

Intergenerational Trauma: Conceptual Frameworks, Mechanisms of Transmission, Impacts, and Intervention Approaches

Nesiller Arası Travma: Kuramsal Temelleri, Aktarım Mekanizmaları, Etkileri ve Müdahale Yaklaşımları

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ABSTRACT

Intergenerational trauma is defined as the process of transferring traumatic experiences across generations through various mechanisms; it is considered as a multi-layered transfer process that operates at social, cultural and biological levels. The visible and latent effects of macro and micro traumatic experiences such as genocides, wars, forced migration and domestic violence on subsequent generations are supported by a wide literature. The different theoretical models and explanatory frameworks developed by researchers provide an important basis for understanding the multi dimensional structure of intergenerational trauma. These models and frameworks help us understand how intergenerational trauma operates at psychological, sociocultural and biological levels. Based on the studies in the literature, this study reviewed the scope of intergenerational trauma, transmission paths, psychological consequences and intervention approaches, and aimed to eliminate the lack of a holistic framework in the Turkish literature. In this context, it has been demonstrated that intergenerational trauma is not limited to individual psychological effects; it also produces multifaceted results at social, cultural and biological levels. In addition, it has been emphasized that traumatic transmission does not only lead to fragility and psychopathology, but also that resilience can be transmitted across generations thanks to protective factors such as appropriate social support, functional family dynamics and cultural belonging.

Keywords: Intergenerational trauma, psychological trauma, trauma transmission

ÖZ

Nesiller arası travma; travmatik deneyimlerin çeşitli mekanizmalar aracılığıyla nesiller boyunca aktarıldığı, sosyal, kültürel ve biyolojik düzeylerde işleyen çok katmanlı bir süreç olarak tanımlanmaktadır. Soykırımlar, savaşlar, zorunlu göç ve aile içi şiddet gibi makro ve mikro düzeydeki travmatik deneyimlerin, sonraki nesiller üzerindeki görünür ve gizil etkileri, geniş bir literatürle desteklenmektedir. Araştırmacıların geliştirdiği farklı kuramsal modeller ve yaklaşımlar, nesiller arası travmanın çok boyutlu yapısını kavrayabilmemiz açısından önemli bir zemin sunmaktadır. Bu modeller ve çerçeveler, nesiller arası travmanın psikolojik, sosyokültürel ve biyolojik düzeylerde nasıl işlediğini anlamamıza yardımcı olmaktadır. Literatürdeki çalışmalardan yola çıkarak, bu çalışmada, nesiller arası travmanın kapsamı, aktarım yolları, psikolojik sonuçları ve müdahale yaklaşımları gözden geçirilmiş ve Türkçe literatürdeki bütüncül çerçeve eksikliğinin giderilmesi amaçlanmıştır. Bu doğrultuda nesiller arası travmanın yalnızca bireysel psikolojik etkilerle sınırlı kalmadığı; toplumsal, kültürel ve biyolojik düzeylerde de çok yönlü sonuçlar doğurduğu ortaya konulmuştur. Ayrıca, travmatik aktarımın yalnızca kırılganlık ve psikopatolojiye yol açmadığı, uygun sosyal destek, işlevsel aile dinamikleri ve kültürel aidiyet gibi koruyucu faktörler sayesinde dayanıklılığın da nesiller boyunca aktarılabilirdiği vurgulanmıştır.

Anahtar sözcükler: Nesiller arası travma, psikolojik travma, travma aktarımı

Introduction

Psychological trauma is defined as “an intensely distressing experience that causes significant fear, helplessness, dissociation, confusion, or disturbing emotions in an individual and is severe enough to have long-lasting negative effects on the person's attitudes, behaviors, and other functional aspects” (APA 2018). Traumatic events “include those caused by human behavior (e.g., rape, war, industrial accidents) or those occurring in nature (e.g., earthquakes) and generally shake the individual's understanding of the world as a fair, safe, and predictable place” (APA 2018). In summary, psychological trauma can be defined as an event that deeply shakes an individual's life and has profound effects on their psychological development or well-being, often encompassing physiological, social, and spiritual impacts. According to Kira (2001), definitions of trauma that limit it to survival traumas and its effects to those who experience or witness the traumatic event overlook the situation where the traumatic experience can be transmitted to multiple individuals.

In this context, findings indicating that the effects of trauma are not limited to individuals who directly experience it but can be transmitted from one generation to another have brought about a new paradigm shift in trauma studies (Danieli 1998, Kellermann 2001a). In this context, trauma is not only considered an individual psychological injury but also a multi-layered transmission process that continues across generations at social, cultural, and biological levels, and this situation is defined in the literature as intergenerational trauma.

The concept of intergenerational or transgenerational trauma, although not yet fully established in the literature (Dass-Brailsford 2007, Cerdeña et al. 2021), refers to the transmission of psychological effects that emerge after traumatic events from one generation to another (Yehuda and Lehrner 2018). This transmission can occur through various mechanisms such as attitudes, behavioral patterns, experience sharing, and genetic factors (Suah and Williams 2021). In general, intergenerational trauma is defined as “the transmission of emotional and psychological wounds across generations” (Cerdeña et al. 2021). Individuals may exhibit primary trauma symptoms even if they have not directly experienced traumatic events. These effects sometimes exist as part of collective and cultural memory and can be transmitted from parent to child on an individual level through the same structures that play a role in the transmission of culture (Atkinson 2013).

In this context, the aim of this review study is to present a comprehensive framework that is recognized as lacking in the Turkish literature by addressing the theory of intergenerational trauma in a multidimensional way. Our study aims to establish a theoretical framework that addresses the scope, transmission pathways, psychological consequences, and intervention approaches of intergenerational trauma.

