recreate the relationship between the Spanish conquerors and the conquered Indians. From the time of the conquest of Latin America, "to be White (or güero) has implied the power or privilege of a higher social class. To be dark (or indio) has signified the conquered, dominated and intellectually inferior (tonto)" (p.95). This racial hierarchy continues to perpetuate the social order, discrimination, and oppressive practices against indigenous communities and people of color in Latin America (Falicov, 1998).

Figure 2 presents the Intergenerational transmission of historical trauma that may lead to internalized oppression and acceptance and rejection of children based on skin color.

Below we illustrate the modern-day manifestation of the legacy of colorism and its compounding impact with present-day traumatic stressors in the parent–child relationship of a Salvadoran family. We also describe a framework to engagement and treatment aimed not only at enhancing and restoring the child–parent relationship but at respectfully exploring, acknowledging, and including the family's historical context.

Trauma, Colorism, and Parent–Child Relationship

Alba is a 30-year-old undocumented immigrant from El Salvador. Racially she identifies as a *campesina mestiza*, a peasant having both Indigenous and Spanish heritage, and culturally as Salvadoran. Alba is the mother of two children, Jesús, 3½ years old, and Ken, 6 months old (at the time of referral). Jesús' father lives in El Salvador. When she was 28 years old, Alba fled from El Salvador with her 18-month-old son, Jesús, following a home invasion where she was violently attacked and raped by a group of thieves in front of the child. She entered the United States with the help of a smuggler with the promise of a job in a restaurant.

Alba and Jesús were referred to child–parent psychotherapy services by Jesús' early intervention specialist, because of concerns about the child's history of trauma exposure, sad affect, limited exploratory behavior, fearfulness, language delay, tendency to withdraw, and aggressive behavior toward his mother. The worker was also concerned that Alba seemed distant and at times unresponsive to Jesús.

When the clinician asked Alba what brought her to the program, Alba stated that she was ambivalent about services. She initially minimized any link between Jesús' presenting symptoms and "what he saw in my country or the problems that I had with Ken's

Figure 2. The Intergenerational Transmission of the Internalized Oppression and the Hierarchy and Privilege of Colorism
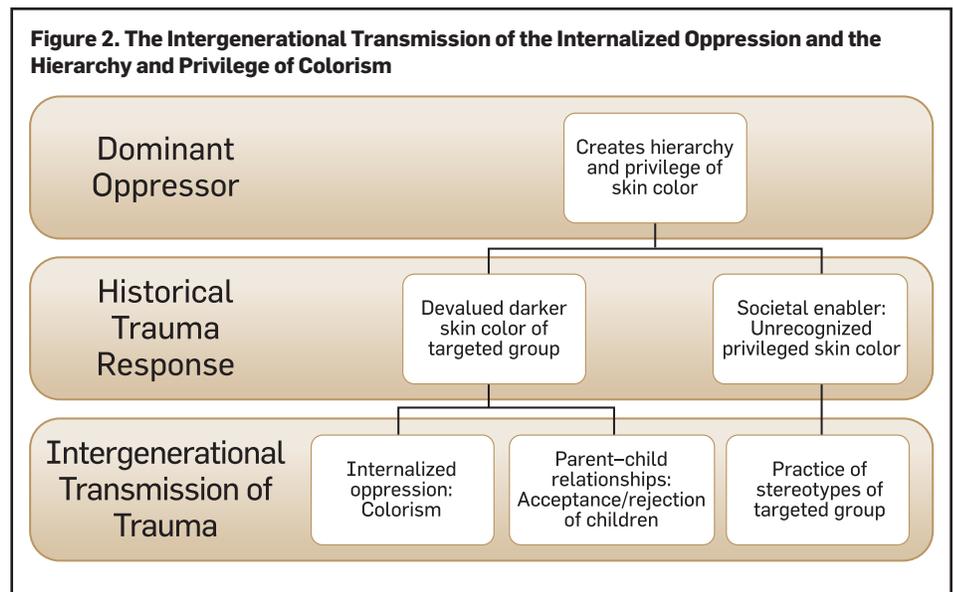
father." When asked about her own functioning she stated that she had been struggling for years with extreme sadness, *ataques de nervios* (a culturally bound symptom; American Psychiatric Association, 2013), memory loss, and with periods in which she felt disconnected from everything. She had been in psychotherapy for the past year and reported feeling better. She did not have any concerns regarding her own state of mind and its impact on her children; however she agreed to start an assessment process. She stated that she was agreeing to the assessment because she was a good mother and wanted to follow up on the early intervention worker's recommendations.

COMPLEXITY OF TRAUMA EXPERIENCED

The clinician gathered information about the mother, Jesús, and the dyad's functioning. Ken was included in the assessment phase but Alba did not report any concerns about him, as he was "a perfect baby." When asked about traumatic experiences in her life Alba stated that Jesús's father betrayed her with another woman, that she was gang raped by a group of men in her country a little more than a year previously, that while she was trying to cross the border to the Unites States one of her trip companions died, and that her last partner was emotionally abusive (he threatened her with taking the baby away and reporting her to immigration).

