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Exploring the Experiences of Intergenerational Trauma and Coping Mechanisms Among African  
American Women: A Qualitative Study

By Esthel Nam

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A Thesis

Submitted to the Department of Social and Behavioral Sciences

Yale School of Public Health

*In Partial Fulfillment of the Requirements for the Degree of Master of Public Health*

First Advisor: Dr. LaDrea Ingram, EdD, CADC, CHES

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## **Abstract**

This qualitative study aimed to explore the experiences of intergenerational trauma and coping mechanisms among African American women. Semi-structured interviews were conducted among 9 participants, and the “Transactional Model of Stress and Coping” was used to analyze the data. The results revealed complex and interconnected forms of trauma, including historical trauma, adverse childhood experiences, death, and sexual abuse. Participants also utilized a range of coping mechanisms, including spirituality, social support, self-care, and therapy. The identified codes and subthemes provide a comprehensive understanding of the different forms of trauma that participants experienced, and the various strategies they adopted and utilized to cope with trauma. These findings have important implications for healing interventions, particularly for practitioners who work with African American individuals and communities. Practitioners should be aware of the different forms of trauma that can impact African American individuals and the importance of utilizing culturally competent approaches in developing effective intergenerational interventions. Overall, this study provides insight into the complex experiences of intergenerational trauma and coping mechanisms among African American women, highlighting the need for further research and intervention development in this area.

*Keywords:* African American Women, Intergenerational Trauma, Coping Mechanisms, Intergenerational Triad and Dyad

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## 1. Introduction

Intergenerational trauma is a pervasive and complex issue that affects many African American women today, particularly between female, and familial relationships. The historical and ongoing experiences of racism, discrimination, and oppression have been passed down from generation to generation, creating a cycle of trauma that can be difficult to break. African American women in the intergenerational triad and dyad of the grandmother-mother-daughter and mother-daughter relationship face unique challenges in coping with intergenerational trauma, including the intersection of gender, race, and other forms of oppression.

Cyclical trauma manifests in both mental and physical health outcomes. Research has shown that intergenerational trauma can have a significant impact on the mental health of African American women in the intergenerational triad and dyad. A study by Bassett et al. (2021) found that intergenerational trauma was associated with increased symptoms of depression, anxiety, and PTSD in African American women in the intergenerational triad. Another study by Thomas et al. (2019) found that African American women who reported experiencing intergenerational trauma were more likely to experience chronic stress and have poorer physical health outcomes. Despite these challenges, many African American women have developed coping mechanisms that help them navigate the effects of intergenerational trauma and build resilience. Coping mechanisms such as spirituality, social support, and cultural identity have been found to be effective in reducing the negative impacts of intergenerational trauma (Watkins et al., 2018; Bassett et al., 2021).

The purpose of this thesis is to explore the impact of intergenerational trauma on African American women in the intergenerational triad and dyad and to identify coping mechanisms that have been adopted to promote healing. Through a review of the literature and analysis of semi-

structured interviews with eligible African American women who are part of the study population in question, this thesis aims to contribute to the understanding of themes found in intergenerational trauma and coping mechanisms among this population and to inform culturally responsive healing interventions that can break the cycle of trauma.

### *1.1 Background.*

The term *intergenerational trauma* was first coined in research literature by Canadian psychiatrist Dr. Vivian Rakoff's studies on survivors of the Holocaust in 1966 (Cypress, 2018). Since then, many articles have emerged on the topic of intergenerational trauma but there is still a scarcity of information on healing mechanisms for the trauma of the African American intergenerational triad and dyad.

As of 2022, 59.2% of the United States population are female, and African American women make up 13.9% of this population (*U.S. Census Bureau QuickFacts*, 2022; "Women of Color in the United States (Quick Take)," 2023). An alarming eight out of ten Black women have experienced some form of trauma in their lives (Burnett-Zeigler, 2021). In fact, research has shown them to be disproportionately exposed to and affected by numerous interpersonal psychosocial stressors, such as race and sex-based discrimination, that layer to produce multifaceted experiences of oppression (Cohen et al., 2022). These various trauma experiences place African American women at a magnified risk of developing physiological and psychological health problems throughout their lives and reporting poorer related health outcomes (Cohen et al., 2022; Smith et al., 2014). A reflection of this statistic reveals 16% of Black and African Americans in the US reported having a mental illness (SAMHSA, n.d.). Moreover, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2019, African American adults were more likely to have experienced serious

psychological distress in the past year compared to White adults (17.2% vs. 12.5%) (2020). Furthermore, African American women are more likely to report experiencing symptoms of depression and anxiety compared to their White counterparts (CDC, 2021).

African American women experience trauma and adversity in various forms that not only exacerbate poor health outcomes and widespread health inequalities but also fuel consequences that ripple across generations (Sweeting et al., 2022). Research continues to grow in this area but collected data and focus remain scarce for coping mechanisms among the African American grandmother-mother-and-daughter, and mother-daughter relationship through the lens of intergenerational trauma.