The Concept of Intergenerational Trauma and Its Historical Development

In the literature, the concept of intergenerational trauma is defined in various ways, and these definitions provide an important foundation for understanding the scope and nature of transmission. The concept of intergenerational trauma, frequently encountered in English literature, refers to the transmission of traumatic experiences between two generations, primarily through direct, often explicit communication or observable behavior patterns (F0 → F1) (Lev-Wiesel 2006, Wadji et al. 2022). In contrast, transgenerational trauma describes a broader process in which the effects of trauma are transmitted not only to those directly exposed but also to three or more subsequent generations, often through non-verbal, indirect, and unconscious pathways (F0 → F2 or F3) (Fleckinger et al. 2025). Schützenberger (2025) and Chernivsky (2023) also distinguish these two concepts based on their modes of transmission; they emphasize that in intergenerational trauma, open communication and visible interactions are prominent, while in transgenerational trauma, repressed emotions, collective narratives, and unconscious patterns take precedence.

When examining its historical development, the concept of intergenerational trauma was first defined in the literature after World War II as a result of the psychological symptoms observed in the children of Holocaust survivors. These children, despite not directly witnessing the traumatic events, exhibited

symptoms such as high levels of anxiety, guilt, identity confusion, and attachment issues. These observations have revealed that trauma is not only an individual and experiential phenomenon but also a collective psychological burden that can be transmitted across generations (Danieli 1998).

One of the pioneers in the systematic introduction of the concept into the scientific literature has been journalist and writer Helen Epstein. In her 1979 article titled "Children of the Holocaust," Epstein addressed the psychological and identity issues experienced by the children of Holocaust survivors. Epstein's work not only examined the emergence of trauma in the second generation but also explored how this transmission occurred through family relationships, silence, and emotional burdens (Epstein 1979). In the 1980s and 1990s, the concept was not limited to the context of the Holocaust but began to be studied in relation to different ethnic and social groups. Studies conducted on communities such as Native Americans, African Americans, and people affected by war and exile have shown that social traumas can similarly be transmitted across generations (Heart and DeBruyn 1998). This expansion has allowed the concept to be evaluated as both an individual and a cultural phenomenon.

One of the significant theoretical contributions in this field is Vamik Volkan's theory of "large group psychology." Volkan (1998) suggested that the mass traumas experienced by a society in the past can be intertwined with group identity and transmitted to subsequent generations through collective memory and cultural transmission. Volkan particularly emphasized the long-term effects of collective traumas like ethnic conflicts, displacement, and war on individual psychology. On the other hand, Jeffrey C. Alexander has added a cultural and collective dimension to the concept of trauma, allowing the issue to be addressed beyond the individual level. Alexander (2004), with his developed theory of "cultural trauma," explained how traumatic events that occupy a community's collective memory are reproduced through social symbols and cultural narratives. This approach demonstrates that trauma is not limited to interpersonal relationships; it can also be transmitted to subsequent generations through social structures, ideologies, and collective memory. All these developments indicate that the concept of intergenerational trauma has become a multifaceted phenomenon over time, not only of interest to clinical psychology but also to disciplines such as psychiatry, sociology, anthropology, and neuroscience.

With the 2000s, studies on the biological transmission of trauma have added a new dimension to the intergenerational trauma literature. Especially the epigenetic research conducted by Rachel Yehuda and her colleagues has revealed that significant differences in cortisol levels and stress response systems were observed in the children of individuals exposed to trauma (Yehuda et al. 2005). These findings suggest that not only psychosocial factors but also biological mechanisms can transmit trauma from generation to generation. Simultaneously, clinical psychologist Natan Kellermann significantly contributed to the transmission of intergenerational trauma. Kellermann (2001b) suggested that the psychological symptoms observed in the children of Holocaust survivors are often related to the transmission of traumatic memories in verbal or non-verbal forms. This transmission can occur through mechanisms such as family communication patterns, repression of trauma, or narratives taking on a mythological form.

Transmission of Trauma and Mechanisms of Transmission

The transmission of trauma across generations is now considered not only a psychological impact but also a multi-layered process operating at relational, cultural, and biological levels. Salberg (2015) likens the process of metabolizing trauma to the time required for the decay of radioactive material and states that multiple generations may inevitably be exposed to certain derivatives of trauma. This approach demonstrates that trauma is not merely an event that occurred in the past, but rather that it can transform over time and persist in different psychological, emotional, and relational layers. In this context, trauma is not limited to secondary or indirect effects; intergenerational trauma should be considered a distinct phenomenon with its transmission forms, consequences, and reactive patterns (Kellermann 2001b). To deeply understand the psychological effects of trauma, it is necessary to focus on dimensions such as how these effects are transmitted across generations, through which mechanisms they persist, or how they transform. Therefore, the definition of intergenerational trauma is not only a conceptual distinction but also critically important for the development of effective treatment and intervention strategies.

Empirical studies, particularly those focusing on relational patterns developing around parent-child interactions, further deepen theoretical approaches to the transmission of trauma. Hesse and Main (2000) define intergenerational trauma as a process in which parents with unresolved traumas transmit these experiences to their children through specific interactional patterns. In this transmission, the effects of the traumatic event become perceptible in the child's psychosocial development without the need for the event to be directly experienced. Reactions such as loss of control, fear, anger, and interpersonal violence observed in individuals who have experienced trauma can transform into dysfunctional parenting styles, laying the groundwork for transmission to subsequent generations (Pears and Capaldi 2001, Catani et al. 2008). Regardless of the form of transmission, intergenerational trauma is fundamentally a relational exposure and vulnerability, and it is a complex process that operates at both the individual and family levels (Berger 2014).