The clinician then explored any traumatic experiences that were linked to Alba's family history or the history of her people and country. Alba shared in the form of a chronicle the following: She is the 11th of 14 children, of whom only 7 are alive. She was born in 1980 in a small village in the western part of El Salvador in the midst of the Civil War during which *campesinos*, like her parents, were being tortured, disappeared, or killed and

whole communities were massacred. Her oldest brother, her elderly grandmother, and her aunt were tortured and murdered in front of her parents, and as she was growing up she heard multiple recounts of acts of terror perpetrated by the government toward her relatives and neighbors. She was delivered while her family was in an underground hideaway that her father dug to protect them. She reported that her twin baby brothers had died of starvation at the bottom of this ravine a few months before her birth, that her parents told her that she came to replace them, and that she survived because she "came to the world for a reason." She was given the name Alba to symbolize purity, hope, and a new day.

UNEARTHING THE GHOSTS OF COLORISM

When asked questions about how she chose Jesús's name, who he reminded her of, and what strengths and difficulties she saw in her child (Zeanah & Benoit, 1995), Alba stated that she chose the name because he was the first baby. She said that the child reminds her of his father and that it was unfortunate that he looked "*indiecito* [Indigenous dark-skinned Indian] just like his father," that his skin was darker when compared to Ken or to her, and that also he was "less Americanized" than herself or Ken. When asked to elaborate on this, she explained that the child reminded her of when she was a child in El Salvador. He takes his time when doing things and does not like much activity or change and therefore she worried that he will not be successful. The clinician validated the mother's protective wish for Jesús to acculturate and explored her experience of growing up as a *campesina mestiza* and of now being a woman of color in the United States. Alba painfully remembered desiring to look like the children of the owner of the farm where her family worked, saying they were *blanquitos* (diminutive for

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The trauma history of an identified group may be expressed through parent–child relationships in a variety of ways that impact young, developing children.

White), lived in a house "like people," went to school, and wore shoes "like kids of good families," and also so she could be protected from her father's violence. She also shared that she had a sense of profound disappointment as she had thought that immigration would offer her and Jesús a better way of life but that she had failed. Although she tried to run away from the violence and poverty, she found violence and poverty again. In her perception her skin color continued to marginalize her and her children; this belief, added to her immigration status, lack of formal education, and language barriers, made her feel unsafe and rejected. She was unable to find a job and felt constantly hunted by fears of being apprehended by the police and being separated from her children by deportation. It was important at this point to provide the mother with information regarding possibilities of legalizing her immigration status (U-Visa) and to tactfully reflect with her on her experience of not being White as a child and the parallel with her current sense of failure for not fulfilling the dream that was sold to her before she came to the United States. Acknowledging her country's history of colonization and racial discrimination, as well as the deceiving and oppressive way in which she was brought to this country, seemed to broaden her perspective of herself, her history, and of Jesús. These new meanings began to challenge her internalized oppression as she questioned the passivity and fear with which she had accepted the early intervention worker's recommendation and to work with this clinician as, in her words she "did not trust *blanquitas*." It was hoped that this perspective of thinking about contextual forces

will continue expanding in the therapeutic work and that as she resignified the perceptions of herself as unworthy, bad, and "not like people" she would be able to reframe her distorted perceptions of Jesús, too.

When inquired about positive and loving figures in her history and about sources of strength to help her coping with pain or stress, Alba rendered warm and protective memories of her mother and even her father who dug the dirt hole in which she was born and that allowed her to survive. Her early trauma experiences were intertwined with memories of caregiving experiences where she felt safe, understood, and loved (Lieberman, 2007; Lieberman, Padron, Van Horn, & Harris, 2005). She identified her religion and the cultural practice of having altars (shrines) in memory of her dead family members as soothing and as a source of hope. She strongly believed that she survived the war, and the multiple traumas that came after that, because she had to serve a higher purpose in life. This belief was a source of motivation and pride.

THE PARENT–CHILD RELATIONSHIP

Initial observations of the parent–child interaction during the assessment process evidenced that mother and child seemed to adapt well to each other's temperamental styles. However, the moments when they were able to attune and to show reciprocity and enjoyment were brief. Jesús thrived on his mother' attention but had to make multiple attempts to engage her (e.g., showing her toys, pointing at interesting things, tapping her leg); although Alba was an involved caregiver she seemed to ignore or misunderstand

Jesús' emotional states (e.g., need for closeness or independence, reassurance when distressed, containment when angry) which appeared to contribute to negative-seeking behaviors in him (e.g., hitting, biting, fits of inconsolable crying).

At times Alba's interactions with Jesús seemed to have an aggressive undertone, and she teased him with situations that frightened him. For instance, she pretended that she was leaving the room to see his reaction, hid from him, brought a dinosaur puppet to his face repeatedly despite his intense fear reaction, or laughed when he was crying. These behaviors appeared to confuse him about whether or not it was safe to approach his mother, and at times he seemed paralyzed or frozen.

