INTERGENERATIONAL TRAUMA AND RESILIENCY IN TRANSITIONAL AGE YOUTH PARENTING YOUNG CHILDREN

Steven Wells, M.C.
County of San Diego – Child Welfare Services

INTRODUCTIONS
**LEARNING OBJECTIVES**

- Cite data regarding outcomes for TAY youth
- Identify factors which impact TAY youth’s ability to parent
- Describe intergenerational trauma and its impact on TAY’s ability to parent their children
- Explain the impact of TAY’s experience with abuse and neglect on parenting of their children
- Identify how service providers can help support TAY youth who is parenting a child

**DEFINING TRAUMA**

- Trauma is the unique individual experience of an event or enduring conditions in which the individual’s ability to integrate his/her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family (Saakvitne, K. et al, 2000).

- (Trauma is) an exceptional experience in which powerful and dangerous stimuli overwhelm the child's capacity to regulate emotions. (Early Trauma Treatment Network, ND)

[https://www.ecmhc.org/tutorials/trauma/mod1_1.html](https://www.ecmhc.org/tutorials/trauma/mod1_1.html)
DEFINING TRAUMA

- **Acute Trauma:** Singular traumatic event (e.g. witnessing a violent event)
- **Chronic Trauma:** Repeated and prolonged trauma (e.g. long term child abuse)
- **Complex Trauma:** Experiencing varied and multiple traumatic events
- **Historical Trauma:** Trauma which impacts entire communities which is transmitted across generations
- **Intergenerational (Transgenerational) Trauma:** The transmission of unresolved trauma from one generation to the next

[BMH.RMO.gov/healthykids/providers/trauma.html](https://dmh.mo.gov/healthykids/providers/trauma.html)
[BMH.RMO.gov/healthykids/providers/trauma.html](https://www.samhsa.gov/trauma-violence/types)

TYPES OF TRAUMA

- Sexual Abuse/Assault
- Physical Abuse/Assault
- Emotional Abuse/Maltreatment
- Neglect
- Domestic Violence (Victim/Witness)
- Community Violence (Victim/Witness)
- Personal/Interpersonal Violence (Victim/Witness)
- Serious Accident, Illness, Medical Procedure

[BMH.RMO.gov/healthykids/providers/trauma.html](https://www.samhsa.gov/trauma-violence/types)
TYPES OF TRAUMA

- School Violence/Bullying
- Historical Trauma
- Forced Displacement
- War, Terrorism, Political Violence
- Military Trauma
- Traumatic Grief/Separation
- System Induced Trauma

(https://www.samhsa.gov/trauma-violence/types)
TRAVMA AND MATERNAL ATTACHMENT

- Attachment between mother and infant ensures infant survival and social, emotional, and cognitive development.
- Mothers who are sensitive to their children’s signals, are available, perceptive, and responsive to their infant’s needs have more securely attached infants.
- There is a connection between secure attachment in mothers and their infants.
- Patterns of maternal sensitivity, responsiveness, and positive attachment lead to secure attachment across generations.
- Patterns of insecure maternal attachment can also be transmitted across generations.
- Mothers with unresolved trauma, insecure attachment, and/or loss of an attachment figure tended to have children who were insecurely attached.

(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150444/)

TRAVMA AND MATERNAL ATTACHMENT

- Mothers with unresolved trauma who were insecurely attached were less likely to have children who are securely attached.
- When mothers address trauma and become more securely attached, they can increase resilience, positively impact attachment for their children, and interrupt patterns of intergenerational trauma.
- Mothers who have addressed their trauma through “reorganization” were more likely to have securely attached children 11 months post partum.
- Mothers can reduce the impact of trauma on their current functioning and build more secure attachment for themselves and/or their child.
- Mothers may be able to promote positive attachment in their children even if they remain insecurely attached.

