INTERGENERATIONAL TRAUMA AND RESILIENCY IN TRANSITIONAL AGE YOUTH PARENTING YOUNG CHILDREN

*Steven Wells, M.C.*

*County of San Diego – Child Welfare Services*

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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)

## 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

(**https://dmh.mo.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

(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)

## TRAUMA 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/)

## TRAUMA 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 successful way of getting needs met, informing current and later maladaptive behaviors

- Mothers must be cognitively prepared to raise and properly discipline their children.

(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

- (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.

- (https://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/impact-of-child-abuse_parenting_female.pdf?sfvrsn=49adb3ed_2)

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## SEXUAL ABUSE AND PARENTING

- Childhood sexual abuse impacts ability to trust including trusting the wrong people or inability to trust helpful, healthy people.

- Revicitimization 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.

- (https://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/impact-of-child-abuse_parenting_female.pdf?sfvrsn=49adb3ed_2)

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## OUTCOMES FOR TRANSITIONAL AGE YOUTH

## 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/)

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## 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/)

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## 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/)

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- 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/)

## 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/)

## TAY OUTCOMES – CALYOUTH STUDY – 2018

- 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/)



TAY OUTCOMES – CALYOUTH STUDY – 2018

- 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/)

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## 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

    (https://www.childtrends.org/wp-content/uploads/2011/11/Child_Trends-2011_11_01_RB_TeenParentsFC.pdf)

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## 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

(https://www.childtrends.org/wp-content/uploads/2011/11/Child_Trends-2011_11_01_RB_TeenParentsFC.pdf)

**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

- (https://www.childtrends.org/wp-content/uploads/2011/11/Child_Trends-2011_11_01_RB_TeenParentsFC.pdf)



**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

  (https://www.childtrends.org/wp-content/uploads/2011/11/Child_Trends-2011_11_01_RB_TeenParentsFC.pdf)
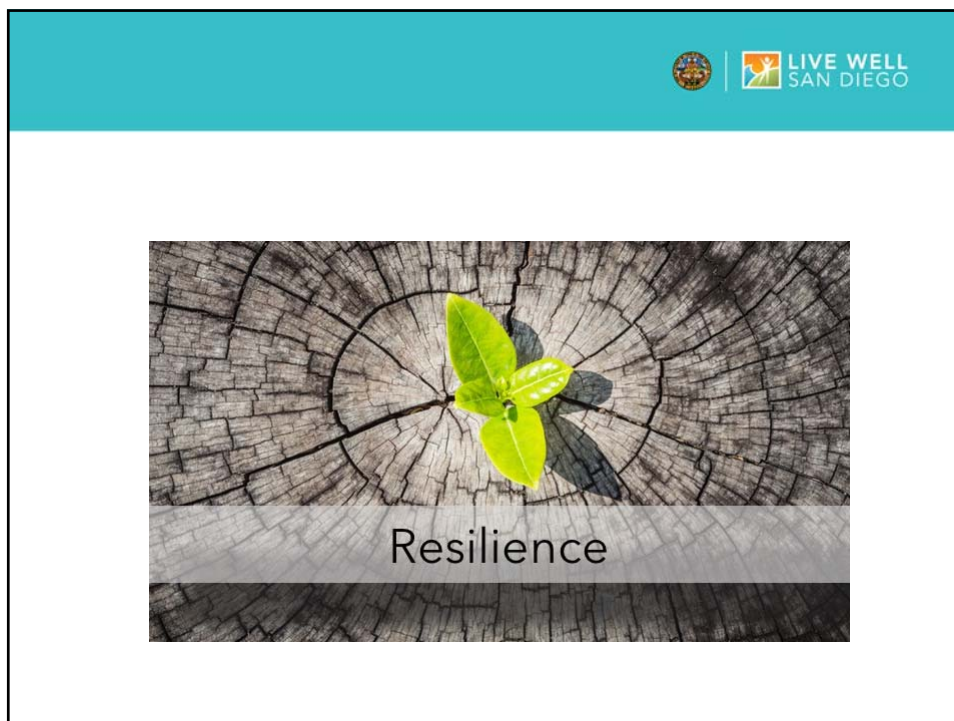
OUTCOMES OF TEEN PARENTS IN FOSTER CARE

- 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

    (https://www.childtrends.org/wp-content/uploads/2011/11/Child_Trends-2011_11_01_RB_TeenParentsFC.pdf)



HOW CAN WE HELP?

**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

- 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 of competencies.