Theoretical approaches that hold a significant place in the literature suggest that this relational transmission occurs not only at the behavioral level but also through psychodynamic and unconscious processes. Volkan (1998) defines intergenerational trauma as the externalization of the traumatized parent self onto the developing personality of a child at an unconscious level. Similarly, Salberg (2015) states that the unconscious transmission of repressed traumatic content from parents to their children is central to the transfer of trauma from the first generation to the second or third generation. Such forms of transmission can lead to the long-term effects of trauma being reproduced within relational dynamics, especially in individuals and groups who have been exposed to intense traumatic experiences (Auerhahn et al. 1993).

While psychodynamic and relational theories attempt to explain how this transmission occurs, the current literature indicates that the multiple transmission mechanisms affecting the process should be addressed in a more systematic and holistic manner. In the transmission of trauma, various psychosocial and biological factors, such as parenting styles, attachment patterns, the repression or narration of traumatic experiences, and epigenetic changes, have been shown to play a role (Yehuda et al., 2005; Serpeloni et al., 2017).

These theoretical efforts to explain these multilayered transmission mechanisms have encouraged the development of numerous models in the literature, drawing from different disciplines. Although there is not yet a single universally accepted model in the literature on the intergenerational transmission of trauma, various approaches stand out. For example, Kellermann (2001b) examined four fundamental theoretical approaches to the intergenerational transmission of trauma and subsequently developed a holistic model that considers multiple factors such as biological predisposition, individual developmental history, family systems, and social environment (Table 1). The four prominent approaches within the model conceptually illustrate how intergenerational trauma is shaped by psychological, relational, biological, and environmental factors. In this study, while the aforementioned theoretical framework is taken as a basis, the model has been comprehensively addressed by also considering the current works in the relevant literature. Thus, each approach has been expanded and presented under separate headings below, along with new contributions from the literature.

Table 1. Models of trauma transmission		
Theory	Medium	Main Transmission Factor
Psychodynamic	Interpersonal relations	Unconscious displaced emotion
Sociocultural	Socialization	Parenting and modeling
Family Systems	Communication	Enmeshment
Biological	Genetic	Hereditary vulnerability to PTSD

(Kellerman 2001b); PTSD: Posttraumatic Stress Disorder

Psychodynamic and Relational Model

It points to an "invisible" yet emotionally powerful transmission path in the intergenerational transmission of trauma. This mode of transmission becomes more pronounced in family systems where trauma remains unspoken, repressed, or denied. Parents who have experienced trauma cannot consciously express the

intense emotions they feel, such as fear, grief, guilt, and helplessness. These repressed emotions are unconsciously transmitted to the children. Additionally, through projective identification, the parent reflects their own unacceptable, unmanageable emotions onto the child and manipulates them through non-verbal means (e.g., silence, gaze, body language) to ensure these emotions are taken on by the child (Weingarten 2004, Dekel and Goldblatt 2008). The child internalizes these projected emotions as if they were their feelings, thereby beginning to carry the emotional burden of the parent. In this case, the child becomes the carrier of the repressed or unresolved emotions from the parent's past (Barocas and Barocas 1980, Kestenberg 1980). During the process, the child tries to shape their identity by adopting the expectations and desires of the parent. Transforming the feelings of humiliation and helplessness associated with ancestral traumas, mourning them, and attributing meaning to them becomes the child's unconscious task (Volkan 1998). This situation leads to problems in the child's healthy differentiation-individuation processes; it can cause the development of repetitive interpersonal relationship patterns based on internalized self and object representations (Rowland-Klein and Dunlop, 1998). In conclusion, this model emphasizes that trauma is transmitted to children not only through verbal narration but more so through unconscious, non-verbal means, and that this transmission profoundly affects children's identity development, emotional functioning, and interpersonal relationships.

Sociocultural and Socialization Model

According to Kellermann (2001b), the intergenerational transmission of trauma is not limited to individual or family processes; it is also shaped by the social environment, cultural values, and parenting practices. The sociocultural and socialization model explains how trauma is internalized through the attitudes, behaviors, and beliefs a child acquires in the sociocultural environment in which they are raised. While psychoanalytic theory focuses on unconscious processes and indirect influences, social learning theories emphasize the conscious and direct effects of parents on their children. Through social learning, the beliefs, values, and behaviors of parents are internalized in the child's mind, becoming mental images; the child then models these patterns to form their identity. Thus, beliefs, values, and behaviors are passed down from generation to generation (Kaminer and Eagle 2010, Franklin and Kercher 2012, Belnap 2019, Demos 2019).

The anxious, overly protective, suspicious, or authoritarian parenting styles developed by parents who have experienced trauma directly affect their children's worldview. Indirect messages such as "Don't trust people," "The world is a dangerous place," and "No one will protect you" shape the child's basic trust and self-perception (Kellerman 2001b). In some cases, the traumatic past is not openly discussed within the family; however, it is conveyed to children through non-verbal behaviors (e.g., sudden reactions, constant vigilance, an atmosphere of mourning). Children growing up in such an environment feel the unspoken and internalize the emotional reality.

At this point, not only individual memory but also collective memory and cultural transmission play an important role. After trauma, collective narratives shaped within the community (e.g., the theme of being a perpetual victim, the perception of threat shaped through identity) can become integrated into the child's identity (Kellerman 2001b). This type of socialization can directly affect the child's self-esteem, sense of trust in others, perception of the world, and the way they form relationships with people. Anxious or suspicious attitudes stemming from the parent's traumatic experiences can create a constant perception of threat in the child's inner world. This situation can lead to the emergence of psychological symptoms in the child over time, such as anxiety, insecurity, social withdrawal, and identity confusion (Kellerman 2001a).