Alba's attributions of Jesús and the resemblance with his father appeared to represent a traumatic reminder for her in terms of what the child's skin color meant in her socio-cultural history and in relation to the betrayal perpetrated by the father. This seemed to contribute to ambivalence and distancing from the child. She also appeared hypervigilant to Jesús' intense emotions (fear, anger) and dysregulated behaviors but was unable to provide consistent affection, containment, and predictability for Jesús and to join him and soothe him.

These observations, in addition to the information gathered related to the mother's and the child's functioning, raised concerns about how the mother's history of individual and collective trauma, her functioning, her perceptions of Jesús, the child's disorganized approach to his mother, and the parent–child shared trauma were placing the dyad at risk not only for emotional rejection and neglect but of possible aggression in their relationship.

The approach used in assessment proved to be effective in engaging Alba; her initial reluctance to participating in treatment seemed to dissipate as the assessment progressed. She eventually felt safe enough to report that she was experiencing significant levels of distress in parenting Jesús and that she was afraid of hurting him.

INCORPORATING A HISTORICAL LENS TO TRAUMA ASSESSMENT

Based on what has been exposed above it can be hypothesized that : (a) An attachment figure's unresolved legacies of historical traumas, including internalized oppression and colorism, can be transmitted to young children through disrupted parenting behaviors; (b) current traumatic events and systems of oppression affecting the caregiver and her children can exacerbate these unresolved legacies, trigger HTR, and increase the likelihood of abuse and neglect in the parent–child relationship; and (c) assessment

and intervention with these families need to include not only trauma, safety, and developmental lenses but also a historical and socio-cultural framework. Such a framework allows for a detailed analysis of how the sociopolitico-cultural contexts (Comas-Diaz et al., 1998) have impacted the family's identity and functioning. It also allows for the collaborative identification, with the family, of perceived local needs and resources (Ghosh-Ippen, Lieberman, & Van Horn, 2013) including cultural beliefs, traditions, and values as possible recovery forces, all of which facilitates engagement.

One of the trauma-informed interventions for young children that is consonant with this approach is child-parent psychotherapy (CPP). This relationship-based intervention for children less than 5 years old who were exposed to trauma has as its main goal the restoration of the quality of the parent–child relationship as this is used as the therapeutic vehicle of change (Lieberman & Van Horn, 2009; Reyes & Lieberman, 2012). It provides an opportunity for immigrant caregivers like Alba , who may be feeling disempowered, afraid, misunderstood, and unfamiliar with mental health services, to experience the clinician as hearing and understanding their point of view (Lieberman & Van Horn, 2009). Alba sought services out of fear of being judged as a bad mother and of ultimately losing her children. The clinician worked actively with Alba to consider Alba's views and beliefs about dyadic therapy, developmental expectation for Jesús, her feelings about play, her views about talking about the child's trauma history with the child in session, and to reach an agreement about what the child could be told about the trauma (Ghosh-Ippen, Van Horn, & Lieberman, 2013). The clinician also explained the assessment process in detail, which included providing a rationale for asking about her trauma history and symptoms and obtaining Alba's permission for exploring not only her individual and trauma history but the history of her family as well as the impact of the Civil War.

REFLECTIONS ON COLORISM IN THE THERAPEUTIC RELATIONSHIP

In child-parent psychotherapy the therapeutic working relationship with the caregiver and child is used as a framework for trauma-focused treatment under the premise that quality of the relationship with the clinician affects the parent–child relationship (Reyes & Lieberman, 2012). Bearing witness to Alba's painful perceptions of Jesús, her difficulties at reading his cues when he was feeling afraid, her "turning off" in response to his tireless attempts to connecting with her, were emotionally challenging for this
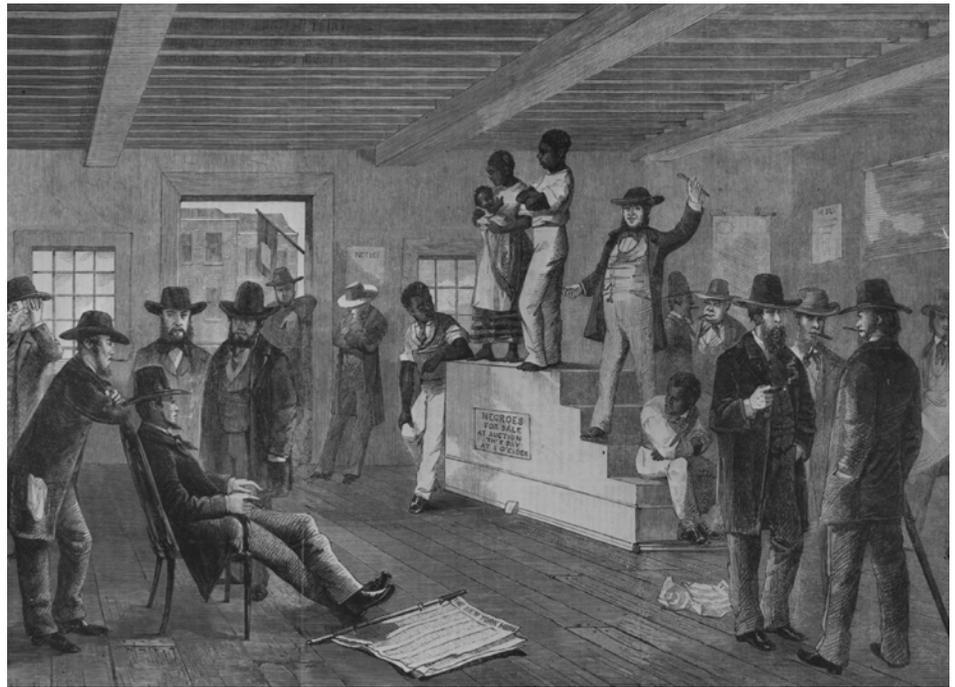
One of most deleterious effects of group historical traumatic experiences is the possible transmission of disruptive patterns of attachment on the group's descendants.