(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150444/)
IMPACT OF TRAUMA ON PARENTING

- Unresolved maternal trauma may:
  - impair a mother’s ability to respond sensitively
  - increase the infant’s risk for insecure attachment and emotional distress
  - impact maternal expectations of their child
  - lead to maternal emotional disengagement when presented with their infant’s distress
  - lead to infant’s difficulty seeking comfort when distressed
  - lead to the infant becoming frightened/alarmed in the mother’s presence

- These dynamics may contribute to transgenerational transmission of trauma.

- There may also be a reversal of attachment strategies between mother and infant.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150444/]

PARENTAL ABUSE HISTORY AND PARENTING

- Mothers who experienced childhood abuse are:
  - at increased risk to abuse their own children
  - more likely to respond negatively and engage in abusive behavior towards their children

- History of physical abuse is associated with punitive parenting and discipline.

- Individuals who experienced severe physical abuse are more likely to endorse the use of harsh punishment than those with a mild history of abuse.

- 90% of abused mothers do not abuse their children within the first year of life but may abuse their children later in life.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118393/]
ABUSE HISTORY, PARENTING, AND DISCIPLINE

- Mothers who have been abused have a lower threshold for reacting to children’s misbehavior, leading to the use of harsh discipline.
- Mothers who engage in abusive parenting are likely to have lesser access to positive disciplinary strategies.
- Parents who have poor disciplinary skills experience stress/frustration in parenting.
- Stress, when combined with a history of physical abuse, is more likely to result in transmission of abuse from one generation to another.
- Children raised in abusive families are not exposed to models of consistent, fair parenting.
- Abused children learn harsh parenting is a successful way of getting needs met, informing current and later maladaptive behaviors.
- Mothers must be cognitively prepared to raise and properly discipline their children.

(Please visit [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118393/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118393/))

PARENTAL ABUSE HISTORY AND PARENTING

- Adolescent mothers are more likely to be intolerant, impatient, insensitive, and parent in a more punitive manner.
- Adolescent mothers are more likely to live in poverty and have lower levels of education.
- Mothers with lower education are more likely to reject their children and more likely to engage in negative parenting.
- Abuse and neglect are more likely to occur in families experiencing poverty.
- Families with more risk factors and less access to resources are more likely to engage in abuse towards their children.

(Please visit [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118393/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118393/))
TRAUMA, DEPRESSION, AND PARENTING

- Maternal depression:
  - Is known to negatively impact parenting
  - Leads mothers to experience lower mood and energy which may alter quality of caregiving
  - Causes mothers to display differences in affection and behavioral control
  - Causes mothers to engage in more angry, intrusive, hostile, and conflictual behavior
  - May lead to use of harsh discipline or permissive under-control of children
  - May lead to difficulty parenting children with mental health concerns who require more acceptance and warmth from parents
  - May lead mothers to respond with parental behaviors similar to how they were raised
- As children age, parents use less physical discipline and may engage in psychological control
- Psychological control may intrude on a child’s emotional development by stifling independence and self-expression.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536924/

TRAUMA, DEPRESSION, AND PARENTING

- Psychological control may be used to prevent children from asserting autonomy.
- A child’s autonomy may induce anxiety, desire to protect, or may be misinterpreted by a mother who has been abused.
- Mother’s experiencing emotional abuse as children may lack experience of having been parented with warmth and consistency.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536924/
TRAUMA, DEPRESSION, AND PARENTING

- A child who acts out may challenge their parent, leading the mother to parent in ways which are inconsistent, confusing, and prone to emotional outburst.
- Children of mothers who experienced childhood emotional abuse reported lower maternal acceptance and greater psychological control.
- Children who have mental health concerns may lead parents to revert to maladaptive parents behaviors learned from their parents.
- Families with children who are depressed, are ADHD, have conduct concerns, or anxiety report higher level of stress, conflict and less familial cohesion.