Family Systems Model

It posits that the transmission of trauma experienced by the parent to the child occurs through a specific family environment and the communication dynamics within that environment. According to this approach, the child often grows up in a closed-off and emotionally intense family system; their communication is limited to their parents, siblings, and families with similar experiences. Traumatized parents often dedicate themselves to their children; in turn, children feel as if they have a responsibility to

please or support their parents. In this mutual attachment and emotional identification, family members try to protect each other from painful experiences (Klein-Parker 1988). In this process, parents indirectly relive their own traumatic pasts through their children, while the children take on their parents' repressed pains, griefs, and unresolved emotions.

Parents' excessively involved and intrusive parenting styles can make it difficult for children to individualize and gain independence in a healthy manner. This situation leads to serious problems in the processes of attachment, differentiation, and identity development (Barocas and Barocas 1980, Freyberg 1980). Parents often unintentionally push their children into the "parent" role when they are unable to meet their own emotional needs. Thus, the child takes on the role of emotionally caring for and supporting the parent, leading to a reversal of roles (Kellermann 2001a). In such family dynamics, blurred psychological boundaries between family members lead the child to overly identify with the parent's needs, negatively affecting the child's individual identity development.

Furthermore, the family either responds to traumatic events with complete silence or communicates them in a distorted way. This "culture of silence" causes the child to develop an unconscious awareness of the trauma and experience emotional uncertainty. Families often process their losses not by openly mourning, but by repressing or denying them; this unresolved grief reappears as an emotional burden in subsequent generations (Barocas and Barocas 1980, Kestenberg 1980). Silence, shame, and feelings of guilt are also determining factors in the intergenerational transmission of trauma through family communication (Danieli 1998, Ancharoff et al. 1998, Kellermann 2001b, Weingarten 2004). Through silence, parents indirectly convey to their children the message that traumatic events should not be talked about or questioned. According to Frankish (2009), this situation occurs through "indirect knowing." That is, despite not being given explicit information about the traumatic event, the child senses an abnormality or a hidden reality within the family and internalizes this situation at an unconscious level (Dalgaard et al. 2016).

Biological Model

Due to the fact that biological mechanisms capable of pointing out the reported findings have not yet been fully elucidated, explanations for the intergenerational transmission of trauma have long been based on psychodynamic and behavioral approaches (Yehuda and Lehrner 2018). However, studies conducted with animal subjects have shown that behavioral and metabolic phenotypes arising from trauma can be transmitted across several generations (van Steenwyk et al. 2018). Negative maternal care has increased stress sensitivity in offspring by affecting the expression of the GR (glucocorticoid receptor) gene (Weaver et al. 2004); exposure to nutrition (such as folic acid deficiency) or environmental toxins has also led to epigenetic changes (Lillicrop et al. 2005).

Recent studies have shown that epigenetic mechanisms, which can lead to permanent changes in DNA function due to environmental influences and can be passed on to the next generation, are becoming increasingly important (Clarke and Vieux 2015, Bohacek and Mansuy 2015, Rando 2016, Chan et al. 2018, Švorcová 2023). Epigenetics refers to biological processes that can be triggered by environmental factors and can permanently affect gene expression without altering the genetic sequence (Bonasio, Tu, and Reinberg 2010). In other words, long-term changes in the functioning of genes can occur without any alteration in the DNA sequence. These epigenetic changes affect gene regulatory regions, altering the functioning of transcription factors and thereby transforming the functions of genes (Meaney and Szyf, 2005).

Epigenetic mechanisms provide a more explanatory framework for understanding why traumatic effects inherited from the mother or father can lead to different biological and psychological outcomes compared to genetic inheritance. Therefore, current research on the biological transmission of trauma focuses more on epigenetic processes shaped by environmental interactions than on genetics (Yehuda and Lehrner 2018). Yehuda and Lehrner (2018) highlight two fundamental mechanisms regarding the intergenerational transmission of trauma through epigenetic pathways. The first mode of transmission is the biological responses of the child to environmental factors they are exposed to during the prenatal or postnatal period. The mother's trauma-related symptoms are mostly responsible for this situation, but the father's

trauma may also affect it. The second mode of transmission is the preservation of the epigenetic marks (such as DNA methylation) left by the trauma experienced by the parent before birth in the sperm or egg cells, which then affects the child's biological development.

The authors emphasize that these two modes of transmission can influence each other and intertwine, especially in cases where both parents have a history of trauma, and therefore, it is often difficult to definitively determine the source of the biological or psychological changes observed in the child (Yehuda and Lehrner 2018). Additionally, it has been shown that trauma-related epigenetic changes are not inevitable and permanent; they can be reversible with appropriate environmental interventions (Gapp et al. 2014, Dias and Ressler 2014).

There are also empirical findings that demonstrate that epigenetic mechanisms are not merely theoretical constructs but are supported by measurable changes in biological systems following trauma. Research indicates that children of traumatized individuals exhibit a variety of physiological changes. For example, significant changes have been detected in the basal cortisol secretion in children (Yehuda et al. 2001) and in the glucocorticoid (GC) sensitivity of the pituitary and leukocytes (Lehrner et al. 2014). Most of these biological changes resemble clinical conditions observed in individuals who have experienced trauma, such as post-traumatic stress disorder (PTSD), mood disorders, and anxiety disorders (Daskalakis et al. 2013). Additionally, these studies suggest that the parent's symptoms, the age at which they were exposed to trauma, and their gender, along with the child's gender and the symptoms they exhibit, could be potential determining factors in terms of the direction and severity of biological dysregulations (Yehuda et al. 2018).