## *1.2 Literature Review.*

### *Trauma and Intergenerational Transmission*

Trauma is an alarming mental health issue that millions of people experience worldwide. Traumatic events can have a long-lasting impact on a person's physical and mental health, as well as on present and future generations. The passing down of psychological, social, or behavioral features from one generation to the next is referred to as “intergenerational transmission” (Kellermann, 2001; Amos, 2022). Many studies have suggested that traumatic events can be passed down through generations within families, and trauma has been demonstrated to be a crucial element in intergenerational transmission.

Several research has looked at how trauma affects family ties and the possibility of transmission through generations, specifically focused on African American families. In one study it was discovered that in African American families, intergenerational trauma transmission was substantially correlated with childhood trauma (Jones et. al, 2019). The study raised the need for efficient interventions to address the possibility of trauma being passed down through



generations within familial triads and dyads. The development of children can also be significantly impacted by the transmission of trauma through generations. According to a study by Madigan and colleagues (2019), newborns' cortisol responses changed whether their mothers had experienced trauma as children. The study highlighted the biological impacts of intergenerational transmission by suggesting that maternal trauma may have long-lasting impacts on the stress response of their offspring.

In addition to these instances, research on the transmission of trauma and resiliency in African American women over three generations revealed that intergenerational trauma affected the participants' relationships with their mothers and grandmothers and was common in the families of the participants (Hines and Boyd-Franklin, 2010). Similarly, a study on the experiences of African American women whose families had gone through intergenerational trauma discovered that these women frequently battled unresolved issues with their moms and grandmothers, which affected their capacity to build solid relationships with their own children (Davis and Williamson, 2014). These studies reflect the social-relational impacts caused by trauma, impacting families and future generations to come.

According to research, there are various and diverse ways in which intergenerational trauma affects African American women. In their respective studies on intergenerational trauma in African American households, Cox and Hilliard (2017) and Frazier (2017) revealed the common trauma and reality in the transmission of racism, sexism, and other forms of oppression down the generations. Moreover, 'African American wrath' was a term coined specifically for the African American community as a response to trauma and explained as a product of intergenerational pain (Grier and Cobbs, 1968). This narrative is reinforced by the studies on an

interrelated intersection of racial microaggressions, trauma, and mental health outcomes among African American women (Jones, Pedersen, Carter, 2019).

Moreover, due to experiences with sexism, racism, and discrimination, these factors heavily influence African American women as they face challenges in their healing and recovery from trauma. According to Bryant-Davis and Ocampo (2016), these encounters can increase trauma symptoms and make it more difficult to seek and receive care, which has long-term detrimental health effects. In addition, African American women with a history of trauma may be less likely to seek therapy and more likely to adopt avoidant coping mechanisms (Hines-Martin et al., 2013). African American women deserve the proper care and treatment needed to address their trauma and heal.

#### *Avenues of Healing for African American Women*

Notwithstanding these obstacles, research has revealed several therapeutic paths that can influence healing from trauma for these women. For instance, it has been discovered that therapies based on mindfulness can help people in this community with addressing their trauma and have fewer trauma-related symptoms (Niles et al., 2018). By increasing self-awareness and helping people concentrate on the present, mindfulness interventions can help people lessen the negative effects of prior trauma on their lives.

African American women have also been proven to benefit from culturally sensitive therapies for healing and recovery. According to Watkins et al. (2011), culturally competent therapy could aid people in addressing the particular experiences and pressures connected to being African American. These treatments emphasize the social, political, and cultural circumstances of the trauma, and work to foster resilience and self-determination. For instance,

racial trauma recovery, defined by Comas-Daz, is as a race-informed therapeutic approach to racial wounds (2016).

Intergenerational trauma affects African American women in substantial ways and can have a lasting impact. Promoting healing and supporting recovery can address the diverse manifestations of intergenerational trauma and appropriate healing methods can be utilized in response. Current literature on intergenerational trauma among African American women sheds light on the complexity of intergenerational trauma experienced and emphasizes the need for healing recommendations focused on the trauma passed down among female familial triads and dyads of African American women.

### *1.3 Study Aims.*

By exploring the experiences and coping mechanisms of African American women in the intergenerational triad and dyad, this thesis aims to contribute to the development of culturally responsive interventions that promote healing. This qualitative design used to examine themes of trauma and healing has three specific aims: 1) to define themes of intergenerational traumas that were experienced by African American women; 2) to examine coping mechanisms that are utilized to heal from or manage trauma; and 3) to provide recommendations for future healing avenues.

## 2. Methodology

The theoretical framework for this study utilized a qualitative approach to gather information on participants' lived experiences with trauma and healing. An interpretative phenomenological approach (IPA) was utilized to approach these women's life experiences. IPA is useful for eliciting personal reflective descriptions of experiences that are only lived through

by a small number of individuals and is useful when examining complex topics that can be considered ambiguous in detail and emotions (Cypress, 2018; Smith & Osborn, 2015).

The study approached semi-structured interviews through the theoretical lens of the Transactional Model of Stress and Coping. This model emphasizes the importance of appraising the stressor and generating and implementing coping strategies in response to stress. It posits that coping strategies can lead to positive outcomes such as growth and resilience (Lazarus & Folkman, 1984). A thematic analysis, partnered with the Transactional Model of Stress and Coping and an interpretative phenomenological interviewing approach, shaped the analysis of the study.