clinician. In order for the clinician to stay open to understanding the meaning of these perceptions and behaviors, and maintain an emotionally supportive therapeutic stance (Lieberman & Van Horn, 2008) with this dyad, it was necessary to become a learner of historical trauma and its multiple legacies of oppression. It involved exploring the racial and ethnic dynamic in El Salvador, its sociopolitical and historical context during the civil war, and gaining insight about the struggles across generations of its indigenous people and people of color for identity and voice (Comas-Diaz et al., 1998; Sonn, 2004).

It was also challenging to discover that Alba initially saw in the clinician a reminder of the "powerful others" who oppressed her people in her country or immigrant mothers like her in the United States. The clinician was surprised that Alba felt distrustful of her based on the perception that the clinician is *blanquita*; the clinician is considered a woman of color in the United States and her skin color is actually darker than Alba's. This fact was a powerful reminder of the importance of perception in trauma work and of the limitations of client–therapist language and ethnic matching in the work with survivors of trauma; it forced the clinician to examine and clarify aspects of her own identity. The clinician is an immigrant and belongs to an ethnic and linguistic minority group which has allowed her a close understanding of the impact of oppression and exclusion. However, the fact that she is an immigrant with a different cultural, social, psychological, and historical context means that she is

situated differently than Alba in the broader social context. She can empathize with experiences of colorism and racism, and of feeling vulnerable and marginal. Nevertheless, she is still an outsider as she is not a *campesina mestiza* mother living in undocumented status in the United States (Sonn, 2004). Moreover, because of her social location and privilege, the clinician represented a reminder of oppressive others in Alba's socio-historical context.

Working with Jesús and Alba helped this clinician to see, hear, and listen to the child's and parent's worldviews (Sonn, 2004). Situating herself and the family within the broader sociopolitico-cultural context allowed this clinician to offer herself as a resource with potential to accompanying Alba and Jesús in the beginning of a healing process (Comas-Diaz et al., 1998).

The Legacies of Colorism From the Historic Trauma of Slavery

The biologically determined skin color of Africans was strikingly darker than their lighter skinned European captors. Their skin color became their "mark of oppression." The healthy bodies of the adolescent girls transformed them into targets for rape and abuse by their captors. Young men and women were forced to breed as many children as possible at the direction and behest of their all-powerful owners. These realities in part became the foundation for the modern-day intense emotional legacies associated with colorism. These legacies left generational family secrets, shame, depression, and

unexpressed rage about the origins of the rainbow of skin tones within one family, ranging from light to dark skin color. Today their modern African American descendants still grapple with these legacies (Boyd-Franklin, 1989; Hardy & Lerner, 1989; Hochschild & Weaver, 2007; Russell et al., 1992).

In modern times, the legacy of these practices are evident in the hierarchy of color, educational, and work achievement and status within African American communities and families (Davis, Daniels & See, 1998). Thus the political leaders and high status members of the Black middle-class were often those with lighter skinned tones. Those with darker skinned tones typically were lacking job skills, education, and the ability to read and thus were less able to succeed in the years following emancipation from slavery. This pattern of stratification of socioeconomic success and achievement based on skin tone remains to this day. Recent studies document that darker skinned members of the community are more likely to be incarcerated, have lower paying jobs, and have less education (Hochschild & Weaver, 2007).

Nappy-Haired Ghosts in the Nursery and Internalized Oppression

A new developmental theory, childhood experiences of racial acceptance and rejection (Lewis, 2007), focuses attention on the potential impact of internalized stereotypes of Blacks on parents valuing their child on the basis of the child's racial phenotype. The internalization of emotionally toxic intergenerational legacies associated with African origin phenotypic racial characteristics—skin color, hair texture, and nose and lip-size—form the foundations of this theory. These experiences may also be part of internal working models of parent–child relationships that may account for some individual differences in the quality of attachment relationships.