Historical trauma-based studies enable a broader perspective on the scope of epigenetic transmission by revealing that the biological effects of trauma are reflected not only in psychopathology but also in long-term physiological health indicators. The famine experienced in the Netherlands during 1944-1945 has been the subject of long-term studies examining intergenerational effects. These studies have indicated that individuals exposed to hunger during the early and sensitive periods of pregnancy are at increased risk of heart diseases in adulthood (Roseboom et al. 2000), high blood pressure at a young age (Painter et al. 2006), and schizophrenia (Hoek et al. 1996). Additionally, it has been reported that children of women who were exposed to hunger in the womb during this period are more likely to experience health problems and a tendency toward obesity in later years (Painter et al. 2008). Individuals who experienced the Siege of Leningrad during childhood or in the womb provide another example. In these individuals, the incidence of hypertension in later life has increased, and it has been found that the lengths of telomeres, an indicator associated with cellular aging, are shorter (Rotar et al. 2015).

In summary, different theoretical approaches to the transmission of intergenerational trauma are fundamental both in understanding the nature of transmission and in structuring intervention strategies. Psychoanalytic, cognitive, relational, biological, and cultural perspectives demonstrate that transmission operates not only at the interpersonal level but also within social, historical, and environmental contexts. These multifaceted explanations in the literature point to a rich theoretical diversity shaped by the contributions of different disciplines.

Table 2, prepared by Bowe et al. (2025), summarizes the main theoretical approaches explaining the transmission of intergenerational trauma, violence, and abuse; the explanations these approaches provide for the transmission mechanisms; and their intervention recommendations within a holistic framework.

Resilience Factor

Intergenerational transmission does not always lead to psychopathological outcomes; individuals can exhibit a functional development process despite a history of trauma. Individuals have various psychological resources that support their coping capacities despite adverse life events (Echterling et al. 2005). For example, in a qualitative study conducted with the children of genocide survivors in Brazil, it was shown that not only traumatic burdens, but also intergenerational patterns of resilience were transmitted (Braga et al. 2012). Starrs and Békés (2024) criticize the focus on only risk factors in the intergenerational transmission of trauma and highlight the inadequacy of this approach. According to

them, to prevent or reduce the negative effects of trauma on future generations, it is not sufficient to only examine a reactive state of survival; instead, it is necessary to also evaluate potential resilience factors such as positive coping skills that support a proactive state of existence at the level of families and children (Wilbur and Gone 2023).

Resilience is a process that develops and changes over time (Bonanno et al. 2004). To understand this process, it is important to consider the different responses that emerge between individuals and groups exposed to collective traumas in a highly systemic and interactive manner (Masten 2021). Systems contributing to resilience—such as individual psychological resources, family support resources, or social solidarity—continuously influence each other over time through constant change. Therefore, resilience is defined as "the capacity of a complex adaptive system to successfully respond to challenges that threaten its function, survival, or development" (Masten et al. 2021).

The criteria for successful adaptation, however, vary according to contextual conditions, and this adjustment process can manifest through various variables and processes at the individual, familial, and societal levels (Masten et al. 2021). Therefore, the concept of resilience should be contextualized according to the sociocultural characteristics of the community being studied and should be adapted flexibly both when it is defined and measured (Aburn et al. 2020).

For all these reasons, more holistic models for explaining intergenerational trauma need to consider not only vulnerability factors but also resilience factors that carry protective and transformative potential (Starrs and Békés 2024).

Table 2. Theoretical approaches explaining intergenerational trauma, intergenerational violence, and maltreatment

Theoretical Framework/s	Understanding Transmission Mechanism	Theoretical Stance on Interventions
	Unconscious processes perspectives	
Psychoanalytic and psychodynamic theories (Freud 1920a, Jung 1936) Traumatic reenactment (Freud 1920b, van der Kolk 1989). Dissociation (Janet 1989).	Traumatic memories may be inhibited or repressed, resulting in their emergence through unconscious behavioral or relational processes. This includes projection of the trauma onto their child, dissociating, or reenacting the trauma or maltreatment.	Supporting individuals to acknowledge, make sense of, and gain mastery over their trauma will transfer it into the conscious part of their psyche and interrupt transmission to subsequent generations.
	Narrative perspectives	
Secondary traumatic stress (Figley ve Kleber 1995) or vicarious trauma theories (McCann ve Pearlman 1990) Trauma communication theories (Krell 1979)	The trauma or maltreatment experience may be communicated either excessively or insufficiently in family narratives. For children, this results in either vicarious exposure to the trauma experience or the sense of a shame-saturated family secret.	Supporting survivors to provide safe and contained family trauma narratives, with attention to the individual needs of the child and parent, will mitigate the risks of intergenerational trauma.
	Learning perspectives	
Social learning theory (Bandura 1977)	Transmission occurs through parental modeling of behaviors, sometimes reinforced by community and societal attitudes. These behaviors are imitated and replicated by children throughout their life, including in their own parenting.	Providing children with modeling of different behaviors, either through supporting parental behavior change or through alternate exposure to desired behaviors, will disrupt intergenerational continuity.
	Relational perspectives	
Attachment theory (Ainsworth 1978)	Children develop a relational patterning style and sense of independent yet connected self	Shifting the parent's relational style and sense of self within relationships, as well as supporting the parent to provide