### *2.1 Interview Guide Measures.*

Assessments were chosen accordingly for the survey and the semi-structured interview guide (refer to Appendix 1), which elucidated trauma themes, related physiological and mental outcomes, and coping mechanisms. These assessments were selected based on their ability to assess various aspects of intergenerational trauma and coping mechanisms in African American women.

#### *Adverse Childhood Experiences*

The Philadelphia Expanded ACEs Questionnaire (Felitti et al., 1998; McLaughlin et al., 2014) was used to assess participants' exposure to adverse childhood experiences, such as abuse, neglect, and household dysfunction, as well as the severity of their exposure.

#### *Health Behaviors and Stages of Change*

The Health Screening and Health Behavior and Stages of Change Questionnaire (HBSCQ) was used to assess participants' current health behaviors and readiness to change their

behaviors (Gonzalez-Ramirez et al., 2017). The Lifetime Trauma Scale (Gray et al., 2004) was used to assess participants' lifetime exposure to traumatic events.

### *Mental Health*

The GAD-7 scale (Spitzer et al., 2006) was used to assess participants' level of anxiety symptoms, while the PHQ-3 (Kroenke et al., 2005) was used to assess participants' level of depressive symptoms. The PSS-10 (Cohen et al., 1983) was used to assess participants' level of perceived stress.

### *Resiliency and Coping*

The Modified COPE Inventory (Carver et al., 1989) was used to assess participants' coping strategies, including problem-focused coping, emotion-focused coping, and avoidance coping. Finally, the CD-RISC (Connor and Davidson, 2003) was used to assess participants' level of resilience.

### *2.1 Participants and Eligibility.*

All women that participated identified as African American or Black females over the age of 18 years old (n=9). Participants had to either be part of a triad or dyad, as in either a mother-daughter dyad or a maternal grandmother-mother-daughter triad, if applicable. Eligible participants had to be living in the United States and speak English. These participant characteristics were identified through the initial survey taken by the respondents (see Table 1).

Participants were recruited mainly through word-of-mouth. Virtual flyers were distributed to church communities, and college campuses, and/or distributed directly to participants by friends or family members. Participants were also reached through electronic flyers that were also posted on *Facebook*, *Twitter*, and *Instagram*.

### *2.2 Data Collection.*

### *Initial Survey*

All participants were invited to sign-up for a time on *Calendly*, a website used to showcase time availabilities where participants can sign up to take the initial survey online. All family members signed up had to be present to take the initial survey at the same time. Once signed up for a time, all interviews were conducted through the online video interface, *Zoom*, which was supervised by the research assistant. This allowed participants from all over the States to be interviewed.

Over *Zoom*, the research assistant would remind all participants of the purpose of the study to reinforce a thorough understanding of what they are verbally consenting to. Before being given a *Yale Qualtrics Survey* link to take the survey, participants were also assigned a family participant code. All participants knew they remain anonymous, and their responses cannot be tracked back to any personal information shared. This initial survey would take 30-60 minutes to complete for participants. All participants were emailed a \$20 *Amazon* gift card.

### *Semi-Structured Interview*

The semi-structured interview process would be the same as the survey process for participants who consented to follow-up. Participants could not sign up for these semi-structured follow-up interviews until participants completed the first initial survey. Participants would be asked at the end of their initial survey if they would like to follow up and receive another \$20 gift card, and willing participants would sign-up again through *Calendly*. Verbal informed consent over *Zoom* was obtained before recording. Again, all participants were given a debrief of the follow-up interview, which lasted 45-60 minutes, and the purpose of the study. Participants were also reminded their responses are anonymous as their family participant code from their

initial online survey was the only identifiable information in use. Only audio files were kept afterward to be transcribed for thematic analysis.

### *2.3 Data Analysis.*

The data were analyzed using a thematic analysis approach, which is a widely used method for identifying patterns and themes within qualitative data. The data were independently coded using NVivo, a computer-assisted qualitative data analysis software, which facilitated the coding process. The coding process involved identifying and labeling relevant themes and patterns that emerged from the participants' narratives, guided by the Transactional Model of Stress and Coping.

To ensure the rigor and trustworthiness of the analysis, several steps were in place. First, an initial familiarization with the data was conducted to gain an overall understanding of the participants' experiences. Then, the initial codes were generated, which were reviewed and revised through an iterative process using NVivo. As the main analyzer of this data, I utilized a reflexive approach to acknowledge my own biases and preconceptions throughout the analysis.

Next, all the codes were organized into themes and sub-themes using NVivo. The themes were iteratively reviewed and revised thoroughly, ensuring that they accurately represented the participants' experiences and were consistent with the theoretical framework. The relationship that also emerged between the themes and patterns of trauma and coping mechanisms was analyzed accordingly. Finally, a narrative description of the themes was written in the results section, incorporating direct quotes from the participants' narratives to support the findings.

Overall, the data analysis process was thorough and rigorous, ensuring that the findings accurately represented the participants' experiences and were consistent with the theoretical framework.