  - Knowledge passed on by cultural and social institutions can contribute to building resilience

  (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

    (https://www.cssp.org/reform/child-welfare/pregnant-and-parenting-youth/Twice-the-Opportunity.pdf)

## 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)

    (https://www.cssp.org/reform/child-welfare/pregnant-and-parenting-youth/Twice-the-Opportunity.pdf)

## 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

  (https://www.cssp.org/reform/child-welfare/pregnant-and-parenting-youth/Twice-the-Opportunity.pdf)
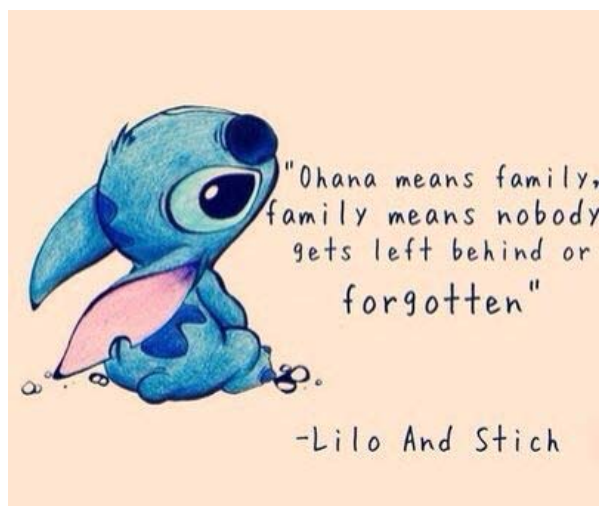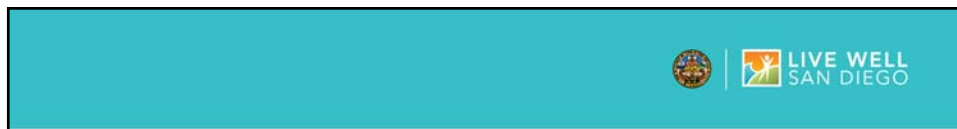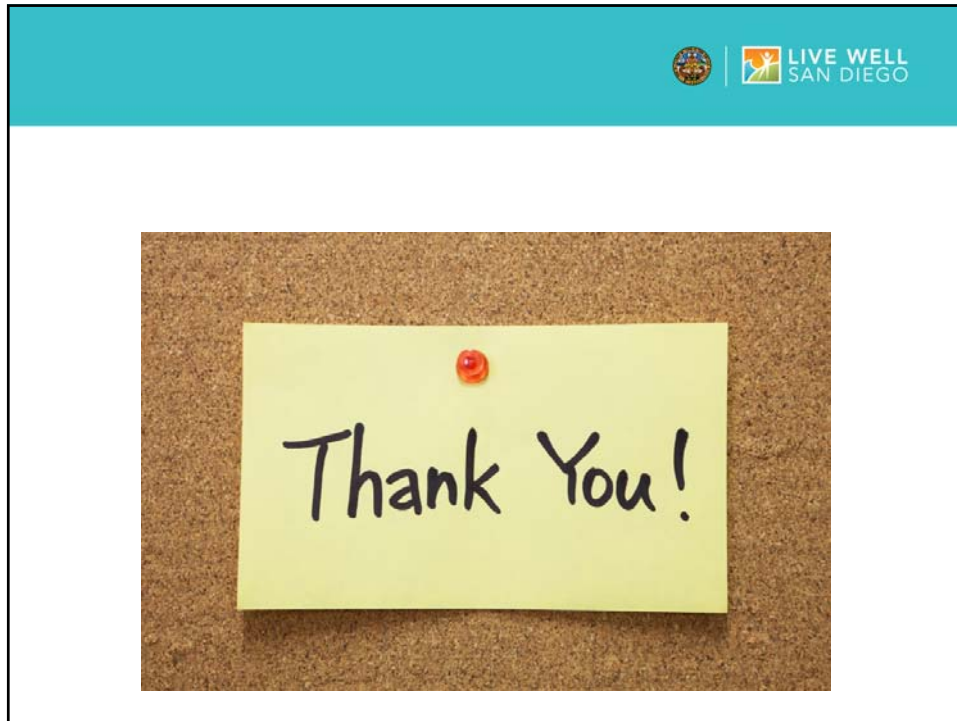
## HOW CAN WE HELP?

- 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?



"Ohana means family, family means nobody gets left behind or forgotten"

-Lilo And Stich

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