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Bowen's family systems theory (Bowen 1966, Bowlby 1979)	through their early relationships with family members. A parent's trauma experience impacts on the parent-child relationship, with reverberations in the child's own subsequent parenting.	different relational experiences for their child, will impede the transmission of trauma, violence, and maltreatment to the next generation.
	Core beliefs perspectives	
Schema theory (Beck 1987; Young 1999) Information processing theories (Dodge ve ark. 1990)	Transmission occurs through a traumatized parent's deeply held negative beliefs about the self and their social environment. This impacts on their parenting and results in their children developing similar or compensatory negative core beliefs.	Supporting parents to recognize and challenge unhelpful core beliefs, and to develop alternative central and world-informing beliefs, will prevent transmission of trauma, violence, and maltreatment to future generations.
	Developmental perspectives	
Developmental psychopathology (Cicchetti 1984) Biological developmental traumatology (De Bellis ve ark. 1999, De Bellis ve ark. 1999b)	Trauma, particularly if sustained in sensitive developmental periods, interferes with the development of the personality traits, emotional regulation skills, relational motivations, and mental health that are optimal for nurturing parenting. Offspring are subsequently subjected to adverse and potentially traumatic parenting approaches.	Interventions that include awareness of and compensation for the neurological and biological processes that are hindered by trauma, as well as introducing alternate organic processes through pharmaceuticals, will reduce the risks of intergenerational trauma, violence, and maltreatment.
	Heritability perspectives	
Genetic and epigenetic inheritance (Yehuda 2009) Fetal epigenetic programming (Zhu 2019) Epigenetic reprogramming over the lifespan (Yehuda 2021)	Trauma affects the epigenetic expression of genetic material within an individual. This predisposes the traumatized parent to certain behavioral, regulational, and cognitive challenges, which can result in trauma or maltreatment of offspring and the subsequent epigenetic alterations to their DNA, including in the prenatal environment. The epigenetic alterations can also be inherited by the child through the changes within the germ cell (sperm or oocyte [pre-ovum]).	Targeting alleviation of environmental stressors and/or individual therapy and support, including in the prenatal period, will result in positive epigenetic changes that may manifest in both the individual and subsequent generations.
	Systems perspectives	
Ecological systems theory (Bronfenbrenner 1979)	Transmission occurs through a combination of factors within the individual, family, community, and society domains. The interactions between these elements of the system buffer or intensify the transmission of trauma to subsequent generations and inform the ways symptoms and resilience factors manifest.	Attention to all elements of a person's system, including the socio-political, will alleviate individual and familial distress and reduce the likelihood of survivors' descendants experiencing intergenerational trauma and maltreatment.
	Indigenous perspectives	
Indigenous standpoint theory (Nakata 2007)	The emphasis on relationships (with family, kin, land, spirit, and ancestors) in Indigenous worldviews results in widespread	A return to culture and the opportunity to practice Indigenous healing, alongside systemic and individual

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	traumatization and damage to communal healing, lore, and child-rearing practices. The intrusion of Western models of intervention further undermines Indigenous healing and recovery. The combination of these factors increases the vulnerability of future generations.	decolonization, will support Indigenous people and communities to heal from trauma and prevent its transmission to future generations.

(Bowe et al. 2025)

The Effects of Intergenerational Trauma

From an intergenerational perspective, individuals may have to cope with psychological burdens transmitted from their parents or ancestors, even if they have not directly experienced traumatic events. Various empirical studies have also demonstrated the impact of this situation on psychological symptoms. For example, in the study by Bar-On et al. (1998), it was found that children of Holocaust survivors had significantly higher levels of anxiety disorders and chronic anxiety. Similarly, Yehuda and Lehrner (2018) state in their biologically based research that they observed lasting changes in the stress response system of these individuals. Transgenerational trauma is not limited to anxiety symptoms; it can also manifest as symptoms such as depression, hopelessness, and difficulty in finding meaning. In Danieli's (1998) comprehensive study on the post-Holocaust generations, it was emphasized that transgenerational trauma particularly creates difficulties in identity formation and the search for meaning in life. Hirschberger's (2018) studies on collective trauma also indicate similar psychological outcomes.

On the other hand, the effects of transference during childhood carry a distinct significance. The research by Galovski and Lyons (2004) and the findings of Caselli and Motta (1995) indicate that developmental, emotional, and behavioral problems are more frequently observed, especially in families with a history of trauma. It is also noted that non-verbal traumatic messages experienced during early childhood can lead to issues such as dissociative symptoms and disruptions in the perception of reality. In the pioneering studies conducted by Barocas and Barocas (1980) on the second generation after the Holocaust, symptoms such as difficulty in using metaphors, struggling to distinguish between reality and imagination, and hyperarousal were found to be related to the intergenerational transmission process. These findings have been supported in more recent studies by Connolly (2011) and Cohen (2019), particularly emphasizing that traumatic burdens transmitted through nonverbal means can have lasting effects on children's cognitive and emotional development.

The intergenerational transmission of trauma significantly affects attachment styles, leading to the development of patterns such as insecure attachment, excessive dependence, or emotional distance (Rowland-Klein and Dunlop 1998). In this context, protective parenting (Field et al. 2013), maladaptive parenting styles and dysfunctional family communication patterns (Flanagan et al. 2021), and parental depressive symptoms (Goodman 2020) also shape attachment patterns and can harm children's psychosocial development.

In communities experiencing collective traumas such as migration, ethnic conflict, or forced displacement, situations like identity confusion, alienation, weakening ties to cultural heritage (Leslie 2023), and problems of belonging are frequently observed. Over time, these situations can lead to individuals struggling to define their sense of self and exhibiting shy behaviors in social relationships. In this context, how trauma shapes the perception of self also becomes an important factor. The disruptions in self-perception resulting from the development of defense mechanisms (Danieli 2013) and the sense of victimhood that emerges in individuals (Kidron 2003) are among the fundamental psychodynamic indicators of this process.

From the perspective of family systems, intergenerational trauma transmission can lead to children being emotionally pushed into parental roles, resulting in the development of the parentified child syndrome (Klein-Parker 1988, Kellermann 2001a). This situation leads individuals to suppress their own emotional needs and struggle to develop a healthy sense of self. At the same time, emotions such as guilt, shame, and survivor's guilt also emerge as a natural consequence of this process and can damage the individual's psychological resilience (Volkan 1998, Weingarten 2004). Genetic mechanisms that affect the regulation of stress hormones can particularly lead to disruptions in cortisol levels, immune system issues, and mood disorders in individuals (Yehuda et al. 2016).