Within the family, issues of skin color may be tied to attitudes about children (Boyd-Franklin, 1989; Lewis, 2013). The salience of skin color begins at birth. Newborns and young children may be either prized or discounted and negative attributions made about their behavior based solely on their skin color. Black infants are typically born with a temporarily light skin tone. The darker the tips of the fingers and ears at birth, the darker the permanent skin tone colors. According to anecdotal reports and observations by obstetricians and other medical staff in hospital delivery rooms, one of the first behaviors of African-American mothers and family members with their minutes-old infant is to check the tips of the infant's fingers and ears to determine what their skin color will be, (R. Maupin, personal communication, October 23, 2001).

> An attachment figure's unresolved legacies of historical traumas, including internalized oppression and colorism, can be transmitted to young children through disrupted parenting behaviors.

Other sources of family-related shame are "family secrets" related to the physical characteristics of children (Boyd-Franklin, 1989). Such secrets concern informal adoption and true parentage, unwed pregnancy, White ancestors, and skin color issues. These shame-inducing secrets may be passed down through the generations by some family members but not shared with other members, particularly the younger generations. These secrets may represent sensitive areas in the present family systems that are never discussed, yet generate varying degrees of stress and perhaps even shame or rejection.

Inherent in messages communicated to children about racial features is an emotional message of acceptance or rejection. If parents during their childhood were teased, denigrated, or constantly criticized by a significant attachment figure about race-related features, they may then as adults feel some degree of stigmatization, shame, or rejection (Lewis, 2002). Further, they may project these feelings onto their infant who may have similar or contrasting skin tone or hair type.

In a privately published memoir of growing up as a "colored Creole" in the city of New Orleans in the late 1950s, Aline St. Julien (1987) wrote, "My mother says I am Creole. My teacher said I am Negro. Some Europeans say I am Colored and others call me 'nigger.' Who am I?" (p. 2). She writes of experiences of racial acceptance and rejection of the children in her family within her own extended family group:

Creole ranged in color from white to dark brown with a lot of yellow and "teasing tans" in between. Hair texture, if straight, is described as "good hair" and kinky hair is considered "bad hair." A dark child in a Creole family is "better off" with straight hair, which means he is more acceptable. If he has kinky hair and dark skin, he is usually the butt of family jokes, like, "where did you get that one from?" or "someone must have slept in the woodshed with a nigger." (p. 2).

Thus, experiences of racial acceptance or rejection may occur with people at all levels of their environments (Neal & Wilson 1989).

Parents may project the emotional responses to these experiences onto the relationships with their children. A parent who has a poor racial self-concept and intense negative or unresolved emotions associated with the racial features of her child, such as skin color and hair texture, may have difficulty responding to the natural cues of her infant. Adult self-concept and ethnic and racial identity formation may include the emotional residue of childhood experiences of racial acceptance or rejection and form a flash point for racial and ethnic identity (Lewis, 2002, 2007; Neal & Wilson, 1989).

Reflections on Experiences With Colorism

BELOW ARE THE personal reflections of two women, both descendants of enslaved Africans, and their experiences of colorism by family members and others members of their communities.

Reflection #1: Being "Just Right"

Long before I understood the term historical trauma, I understood that my family's history shaped how I was being raised and socialized. As a young child I carefully listened to family conversations about how and why siblings from the same parents had drastically different skin tones—dark chocolate, milk chocolate, or vanilla cream. I watched my family guess how light or dark newborn babies would be once their melanin deepened. As I got a little bit older my grandmother would say "Hold your bottom lip in so it doesn't get so big," or "Don't go outside so much so you won't get any darker." My great aunt would remind me to "Comb your kitchen, chile." The term *kitchen* is commonly used in the African American community to refer to the hair at the nape of the neck. This hair is usually coarser or curlier than the hair on the rest of the head.

What I watched and experienced within my family system, I also experienced living within my Black and Latino community. As a child, I was constantly bullied and teased by a neighbor about my facial features. "Mouse lips! Big nose!" by neighbor yelled at me from elementary school through junior high. I felt tormented—so much so that I would not want to play outside with friends or walk to school by myself because of what she may say or what she might threaten to do. Her stinging words haunt me even to this day, well into adulthood. I am reminded of them when I hear someone comment on someone else's facial features, or when I am reminded that societal standards of beauty do not mirror my beauty.

My mother tried everything in her power to counteract my grandmother's perspective and my bully's ridicule. Whenever my grandmother, who can be described as "light-skinned" or light brown, would say something about my medium brown skin, my mother was careful to respond with the saying "The blacker the berry the sweeter the juice," to remind me that I was beautiful. My mother intentionally hung and displayed black art in my bedroom and around our apartment as constant reminders of my beauty. I do the same in my own home today.