## 2.4 Ethical Considerations.

This qualitative study was approved by the Institutional Review Board at Yale University. All recruitment materials, surveys, and follow-up interview questionnaires were approved accordingly. Prior to data collection from surveys and semi-structured interviews, the research team obtained verbal informed consent from participants after explaining the purpose of the study. All verbal consent occurred before assigning numerical family participant codes and recording semi-structured interviews. Anonymity was ensured and identities were protected by assigning participants to numerical family participant codes.

## 3. Results

Participant characteristics are reported below. See Table 1. Qualitative results from these nine participants have revealed coping strategies depend on the trauma experienced personally, and experienced by their mother or grandmother, when applicable. The themes from the analysis have been categorized below.

### 3.1 Participant Characteristics.

Table 1. *Participant Characteristics (N=9)*

<b>Participant Code</b>	<b>Family Role</b>	<b>Residing State</b>	<b>Marital Status</b>	<b>Highest Level of Education</b>	<b>Yearly Income</b>
000-1	Grandmother	Virginia	Divorced	Grade 12 or GED	\$10,000 to \$24,999
000-3	Daughter	Virginia	Never Married	Some college, Associate's Degree, or Technical Degree	\$100,000 or more
119-2	Mother	North Carolina	Married	Bachelor's Degree	\$100,000 or more
119-3	Daughter	North Carolina	Never Married	Some College	Less than \$10,000



138-2	Mother	North Carolina	Married	Some college, Associate's Degree, or Technical Degree	\$100,000 or more
166-2	Mother	North Carolina	Married	Bachelor's Degree	\$50,000 to \$99,000
176-3	Daughter	Ohio	Married	Bachelor's Degree	\$100,000 or more
189-2	Mother	New York	Married	Some college, Associate's Degree, or Technical Degree	\$100,000 or more
350-3	Daughter	North Carolina	Married	Any postgraduate studies	\$25,000 to \$49,999

### 3.2 Qualitative Outcomes.

Participants in this study discussed a variety of coping mechanisms they used to manage stress and trauma in their lives. The following themes and sub-themes emerged from the data analysis:

#### **Theme 1: Intergenerational Trauma**

##### Sub-theme 1.1: Historical Trauma

With participants, descriptions of grandparents' and parents' life experiences growing up in the United States was a prevalent theme shared. For one participant colorism was a trauma experienced:

*“She [my grandmother] grew up in the South, and she is very fair-skinned. So, she had to deal with a lot of prejudice around that. And other members of her family, specifically her dad who was darker skinned, was discriminated against in front of her.*

-Participant 119-3

Within the African American community, African American history cannot be ignored and has impacts that trickle through generations. Another participant shared experiences she recalled with her grandmother's discrimination.

*"So, my grandmother also went through so much trauma and she was an only child. She came up in that ear of, oh my god, discrimination. Just, just awful that time and that era. She was born in the early 19 hundreds."*

-Participant 189-2

### Sub-theme 1.2: Adverse Childhood Experiences

Another subtheme that emerged was several participants reporting experiences with trauma within their own families growing up, including physical and emotional abuse, neglect, and loss of family members. For example, one participant stated:

*"I would say growing up, um, there was like a decent amount of like emotional neglect from my parents. Um, sometimes crossing over like into physical neglect as well. Um, just, you know, parents who weren't necessarily present in our lives. Occasionally it would be like physical. Like my dad would punch holes through the wall. A couple times. There was one time my mother choked me. They didn't have the best relationships. There was a good amount of fighting between them which also like affected me growing up."*

-Participant 000-3

The relationship observed between parents was a formative reality for this participant. Participant 000-3 followed up with how her parents' tumultuous relationship impacted her ability to discuss trauma with her mother.

*“I think like as a child, like when I did get molested and my sister did as well, neither of us, um, spoke to our mother, just cause I don't think we necessarily thought we'd be like heard or validated or like anything positive would come out of that experience.”*

This experience was echoed by other participants' relationships with their own mothers.

As shared by one participant:

*“It's always turned into a really heated argument where I feel like she kind of gaslights me about my experiences and she really turns into just like her. And so, her immediate response is about how she's a bad mother because she didn't realize this. I mean, a couple, like maybe a year or two ago, I had opened up to her about like how I had had any disorder in middle school and her first response is like, I can't believe like I gave this to you. Um, and like, so I just feel like it's not, she's not an easy person to have open vulnerable conversations with.”*

-Participant 119-3

Conversations and having trust between your main care provider or parent is an essential part of one's childhood experience. For some participants, a parent's traumas heavily impacted a participant's ability to share their own struggles with their parent.

*“I'm her oldest child. She had me when she was 18. She married my dad at 18. Cuz you know, with that, back then you got pregnant, you get married, right. And we've kind of grown up together. There are some things that, because like I said, because she suffered with abandonment, rejection, her own issues that were put on me. Some of those conversations we have not had because I don't wanna hurt her. I don't wanna say you put all of this on me. I don't wanna say that to her. Some small little conversations we have had, and she has apologized to me probably, gosh, 10, 15 years ago.”*

-Participant 166-2

*“It's not good. We have a decent relationship. She would probably say we have a good relationship, but it's not easy to talk to her about anything that's not positive, especially if it's concerning her.”*

-Participant 119-2

Lack of communication or inability to share hardships and trauma within one's own family is an adverse childhood experience that is unfortunately experienced by many. Other adverse childhood experiences contribute to trauma that impacts participants years later and their choices because of it.