(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536924/)

SEXUAL ABUSE AND PARENTING

- 1 in 3 women report being sexually abused as children.
- Mothers who were sexually abused as children may experience longer, more intense postpartum depression.
- Children of mothers who were sexually abused may be at greater risk of being sexually abused since a majority of abusers are family members.
- Emotional concerns resulting from childhood sexual abuse (depression, anxiety, and eating disorders) may impact parental availability and ability to nurture, comfort, and protect their child.
- Mothers who report childhood sexual abuse report being confused about characteristics of a healthy family, increasing stress for the parent and child.

SEXUAL ABUSE AND PARENTING

- Childhood sexual abuse impacts ability to trust including trusting the wrong people or inability to trust helpful, healthy people.
- Revictimization of mothers and their children is likely when mother’s maintain relationships with their abusers.
- Mothers may become overwhelmed with negative emotions related to abuse and may feel disconnected from positive emotions.
- Mothers need to be able to experience emotions to relate to their children and teach them how to understand and manage emotions as well as soothing themselves when upset.

TAY OUTCOMES - CALYOUTH STUDY – 2018

- Chapin Hall conducted the California Youth Transitions to Adulthood (CALYouth) Study which was published in 2018.
- The CALYouth Study was intended to examine the outcomes of foster youth who had transitioned to adulthood.
- Data was collected from TAY youth self report, child welfare workers, and incorporated government program data.
- The 2018 study focused on outcomes of youth who exited foster care at age 21. These youth were interviewed at ages 16-17, 19, and now age 21.
- The study included responses from 616 participants of youth who were in foster care during late adolescence.
- The study format included interviews about 20 areas of the youth’s life.

(https://www.chapinhall.org/research/calyouth-wave3/)

TAY OUTCOMES - CALYOUTH STUDY – 2018

- The CalYOUTH study included the following outcome data on the life domains below:
  - Education
    - 71.1% of youth reported they were currently "not enrolled" in school
    - 15.2% reported being enrolled "full time" while 13.7% were "part-time"
    - 19.9% of youth responded “yes” when asked if they ever dropped out of high school
    - 79.7% reported having received a high school diploma
    - 4.3% had received a high school equivalency (e.g. GED)
    - 15.7% reported not having graduated with any high school degree

(https://www.chapinhall.org/research/calyouth-wave3/)
TAY OUTCOMES - CALYOUTH STUDY – 2018

Education:

- 3.1% reported having received a 2-year degree
- 1.2% reported having received a 4-year degree
- 95.7% reported having no college degree
- 13.4% reported they had “no help” planning for college, 13.5% reported “a little help,” and 19.8% reported “some...but not enough” help
- 7.6% of youth reported “have to care for your children” as a reason they were not attending school.

[https://www.chapinhall.org/research/calyouth-wave3/]

TAY OUTCOMES - CALYOUTH STUDY – 2018

Employment

- 54% reported they were “currently working” 10+ hours/week
- 42.9% reported they were “not employed,” 21.6% were “part time,” and 35.5% were “full time.”
- 20% reported working 2+ jobs
- The mean wage of those working was $12.48/hour
- The mean number of hours worked per week at their primary job was 35.5
- 18.7% reported working “more than 40 hours.”
- 59.9% reported receiving health insurance as a benefit
- 58% reported being eligible for “paid parental leave” as a benefit

[https://www.chapinhall.org/research/calyouth-wave3/]
TAY OUTCOMES - CALYOUTH STUDY – 2018

- Economic Hardship
  - 35.5% reported not having enough money for clothing
  - 24.3% reported not having enough money to pay rent
  - 9.3% reported being evicted due to inability to pay rent
  - 19.8% reported not having enough money to pay utilities
  - 58.2% reported currently receiving CalFresh

  [https://www.chapinhall.org/research/calyouth-wave3/](https://www.chapinhall.org/research/calyouth-wave3/)

- Food Insecurity
  - 29.7% reported being “food insecure”
  - 27.5% reported getting food after borrowing money from friends/relatives
  - 18.9% reported being hungry but being unable to afford food
  - 5.9% reported eating meals at a soup kitchen or meal program

  [https://www.chapinhall.org/research/calyouth-wave3/](https://www.chapinhall.org/research/calyouth-wave3/)
TAY OUTCOMES - CALYOUTH STUDY – 2018