My understanding the legacy of colorism has evolved. Throughout childhood and adulthood I continue to participate in conversations with "light-skinned" members of my family as they struggle with feeling not "black enough" because of their lighter complexions. I do not have that struggle. I am not "too light," nor am I considered "too dark." My medium brown tone skin color is "just right." I am not forced to prove my blackness, nor am I shunned for being "too dark." But the struggle for others on the color spectrum is ever present. The film *Dark Girls* by actor Bill Dukes, shown on the Oprah 'OWN' network, reminds us of the ongoing legacy of colorism in American society. Further, the emotionally painful interviews with a variety of dark-skinned women recounting their experiences of rejection based on their skin color reinforces the intergenerational transmission of the trauma originally experienced by African American ancestors and the continued presence of within-group status delineations based on complexion.

I recently started seeing a new practitioner to help me with some of the physical imbalances in my body due to running and general wear-and-tear. In my quest, I found a cranial-sacral therapist who also does body-talk. Body-talk is a noninvasive technique used to synchronize the body's energetic systems so that the body can heal itself (International Body Talk Association, 2013). Body-talk, along with other mind/body/spirit healing modalities, believes that the body stores the experiences of your ancestors (K. Thomas, personal communication, 2013). In my session, I learned that I was carrying 15 generations of neglect and abandonment in my body. I was told that these experiences are from my father's side of the family and each generation is approximately 20 years. Later that day, I calculated that 15 generations is 300 years ago. My first thought was that 300 years ago the United States, West Africa, and the Caribbean were engaged in the transatlantic slave trade. I'm not sure what that means but I can only speculate that perhaps this means that my father's ancestors felt abandoned and neglected by their family/tribe/community during the slave trade. Perhaps this means that my ancestors made the journey to the United States during that time, and as such, each generation since has carried a sense of loss, abandonment, and neglect and has relived these feelings in new forms.

Reflection #2: "Forgive Them Lord, for They Know not What They Do"

While the enslavement of African Americans occurred more than 400 years ago, many may believe that these events are irrelevant to the present and future, and that as a nation we are done with that event. This naïve thinking could not be further from the truth. One may wonder why a discussion of historical trauma and intergenerational trauma is important. Why is it necessary to have discourse about events, circumstances, and situations that happened hundreds of years or decades ago? The devastating legacies of slavery exist for all of us despite the color of our skin, race, ethnicity, or culture we claim heritage to.

As I think about historical trauma, intergenerational trauma, and the connection to my journey as an accomplished African American woman, I am flooded with a plethora of emotions. Happiness about the resiliency, courage, and determination of my ancestors who endured the torture and ridicule of individuals who believed them to be less than and who demonstrated power and dominion over other human beings. I feel horror, outrage, and anger as I think about the unspeakable acts that were committed by one group of people at the expense of my ancestors. I feel sadness at the fact that we live in a world still plagued by discrimination, racism, and oppression of marginalized groups of society.

As a young child, I was the victim of significant bullying and ridicule due to my hair texture and length. Since I lived and attended school in a predominately upper middle class community one may assume that the perpetrators of the bullying were my Caucasian peers who were living in a society that in some ways was created for them and catered to their needs, but in fact, the opposite was true. My Caucasian and non-African American peers of color accepted me and provided me with refuge from the peers that "looked" like me.

Circumstances that were not subject to my control, but rather fixed phenotypes that were a part of my genetic make-up, caused me to be the target of extreme ridicule and rejection. Although the color of my skin was not the focus of the teasing, I made an association between the amount of pigmentation in my skin and the texture of my hair and, thus desired to have lighter skin. Characteristics that I should have been proud of that make me
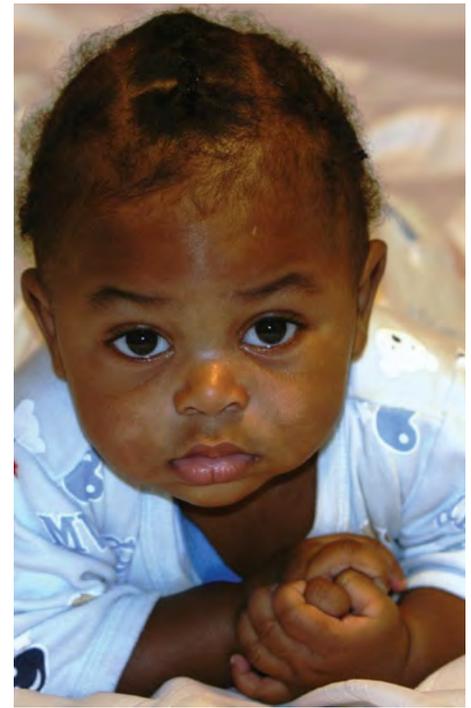
Inherent in messages communicated to children about racial features is an emotional message of acceptance or rejection.

uniquely me, I despised at the very core of my being.

Although I was accepted by most of my Caucasian and non African-American peers of color, there was still a part of the little girl that felt like she did not quite belong with them either. They had something that she wanted—something that to her defined beauty and femininity. The most important thing was that they had long, flowing hair and a decreased amount of melanin in their skin that represented the societal standard of beauty. If I did not feel as though I belonged with those who shielded me and the peer group that was a part of my cultural and ethnic heritage did not accept me, where did I belong? Where could I fit in? This is a question that I struggled with throughout my childhood and adolescence.