*“Being unhoused like for like a, a long period throughout different periods of my childhood. First time I remember being unhoused or like staying in Salvation Army, I was like maybe four or five. It makes me overworked sometimes. Just to know, like, that's not gonna be something that will happen to me. So, I work all the time.”*

-Participant 350-3

This participant's memories of being unhoused have played a role in creating a stable lifestyle for herself, so she does not become unhoused again. Her experiences have impacted her to heavily focus on her work, which has led her to be overworked at times.

### Sub-theme 1.3: Death and Loss

This sub-theme deals with personal trauma and processing the death of loved ones. Many participants have shared experiences with loss and the emotions that were felt with that experience during and after. One participant shared the loss of her sister:

*“I thought losing my parents were hard, but losing my sister was very, very hard. When my sister got really sick and when she passed, I'm trying to catch up on stuff that I refused to look at the whole year last year. I couldn't look at, I mean, even, you know, I couldn't deal with stuff. I could not. I have not sent out any thank you letters to people. I mean that whole year, 2022. I was just hands off. I didn't want to hear anything. I didn't wanna deal with anything. I was like, I can't take one more thing. And so, my husband handled a lot of stuff last year, and so now I'm getting engaged in stuff that I needed to do last year and trying to get caught up.”*

-Participant 138-2

This participant found the death of her sister to be hindering to her everyday life and it was difficult for her to process her sister's death. The death of the participant's sister was a trauma that made the participants rely on her husband, her support system, to aid her in processing the trauma of death. Another participant remembers her role as a caretaker and witnessing her grandmother pass:

*"I can remember my grandmother was diagnosed with breast cancer and she died from breast cancer. And I can remember just taking care of her and that was trauma, watching her and not being able to help her, you know, watching her just suffer."*

-Participant 189-2

The participant witnessed her grandmother pass from breast cancer and deteriorate because of it. As both a granddaughter and caretaker during the process, the participant was with her grandmother at every stage before she passed, and it impacted her greatly.

#### *Sub-theme 1.4: Sexual Abuse*

Lastly, the theme of sexual assault was an experience shared by some participants. This impacted the stage of their healing process and how they confronted this past trauma. One participant said:

*"I was molested by a cousin when I was about nine years old. When I was like really starting to confront um, sort of like my childhood trauma, like being molested, and then like I found out my sister was as well for like a much longer period of time. Then she ended up telling her parents and it like went through like the entire family."*

-Participant 000-3

This participant did not find out her trauma was experienced by her sister as well until she had decided to face her trauma and begin her healing process. Another participant shared her sexual trauma:

*“My mother's boyfriend, he used to do things to me and my sisters. And, uh, we never told our father. We never told anyone cuz we were afraid my father would kill him. And we were so afraid that my dad found out he would kill him, and my dad would end up in jail.”*

-Participant 138-2

This participant expressed fear and uncertainty about the consequences of what would happen if she did speak out. Her concerns were shared by her sister, another victim, and both decided to remain silent. Both victims had their concerns about what would happen to their father, and how to keep him safe and out of jail. Another participant recalled a painful memory:

*“I was raped by a friend, um, and totally a friend who was, I think 17 or 18. And he said we were gonna study together and I was naive and thinking, ‘Okay, we're going to study’, you know, and, um, that's not what happened, and I think that was probably the most traumatic.”*

-Participant 166-2

Sexual trauma was an apparent subtheme found and expressed with intergenerational trauma. Overall, the participants in this portion of the study described their experiences of intergenerational trauma. These observations and analyses reveal which coping mechanisms are utilized to process past, present, and potentially future traumatic incidents. The trauma themes analyzed can reveal where intervention efforts can be useful for participants and their families. Interventions can be formed through a culturally sensitive approach with respect to the individual and intergenerational trauma experienced by African American women. All participants,

regardless of the trauma theme, shared the impacts of their trauma incidents and how they shaped their coping mechanisms moving forward in their life.

## **Theme 2: Coping Mechanisms**

### Sub-theme 2.1: Social Support

Participants frequently discussed relying on social support as a coping mechanism. Many participants described turning to family members or friends for emotional support, such as talking through difficult experiences or seeking advice. Having specific individuals or a community can be a powerful coping mechanism that leads to healing and relieve stress. From one participant:

*“I had my friends, and we would talk and that would help a lot, you know, if you got somebody that you can really trust to talk to.”*

-Participant 000-1

This participant emphasized the role her outer circle of friends provided her when she was in distress. The factor of trust in the individual she reached out to was important when choosing the person she decided to confide in. From another participant:

*“I have a strong support system. My husband's really good at times, and my husband's my rock. He's very solid. He will not say anything, but sometimes I just sit beside him and everything's all good. You know, I talked to my pastor, my first lady at a church.”*

-Participant 138-2

This participant recollects her connection with her support system. She reached out to a specific individual, her husband, and members of her community, at her church. A support system reveals to be a crucial mechanism when dealing with traumas.