Prevention of Intergenerational Trauma: A General Framework for Intervention Approaches

The primary aim of intervening in intergenerational trauma transmission is to stop the transfer of trauma or its effects to the next generation through the parent-child relationship (Isobel, 2019). The prevention of intergenerational trauma transmission is based on two fundamental infrastructures: the resolution of the parent's own trauma and the support of a secure attachment relationship between the parent and child. It is known that the most effective approach to preventing intergenerational trauma is addressing parental trauma early on and strengthening parent-child attachment relationships (Isobel et al. 2017). Especially since interpersonal trauma, lack of secure attachment, and relational disconnection are at the core of intergenerational trauma, it is critically important to rebuild secure relationships and support parent-child attachment during the intervention process (Isobel 2019, Geller and Porges 2014).

In this context, mentalization-based approaches that focus on enhancing the reflective function of the parent support the parent in making sense of their own traumatic past and in responding sensitively to their child's emotional needs (Berthelot et al. 2015, Letourneau et al. 2015). Additionally, it has been shown that interventions focusing solely on the child or parenting without addressing the parent's traumatic experiences have limited effectiveness (Perez 2009). Therefore, it is necessary to develop holistic and relational interventions that target the parent-child relationship simultaneously with the parent's individual trauma resolution process (Isobel et al. 2017).

Another important component that strengthens the intervention is the structuring of the trauma narrative. The absence of a consistent narrative shared within the family can strengthen intergenerational trauma transmission (Fonagy, Steele, and Steele 1991). Processing traumatic experiences through verbal and non-verbal means allows the individual to develop a meaningful sense of self and construct an identity independent of the trauma's effects (Schoore 2002, Connolly 2011). In addition to these psychological interventions, epigenetic research has shown that trauma can also be transmitted at the biological level, but this transmission can be altered through appropriate social environments, secure attachment, and resilience mechanisms (Weaver et al. 2005, Cadet 2016). In addition to these psychological interventions, epigenetic research has shown that trauma can also be transmitted at the biological level, but this transmission can be altered with appropriate social environments, secure attachments, and resilience mechanisms (Weaver et al. 2005, Cadet 2016). According to the findings in the field of epigenetics, it has been shown that improving environmental conditions can reduce, or even reverse, the negative effects on gene expression. The evidence shows that traumas transmitted at the biological level are not definitive and permanent; they can be altered by safe, supportive, and stable environments (Gapp et al. 2014, Yehuda and Lehrner 2018).

Therefore, interventions need to include multi-level strategies that take into account not only the individual but also the family, community, and social context (Isobel 2019). At this point, we emphasize the importance of broader intervention models that also consider environmental and socioeconomic factors. Chernivsky (2023) and Van Wert et al. (2019) emphasize the importance of an interdisciplinary perspective that addresses the nature and nurture dilemma with a holistic approach while explaining the intergenerational transmission of trauma. This approach also involves evaluating the ongoing effects of trauma across generations, particularly in the context of socioeconomic status. Khan and Denov (2022), on the other hand, emphasize that the sociocultural context can be both a protective shield and a factor

perpetuating the effects of trauma; therefore, they advocate for long-term psychological support and, especially in cases of historical and political trauma, the necessity of political recognition to overcome the stigma associated with trauma.

In line with this multi-layered framework, intervention approaches for trauma healing have also undergone significant transformation over time. According to Scott and Copping (2008), there has been a notable paradigm shift in interventions for childhood traumas, especially in the past twenty years. Initially, largely adult-oriented psychoanalytic and cognitive intervention models were adapted for children; over time, more comprehensive and holistic intervention approaches that consider the developmental sensitivities and familial context of the traumatic experiences children undergo have begun to emerge.

Nowadays, the options for intervening in psychological trauma are quite extensive; various methods are used, ranging from individual therapy practices to parent education, behavioral-based parent-child interaction studies, attachment-focused interventions, and trauma-focused cognitive behavioral therapies. In addition, although approaches such as EMDR, Compassion-Focused Therapy, Dialectical Behavior Therapy, and Narrative Therapy have been found to be effective in trauma-related disorders (Cramer 2019, Asmundson et al. 2019, Craig et al. 2020, Bohus et al. 2020, Choi-Kain et al. 2021), the treatment of intergenerational trauma requires holistic intervention methods that consider the multi-layered nature of trauma, unlike classical approaches that target only individual psychopathologies.

However, Scott and Copping (2008) developed the Intergenerational Trauma Treatment Model (ITTM), a notable alternative approach (Copping 1996, Copping et al. 2001). ITTM combines evidence-based intervention techniques such as controlled exposure to trauma memories, cognitive reframing, stress coping skills, and parent education. Among the distinguishing features of this model are its suitability for complex trauma situations, its focus on how the caregiver responds to the child's trauma, and its emphasis on the intergenerational transmission of traumatic experiences (Scott and Copping 2008).

Additionally, family-based interventions are also an effective tool in stopping intergenerational trauma transmission. The restructuring of roles among family members, improvement of communication patterns, and clarification of emotional boundaries are particularly effective in preventing children from internalizing parental traumas (Kellermann 2001a).

Conclusion

In this study, we have compiled literature that demonstrates intergenerational trauma as a multi-layered transmission process operating at social, cultural, and biological levels. A vast body of literature demonstrates the visible or latent effects of genocides, wars, forced migrations, and domestic violence, whether on a large scale or at a micro level, on subsequent generations. Especially the different explanatory models offered by psychoanalytic, sociocultural, family systems, and biological perspectives help us grapple with the complexity of this transmission (Kellermann 2001b). The combined consideration of psychodynamic, family systems, socialization, and epigenetic models allows us to understand why this transmission manifests differently in everyone. However, this diversity carries the risk of theoretical fragmentation, even though it is one of the most significant advantages of the field.