For a child who is suffering and experiencing a psychological conflict about her identity that is based on skin color and hair texture, one natural place to find solitude may be from family members with whom she has developed a secure attachment. While my family members were able to provide comfort and reassurance about my value and worth, they too were bound by the same negative stereotypes, perceptions, and images of African Americans that were rooted in colorism, oppression, and racism, and, as a result, often made demeaning comments about members of their own racial group. This resulted in conflicted messages being communicated and modeled at home. Given the experience encountered with

my peers and my family, as a young child I was left feeling confused and conflicted about my physical appearance and identity. I struggled to make sense of what was happening and often asked the question "why." Why was this happening to me despite my friendly and jovial personal qualities?"

As I grew older and gained more knowledge through high school and college, I became aware that while there was likely something about my peers and members of my family that they did not like about themselves—perhaps they were compensating for a need for peer acceptance and status, or low self-esteem—it felt like there was also something bigger and more systemic at play. The legacy of generations of my ancestors being oppressed and being made to feel as though they were less than simply due to the color of their skin helps explain this behavior. As has been illustrated this notion of colorism that was introduced more than 400 years ago has proven to have long-lasting negative effects and has shaped the way that many African Americans, including myself, view the world and themselves in it.

I have come to understand the perspective of my peers and family members as internalized oppression and do not hold them accountable or responsible. I realize that the events occurred out of unconscious memories and messages that were communicated

Learn More

THE DIVERSITY INFORMED INFANT MENTAL HEALTH TENETS
www.imhdivtenets.org/Infant_Mental_Health_Diversity_Tenets/Diversity-Informed_IMH_Tenets.html

TRANSFORMING HISTORICAL HARMS MANUAL
D. A. Hooker & A. P. Czajkowski (2007)
Presented by Coming to the Table: A project of Eastern Mennonite University's Center for Justice and Peace Building , this manual presents a comprehensive model for healing historical harms to indigenous populations around the world. The intention of the manual is to provide tools and actions to heal individuals and communities from historical harms.

THE COLORISM PROJECT AT INDIANA UNIVERSITY
http://jyottigupta.org/blogs/understanding-colorism/
Based on the research of Dr. Radhika Parameswaran, in Bloomington, Indiana, provides tools and resources for understanding colorism, or skin color based discrimination.

by the dominant members of society who created the history of African Americans in this country. The beliefs and reactions that African Americans have about members of their racial group based on those beliefs can be viewed as a defense mechanism. As an attempt to distance oneself from the origins of their ancestors that were degraded and oppressed, and alleviate themselves of the anxiety and horror that results when having to internalize these negative views about themselves, one may adopt the negative stereotypes that exist about their group. Rather than seeing these stereotypes as something that the dominant society may perceive as true about them, these negative images become imprinted in the perceptions of some African Americans as truths about other members of their racial group. By adopting this view and creating a "me versus them" one can superficially boost their own sense of power and status and create a fictitious inflated sense of self. While one may attempt to enhance their ego strength there still lies underneath a wounded ego and sense of self.

The notion of a wounded ego and sense of self is paramount to understanding the effects of colorism on the development of self-esteem. The outcome is a self-fulfilling prophecy in which some African Americans, especially males, become what is believed about them and expected of them by the dominant members of society (Cose, 2002). African Americans get negative images from society, school, family members, and peers. Because of such messages, many do not recognize their behaviors and perceptions as the result of historical and intergenerational trauma.

Today I am an accomplished African-American woman, mother, and wife and enjoy some luxuries that my parents and most of my siblings have not been awarded. Despite all of these successes and accomplishments, I still carry around a piece of the sting that has played a significant part in shaping the internal representation that I have of myself.

As I reflect back on my experiences with colorism and racism and ask myself how I persevered, I am reminded of Maya Angelou (2010). She speaks so eloquently about individuals that come into your life who serve as "rainbows in the clouds" from whom you draw strength, courage, determination, hope, and wisdom to persevere during times of turmoil. For me there are many sources: teacher, husband, expressing oneself through the arts, and my spiritual faith. How do practitioners transform these experiences for very young children and provide them with their rainbow in the clouds? How do other significant adults help them to see their potential and worth? What are some of the protective factors?

Protective Factors and Recommendations

BECAUSE OF AN array of psychosocial factors, not all members of an oppressed group may respond with internalized oppression. Similar to the individual differences of resilient responses to difficult life circumstances, there are individual differences in responses to historical trauma within subjugated groups. There also may be protective factors that contribute to the resiliency of children whose caregivers are experiencing historical trauma. Positive, caring, and supportive relationships with significant adults such as parents, grandparents, and teachers are paramount to help facilitate the healing process (Ghosh-Ippen & Lewis, 2006). These relationships can serve as protective factors that may help to re-establish a sense of safety, security, and hope within these young children.