### Sub-theme 2.2: Distraction

Participants also discussed using distraction techniques to cope with difficult emotions and experiences. Many participants described watching television as a way to escape from their problems or distract themselves from negative thoughts. Others mentally shift their focus momentarily to move away from the experiences that evoke difficult emotions that trauma responses produce:

*“I retreat sometimes, so far that I'll just remove myself from like, I wouldn't say reality, but just like, I'll just remove myself completely and make maybe like watch a show all day.”*

-Participant 350-3

*“I try not to linger on whatever's bothering me. I try to concentrate on something else and then come back to it and see if it's any better after I not think about it so much.”*

-Participant 000-1

*“You know, turn on something funny on tv. That's, that's always what I've done. Just kind of, you know, go to comedy or something like that.”*

-Participant 166-2

*“I can say for a long time I pretended like everything was okay and every, you know, you put on a face for everybody.”*

-Participant 138-2

*“I go in a lot of walks, Hour long walks just to clear my head and listening to a lot of podcasts while doing that.”*

-Participant 119-3

### Sub-theme 2.3: Professional Help

Some participants also sought professional care as a coping mechanism. The hopes expressed with seeking professional help revealed a desire to acknowledge one's trauma with hopes of healing.



*“I am in therapy, and I talk a lot about my trauma responses and specifically I'm in like CBT therapies. I took a semester off from school and I went into like this treatment program and so I'm really grateful that I was able to do that.”*

-Participant 176-3

This participant expressed gratitude for the help she was able to receive and seek out. She found value in finding help in professional settings when she was not able to deal with trauma herself. From another participant:

*“And I know I'm not normal, but like one of the reasons why I started therapy and putting my kids in therapy is because I see how much my parents needed it and didn't use it.”*

-Participant 119-2

This participant acknowledged patterns in her past that moved her to prioritize professional help as a necessity when facing trauma and coping. Her experience with witnessing the interactions between and with her parents was a factor in not only dealing with her own trauma but creating coping mechanisms for her children and within her familial circle.

#### *Sub-theme 2.4: Religion and Spirituality*

Finally, many participants discussed relying on their spirituality or religion as a coping mechanism. Several participants described praying or attending religious services at church as a way to find comfort and guidance in difficult times. Others discussed reading religious texts or engaging in prayer to connect with their faith and find meaning in their experiences.

*“It's all my faith. I look to the one who created me. I ask a lot of questions like, ‘God, what do you want me to learn from this? What are you trying to show me? What could I do better? Like, did I contribute to some of this? Where's this coming from? Is this generational? Is this, you know, the pressures from society today?’ I do a lot of introspective work.”*

-Participant 119-2

*“I've had counseling and gone through, uh, uh, my, my pastor and, and first lady we've talked about and discussed it. My faith is probably the biggest thing for me.”*

-Participant 138-2

*“I mean, my faith is the foundation of everything that I do. Um, I think without that I probably wouldn't have a bounce-back plan, but, you know, I strongly believe in God and walk out having a relationship with him every day in my life. And because of those things, no matter the challenges, and life certainly gets challenging, but because of that foundation I'm able to kind of deal with those traumas and stress.”*

-Participant 176-3

Overall, these themes and sub-themes highlight the variety of coping mechanisms used by participants to manage stress and trauma in their lives. Faith and spirituality, connection with community, therapy and counseling, and even distraction tactics are all important strategies that can help individuals cope to heal. By understanding the coping mechanisms that participants rely on, public health practitioners and other support systems can better tailor their interventions and support services to meet the unique needs of African American women who have experienced intergenerational trauma, through an individual and community-based approach.

#### 4. Discussion

The results of this study shed light on the complex experiences of intergenerational trauma and coping mechanisms among African American women. The identified codes and subthemes provide a comprehensive understanding of the different forms of trauma that participants experienced, and the various strategies they adopted and utilized to cope with trauma. These findings have important implications for healing interventions, particularly for practitioners who work with African American individuals and communities. Practitioners should be aware of the different forms of trauma that can impact African American individuals, including historical trauma, adverse childhood experiences, death, and sexual abuse.

On intergenerational trauma, research has explored and solidified African American women's experiences of trauma on multiple levels, including individual, familial, and community levels, and these experiences can lead to significant mental health concerns (Adams et al., 2019). For example, with the subtheme of historical trauma, the impact of historical oppression and discrimination on African American communities is highlighted again and again throughout research and historical accounts, as well as the transmission of that trauma from generation to generation (Bryant-Davis et al., 2016). By understanding the nature of these traumas, public health professionals can better assess and diagnose trauma concerns, and develop effective intergenerational interventions based on a culturally competent approach.