Health
- 74.2% rated their health as “excellent” or “very good.”
- 21.4% rated their health as “fair” or “poor.”
- 88.5% reported having health insurance
- 78.1% reported having dental insurance

Mental Health
- 22% reported having received counseling in the past year
- 17.1% reported having thought about committing suicide since the last interview
- 25.0% reported they currently had a mental health condition
- 12.2% reported having a substance abuse condition

[https://www.chapinhall.org/research/calyouth-wave3/]

Housing
- 44.3% of youth reported living in their “own place” currently.
- Most others were living with a partner, relatives, friends, biological parent or a transitional housing program.
- 36% of youth reported they “couch surfed” while in EFC, 19.2% of whom had done so more than 90 days as their longest episode.
- 35.3% reported they were currently receiving housing assistance, 54.9% of these youth were receiving more than $500 per month.
- 24.6% of youth reported they had been homeless since their 19 year old interview
  - Of these youth, 20.9% reported their longest episode of homelessness was more than 90 days.
  - 35.6% of youth reported they had spent more than 90 total days homeless since last interview.

[https://www.chapinhall.org/research/calyouth-wave3/]
TAY OUTCOMES – CALYOUTH STUDY – 2018

- **Social Support**
  - 35.3% reported having one individual as support
  - 29.6% reported having three individuals as support
  - 6.0% reported having no one as support
  - 62.4% felt they had “enough people” as support
  - 37.6% felt they had “too few” or “no one” to count on

  [https://www.chapinhall.org/research/calyouth-wave3/](https://www.chapinhall.org/research/calyouth-wave3/)

- **Pregnancy/Parenting**
  - 32.2% of youth reported having at least one child
    - 69.6% had one child, 24.7% had two children, 5.7% had three children
    - 82.2% had their children living with them
    - 40.1% had the other parent living with them and their child
    - 62.9% reported not having financially contributed to their child’s needs
    - 67.1% report someone else cared for their child due to work/school
    - 48.6% reported it was “somewhat difficult” or “very difficult” to find someone to care for their child.
  - 11% reported their child was a dependent of the Juvenile Court

  [https://www.chapinhall.org/research/calyouth-wave3/](https://www.chapinhall.org/research/calyouth-wave3/)
TEEN PARENTS IN FOSTER CARE

- 1 in 6 girls give birth before age 20
- According to the Midwest Evaluation:
  - By age 19, girls in foster care:
    - Have a higher rate of pregnancy and childbearing
    - Were two-and-a-half times more likely to have become pregnant
    - Three times more likely to have had a child
  - By age 21, 49% of males in foster care report having gotten someone pregnant


TEEN PARENTS IN FOSTER CARE

- Youth from turbulent, abusive, neglectful families are at higher risk for
  - Early sexual initiation
  - Risky sexual relationships/behavior
  - Teen pregnancy/childbirth
- A California study found teen females with five or more placements were twice as likely to become pregnant while in foster care as those with one placement.
- Exposure to verbal, physical, or sexual abuse during childhood and adolescence is associated with early initiation of sexual activity, failure to use contraception, and having multiple sex partners

TEEN PARENTS IN FOSTER CARE

- Frequent school transitions are linked to low educational achievement and high rates of dropping out of school
- Foster youth are less likely to graduate from high school, and teen birth is associated with decreased educational achievement
- High levels of school engagement and academic performance can decrease risk of teen pregnancy
- Higher educational performance and educational expectations are associated with delayed sexual experience and reduced rates of teen birth

OUTCOMES FOR PREGNANT AND PARENTING TEENS

- Teen parents are:
  - Less likely to finish high school
  - More likely to be poor as adults
  - More likely to rely on public assistance
- Children of teen parents:
  - Have poorer cognitive and educational outcomes
  - Higher levels of behavioral problems
  - Poorer health outcomes
  - More likely to become teen parents themselves
OUTCOMES OF TEEN PARENTS IN FOSTER CARE

- Teen parents in foster care face additional challenges including:
  - History of abuse impacting parenting and well-being of children
  - Barriers to receiving prenatal care and healthcare
  - Higher rate of repeat childbearing
  - Residential instability
  - Increased stress when raising children
  - Less access to information about reproductive health and STI prevention


HOW CAN WE HELP?