Many people across many professions and disciplines lack the awareness and the understanding of the long-lasting effects of years of oppression and derogation.

Other research highlights the positive influence of the quality of parent–child attachment and parenting styles as mediators in the transmission of the effects of trauma (Chu & Lieberman, 2010). The intergenerational transmission of trauma, like the immediate outcomes linked to a traumatic event, depends on the complex interplay of different community, individual, and psychosocial factors and of contextual and structural factors (Bombay et al., 2009).

Teachers can be an incredibly powerful source of support and serve as a buffer for the trauma (negative factors) that are endured as a result of constantly being given damaging messages about yourself as an individual and a human being. Mental health clinicians also play a pivotal role in helping to facilitate the healing process. While most may think of the clinician's role as one of supporter or facilitator when thinking about what is helpful in working with children and their caregivers who have been haunted by the trauma of their ancestors, clinicians can help facilitate the healing process for their clients and themselves. For example, facilitating a family's process of "re-storying" their group's past and other narrative therapy techniques may be powerful tools for practitioners to interrupt intergenerational legacies of trauma (Hooker & Czakowski, 2007).

Recommendations for Therapists

It is important that therapists also are aware of their own history and experiences and how these have impacted them and that they be willing to discuss them (Tatum, 2012). The Diversity-Informed Infant Mental Health Tenets highlight the critical role of

self-awareness when working with families across professional spheres (St. John, Thomas, & Noroña, 2012). For Caucasian therapists it is important for them be open and make themselves vulnerable to the uncomfortable, undeniable reality of White privilege and power that exists in American society but goes unrecognized and repressed by most (St. John et. al, 2012; Wise, 2004). Being willing to explore and acknowledge the devastating effects that slavery has had on themselves and other racial groups is essential to the healing process of all involved.

Worldwide the trauma experienced by a targeted group is shared by the perpetrators of the trauma as well as those bystanders (Hardy & Lerner, 1989; Hooker & Czajkowski, 2007). Within many societies the helper may be the descendant of a historically privileged group and the client the descendent of an oppressed minority group. So the helper may be White and the client Black or the helper from a light-skinned Brahmin caste class in India and the client from the dark-skinned lower caste of the society. In the case reported earlier about the mother and child from El Salvador, the helper (CN) was aware of the historic power dynamics of her ethnic group heritage. A relationship-based approach to practice based on a multi-systemic, intergenerational knowledge mandates that helpers' personal journeys become part of their practice (Heffron & Murch, 2010). Further, some professionals within these systems may operate from unconscious stereotypes of African Americans and immigrant families. Hardy and Lerner (1989) proposed that social relationships between Black and White Americans continue to be shaped by the practice of slavery. They noted that American have had less time as a society since the abolishment of slavery—146 years—than the time that slavery was practiced in this country—300 hundred years. Slavery must be conceptualized as a collective experience of trauma.

Therapists bearing witness to all of this while being present in the "here and now" with their clients is also important (Kivel, 2012). Being cognizant that out of struggling with and processing one's pain and grief comes learning, growth, and awareness that can guide each person as he navigates through life. This is true for both the survivor as well as the clinician. For clinical interventions to be effective with ethnic or racial minority, immigrant, and refugee young children and their families affected by trauma, clinicians must also use the lens of intergenerational transmission of historical trauma and internalized oppression to address the distinct developmental and psychosocial needs of these children. Finding culturally informed ways to mitigate chronic intergenerational

stress within families is of critical importance. Brave Heart (1998) developed a clinical intervention for the descendants of the few Lakota survivors of Wounded Knee. She proposed that the clinician must educate the participants to increase their awareness of the original trauma, provide the opportunity to share the affect surrounding the memory of the event to provide relief to the participant, and understand that grief resolution could be achieved through collective mourning and healing which would create a positive group identity and commitment to community.

The Need for Courageous Conversations

In a society with increasing diversity, it can be difficult to know and understand the historical and contemporary experience of the different groups in which one is working. However, as noted earlier, a diversity- and trauma-informed framework may be the first step in helping individuals, organizations, and systems begin to heal from historical trauma (see box, A Trauma-Informed Framework). The Tenets (St. John et al., 2012) offer professionals a conceptual framework and stance for moving from the status quo to a more informed practice. They force professionals to acknowledge their own history, rework long-held conventions about other groups, and take specific steps toward combating historical and contemporary oppression. This action includes the intersectionality of the way historic traumas may interact and compound the stressors currently experienced by members of these groups, such as domestic violence, maltreatment, sexual abuse, suicide, poverty, immigration stress, and persistent discrimination (Fast & Collin-Vézina, 2010).

The United States has long been composed of ethnic, racial, cultural, and linguistically diverse families. Currently, there are increasing numbers of immigrants and refugees arriving from a variety of cultures, ethnic groups, and countries. The successful delivery of services to the parents and young children in these families also rests upon the extent to which service providers are sensitized to how indigenous, racial, and ethnic minorities may be impacted by historical trauma. ⚲

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