### *Social Support*

More importantly, practitioners should also be aware of the cultural context in which African American women experience trauma and cope with its effects. The subthemes within the social support code highlight the importance of connection and understanding in coping with trauma, particularly within the context of African American communities where social support can be a vital coping mechanism (Carter et al., 2015). Social support refers to the ability of individuals to seek and receive emotional and practical assistance from others and has been shown to play a critical role in mitigating the negative effects of trauma (Kim & Cicchetti, 2010). In the context of African American women, social support can be particularly important due to the unique challenges they face as a result of historical and contemporary experiences of oppression and discrimination (Taylor et al., 2019). Practitioners should work to understand the cultural context of these women's lives, and tailor their interventions to meet their unique, familial needs.

### *Distraction*

In addition to the identified coping mechanisms of a support system, distraction was a subtheme identified on various levels by some women. This finding is consistent with previous research that has shown the effectiveness of distraction as a coping strategy (Najarian et al., 2018). Distraction can be defined as engaging in activities that shift one's focus away from the stressor or traumatic experience. For example, participants in our study reported using activities such as shifting their mental focus, watching TV shows, and engaging in hobbies or interests to distract themselves from their trauma.

While distraction can be a helpful coping mechanism, it is important to note that it should not be used as the sole strategy for dealing with trauma. This is because using distraction alone does not address the underlying issues that contribute to the trauma and may only provide temporary relief. Therefore, it is important to use distraction in combination with other coping strategies, such as seeking social support or professional help.

### *Professional Help*

Professional help was another subtheme explored by participants. Some distractions can be harmful if they involve risky behaviors such as substance abuse or self-harm. Public health practitioners need to screen for these types of behaviors and provide appropriate interventions as needed. For example, a therapist may recommend alternative coping strategies or refer the individual to specialized treatment. Seeking professional help, spirituality and faith, and even distraction techniques highlight the various strategies that participants used to cope with trauma. Again, the subtheme of seeking professional help was identified as a coping mechanism utilized by many African American women in this study. This finding is consistent with previous research that has demonstrated the benefits of seeking professional help for mental health concerns among African American communities (Adams et al., 2019; Watkins et al., 2019).

However, there are also barriers to accessing professional help, particularly for individuals who may not have access to mental health services or who face stigma around seeking help for mental health concerns (Chowdhary et al., 2021).

One way to address these barriers is to increase the availability of culturally competent mental health services for African American women. Culturally competent services consider the unique cultural and historical experiences of African American communities and tailor their interventions to meet the specific needs of these individuals (Watkins et al., 2019). This can include using evidence-based interventions that have been adapted to be culturally relevant, hiring mental health professionals from diverse backgrounds, and creating community-based interventions that are accessible and affordable for individuals who may not have access to traditional mental health services (Chowdhary et al., 2021).

In addition, public health practitioners should also work to build trust and rapport with their African American clients, particularly given the historical context of mistrust between African American communities and healthcare systems (Adams et al., 2019). This can include acknowledging the impact of historical trauma and discrimination on mental health outcomes, and working to create a safe and non-judgmental environment where clients feel comfortable discussing their experiences (Watkins et al., 2019).

### *Religion and Spirituality*

A step towards inclusive and culturally competent care involves a holistic approach to healing. Another important subtheme that was common among participants was religion and spirituality. Many participants reported turning to religion and spirituality to find meaning and purpose in their lives, and to cope with the impact of trauma. This finding is consistent with previous research which has demonstrated the role of religion and spirituality in promoting

mental health and resilience among African American populations (Bryant-Davis et al., 2020; Holt et al., 2013). Spirituality and religion can provide a sense of meaning, purpose, and hope in the face of adversity, and can serve as a source of comfort and support during times of distress (Bryant-Davis et al., 2020). For African American women who have experienced intergenerational trauma and discrimination, spirituality and faith can provide a sense of connection to their cultural and historical roots, and can serve to connect with a higher power and seek guidance and strength (Holt et al., 2013).

However, it is important to note that the relationship between spirituality and mental health can be complex and may not always be positive. Some studies have found that rigid adherence to religious doctrine or beliefs can be associated with negative mental health outcomes, particularly for individuals who experience conflict between their religious beliefs and their personal values or identities (Pargament, 2020).

Therefore, mental health practitioners working with African American women should approach discussions of spirituality and religion with cultural sensitivity and awareness of the individual's unique beliefs and experiences. They should also be aware of the potential for spiritual bypassing, or the use of spirituality or religion to avoid dealing with emotional or psychological distress (Foglio & Wilson, 2021). Other public health practitioners and stakeholders alike must work accordingly with the individual to provide them with the healing avenue needed to overcome intergenerational trauma.

#### *4.1 Further Recommendations.*

- I. Firstly, there should be a focus on mental health. Practitioners should be aware of the various traumas that can impact African American individuals and communities. As noted in the study, subthemes revealed can all have significant

impacts on individuals' mental health and well-being. Practitioners should be trained in trauma-informed care and be familiar with evidence-based treatments for trauma-related disorders, such as Cognitive Processing Therapy (CPT) and Eye Movement Desensitization and Reprocessing (EMDR) therapy (APA, 2017).