[Diagram showing Maslow's hierarchy of needs]

- Self-actualization: desire to become the most that one can be
- Esteem: respect, self-esteem, status, recognition, strength, freedom
- Love and belonging: friendship, intimacy, family, sense of connection
- Safety needs: personal security, employment, resources, health, property
- Physiological needs: air, water, food, shelter, sleep, clothing, reproduction
Resilience

Resilience is:

- The ability to respond flexibly and productively to day-to-day stressors and unexpected circumstances
- Ability to persevere through difficult tasks and maintain hope
RESILIENCE

- A study in Dar es Salaam, Tanzania of adolescent mothers found:
  - Literature about psycho-social resilience finds major life transitions provide new opportunities for resilience.
  - Adolescent mothers had a higher competence score compared to adolescents who were not parenting.
  - Pregnancy and parenting led adolescent mothers to develop support networks and knowledge of resources.
  - Talking to peers increased young mother’s competence.
  - Focusing on strengths versus weaknesses assists in identifying possibilities and reducing threats.
  - Resilience is not only about individual traits but about developing competencies.
  - Knowledge passed on by cultural and social institutions can contribute to building resilience.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5485691/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5485691/)

HOW CAN WE HELP?
HOW CAN WE HELP?

- Provide services and supports which:
  - Are responsive to teen parents, their children, and supportive adults
  - Focus on healthy development of the adolescent and early childhood development
  - Recognize the impact of trauma on development and address trauma symptoms
  - Assure screening for trauma and provide individualized services
  - Provide supportive services to support well-being, strengthen family connections, and involve a supportive network of adults
  - Provide services and supports to address barriers with housing, education, employment, childcare, and mental health
  - Elicit and incorporate youth and family input in service planning


HOW CAN WE HELP?

- Provide services and supports which:
  - Ensure service planning address the youth’s role as a parent in addition to their service needs as a youth
  - Ensure practices encourage father participation and engagement
  - Assure assessments and planning is culturally sensitive and building protective factors
  - Encourage and facilitate family finding, engagement, and incorporate family and support networks to help parenting youth address barriers and provide support.
  - Assure parenting youth are given information to reduce risks associated with early childhood (e.g. safe sleeping, child brain development, father involvement, and reading to young children)

HOW CAN WE HELP?

- Provide services and supports which:
  - Encourage continuity in health care (e.g. have a "medical home"), education, and mental health care for both the teen parent(s) and their children
  - Encourage in-home services, when available (e.g. home visiting, public health nursing, etc) which provide necessary support and reduce barriers
  - Assure mental health concerns are addressed including managing postpartum depression, medication management, PTSD and trauma reactions, and other diagnoses which may impact parenting
  - Encourage and facilitate access to supportive programs in educational settings (e.g. EOPS, guidance counseling) to promote scholastic achievement


HOW CAN WE HELP?

- Provide services and supports which:
  - Assist with residential stability to reduce transitions and potential for disconnection from services and supports
  - Encourage and facilitate access to information services related to sexual health, reproductive health, and STD screening and treatment.
GROUP DISCUSSION

- As a group, let's discuss:
  - What are you already doing in your role to support pregnant and parenting TAY youth?
  - What are the signs the help we are providing is helping?
  - What is the next, best step to upgrade our efforts to help TAY parenting youth?
REFERENCES

- https://www.ecmhc.org/tutorials/trauma/mod1_1.html
- https://dmh.mo.gov/healthykids/providers/trauma.html
- https://www.samhsa.gov/trauma-violence/types
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150444/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3118393/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536924/
REFERENCES

- https://www.chapinhall.org/research/calyouth-wave3/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5485691/