- II. Secondly, interventions should take a holistic approach to healing. Public health professionals and all stakeholders involved should be aware of the various coping mechanisms that individuals may use, and work to support and validate those coping strategies. For example, spirituality and faith were identified as important coping mechanisms in this study, particularly within the context of African American communities. Practitioners should be trained to integrate spirituality and faith into treatment, when appropriate and desired by the client (Butler et al., 2018).
- III. Thirdly, practitioners should work to create a safe and supportive environment that promotes social support. A strong support system was identified as a vital coping mechanism for participants in this study, highlighting the importance of connection and understanding in coping with trauma. Practitioners can promote social support by creating a sense of community within treatment groups or by connecting clients to community resources such as support groups and creating culturally specific organizations (Shanafelt et al., 2016). All interventions addressing with intergenerational trauma should navigate healing with all family members and individuals accordingly.
- IV. Finally, researchers should continue to explore the experiences of intergenerational trauma and coping mechanisms within African American

communities. There is a need for more research that examines the intersectionality of different forms of oppression, such as racism and sexism, and their impact on individuals' mental health and well-being. This research can inform the development of more culturally responsive and effective mental health services.

#### *4.2 Study Limitations.*

The sample size of the study was relatively small, with only 9 participants, from relatively similar states. While this is common in qualitative research, it does limit the generalizability of the findings. Future research with larger sample sizes could provide a more comprehensive understanding of the experiences of intergenerational trauma and coping mechanisms among African American women.

The study relied on self-reported data, which may be subject to social desirability bias and memory recall bias. Future research could incorporate multiple sources of data, such as focus groups with other family members, to provide a more comprehensive understanding of the experiences of intergenerational trauma and coping mechanisms. Despite these limitations, the findings of this study have important implications for African American women and provide a foundation for further research in this area of intergenerational trauma and healing.

#### 5. Conclusion

In conclusion, this qualitative study has provided valuable insights into the complex experiences of intergenerational trauma and coping mechanisms among African American women. The identified codes and subthemes highlight the various forms of trauma that participants experienced, as well as the strategies they utilized to cope with trauma. These findings have important implications for practitioners working with African American



individuals and communities, particularly in developing culturally competent healing interventions.

By acknowledging the multi-layered nature of trauma and developing effective intergenerational interventions, public health professionals can support the healing and resilience of individuals and communities impacted by intergenerational trauma. This study adds to the growing body of literature on intergenerational trauma and coping mechanisms among African American women, and provides a foundation for further research and interventions in this area. Future research should continue to explore the experiences of African American individuals and their communities, and develop innovative interventions that address the unique needs of populations.

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## Appendix 1: Interview Guide

Measure	Assessment
<b>Adverse Childhood Experiences</b>	Philadelphia Expanded ACEs Questionnaire
<b>Health Behaviors and Stages of Change</b>	Investigator created Health Screening and Health behavior and stages of change questionnaire (HBSCQ)
<b>Mental Health</b>	Lifetime Trauma Scale, Generalized Anxiety Disorder (GAD-7) scale, The Patient Health Questionnaire (PHQ-3), Perceived stress scale (PSS-10)
<b>Resiliency and Coping</b>	Modified COPE Inventory, CD-RISC (Connor-Davidson Resilience Scale)

### Question and Coding Domains for Qualitative Analysis

Domain	Sample Question
Family History of Trauma	Do you have any knowledge of your family history of trauma? Do you have any knowledge of your mother's history of trauma?
Trauma over the course of the lifetime	What has been your most traumatic life experience? How old were you? How does your previous trauma impact you today?
Perceptions of emotional wellness	Can you define emotional wellness? Do you feel emotionally well?
Perceptions of mother's emotional wellness	Do you believe your mother is emotionally well?
Perceptions of grandmother's emotional wellness	Do you believe your paternal and/or maternal grandmother was or is emotional well?
Resiliency and coping	How do you bounce back and heal from trauma and stress? How do you cope with trauma? Stress?
Emotional Healing	How do you define healing? Do you have any coping strategies/ ways to cope? Was there a specific moment that helped begin your healing journey?
Health risk behaviors	Have you ever used or injected illicit drugs, such as marijuana, and cocaine, including crack, hallucinogens, inhalants, heroin, or prescription drugs that were not prescribed for you? If so, which one? How is your relationship with food? Are you comfortable with your body image?
Mental Health Status	Do you have any psychological issues that bother you? How do you define your psychological wellness? Do you feel comfortable asking for help if you ever need any?
Sexual Health Status	Have you ever had any unwanted sexual experience? Can you explain more? Can you define what a healthy relationship with sex is? Do you feel like you have a healthy relationship with sex? Do you feel safe in your sexual relationships? Are you satisfied with your sexual health?
Health Status	Do you have heart disease, cancer, or diabetes, or any other chronic illness?
Family Health Status	Does your mother or grandmother have heart disease, cancer, or diabetes, or any other chronic illness?
Interpersonal communication and relationships	How would you describe your ability to talk with your mother about your adverse childhood experiences?

	How would you describe your ability to talk with your paternal and/or maternal grandmother about your adverse childhood experiences?
Health decision making	Do you take into account your mother's or grandmother's opinions in your decisions about your health?