The concept of intergenerational transmission of trauma has been internalized by many individuals and communities who feel the effects of the pains their parents experienced in the past in their lives (Yehuda and Lehrner 2018). Once trauma is transmitted, it has its sequences and individual effects according to all psychologically and interpersonally developing traumas, including the transmission of trauma to subsequent generations (Schwerdtfeger and Goff 2007). The significance of intergenerational trauma stems not only from its effects on individuals' psychological well-being but also from its long-term impacts on family dynamics and societal functioning.

However, there is no consensus in the literature on the structural nature of trauma as it relates to intergenerational trauma. According to Isobel (2019), the discussions in this field revolve around whether the traumatic experience in question represents a direct repetition of the trauma in the first generation, a reaction to this trauma, or emerges as a distinct form of psychological vulnerability. Nevertheless, studies

indicate that the transmission of traumatic experiences can lead to changes in the stress response system in subsequent generations (Yehuda et al. 2016), attachment disorders (Bar-On et al. 1998), and chronic psychopathologies. Additionally, the transmission of societal traumas (war, forced migration, ethnic conflicts, etc.) also affects cultural identity construction and societal peace processes (Volkan 2001, Hirschberger 2018). Clinical perspectives acknowledge that interventions that fail to understand the individual's relationship with their past may remain superficial (Danieli 1998, Felsen 1998).

Another dimension that is explanatory in understanding the process of transference is that it often occurs through nonverbal and unconscious means. Repressed emotions, silence, mythological narratives, or parenting styles are explained in various ways across different models as the influences that pass on to children. The psychodynamic model argues that parents project their unresolved traumas onto their children, while the sociocultural model emphasizes that trauma is internalized through social norms, values, and beliefs. The family systems model, on the other hand, emphasizes that in family structures where emotional boundaries are blurred, children are pushed into parental roles and individualization is hindered. These explanations show that transmission occurs not only genetically but also within relational, cultural, and structural dynamics.

In this context, epigenetic research indicates that trauma can be transmitted not only psychosocially but also biologically from generation to generation. Epigenetic processes that affect gene expression without altering the DNA sequence provide an important theoretical basis for explaining the hereditary effects of environmental stress (Yehuda and Lehrner 2018). In certain cases, these explanations of the biological transmission of trauma can lead to the belief that past traumatic experiences have irreversibly harmed individuals. However, it is also suggested that these epigenetic effects can be considered a type of biological adaptation. In this context, it is thought that the biological responses developed against the experienced adversities may serve a preparatory function that could enhance the capacity of subsequent generations to cope with similar stressors.

Epigenetic changes arising from environmental factors are not permanent, and these effects can change or completely disappear when conditions change. This biological flexibility forms the basis of the human organism's capacity to adapt to environmental challenges (Yehuda and Lehrner 2018) and demonstrates its resilience (Gapp et al. 2014). As emphasized in this study, epigenetic marks are sensitive to environmental contexts and can be reversed through protective factors such as supportive relationships and secure attachment environments. In this respect, biological transmission models have a dynamic structure that includes not only vulnerability and risk factors but also intervention and recovery opportunities.

At this point, another topic that is gaining increasing importance in the literature is the findings suggesting that resilience can also be transmitted across generations. Thus, the ability to be resilient should be included in the process instead of just seeing trauma transmission as a form of psychological vulnerability. Some individuals can transform past traumas into functional parenting models, thereby breaking the cycle of transmission (Walsh 2003, Braga et al. 2012). At this point, resilience is not only an individual trait but also a multi-layered process shaped by social support systems, political recognition, and cultural belonging (Masten et al. 2021). Therefore, it is insufficient to study intergenerational trauma solely at the individual level; in addition to protective factors such as resilience, the societal reflections of these processes should also be considered. Mass traumas historically experienced by communities (e.g., genocides, forced migrations, colonialism) have taken root in the collective memory of these communities, influencing the formation of social identity and perceptions of the out-group; they lay the groundwork for conflicts to persist across generations (Volkan 1998, Eyerman 2001). This approach addresses intergenerational trauma not only as a psychological issue but also as a political and cultural matter. However, there are still significant gaps in the literature regarding the effects of social traumas and collective biographical experiences on third and fourth generations (Khan and Denov 2022, Rosenwald, Baird, and Williams 2023).

The insufficient conceptual and terminological differentiation of the concepts of trauma and intergenerational transmission in the literature complicates the development of effective intervention approaches and can undermine theoretical consistency (Isobel et al. 2017). An interdisciplinary approach

and multidimensional measurement methods are necessary to address studies on intergenerational transmission processes in this situation.

It is crucial to distinguish between the interchangeable terms "intergenerational" and "transgenerational" in the literature to ensure both conceptual clarity and theoretical consistency. The concept of "intergenerational" generally describes the transmission of trauma that occurs through direct relational pathways between two generations—between parent and child—whereas the concept of "transgenerational" indicates that this transmission can extend to the third and even fourth generations through more indirect forms, such as non-verbal, unconscious, or cultural narratives. This terminological distinction will provide clarity in the construction of theoretical frameworks and the design of intervention models, enabling a more accurate analysis of the scope, duration, and form of transmission. In addition, fundamental concepts such as "trauma," "transmission," "collective memory," and "resilience" are used with different meanings in different disciplines; this complicates the development of inter-theoretical comparisons and intervention models. The answers to whether it is "the transmission of trauma," "the transmission of the reaction to trauma," or "reproduction" vary by model. Therefore, it is important for future studies to ensure conceptual consistency.

On the other hand, another limitation in the field is the lack of empirical data. Especially in societies like Turkey, where there are intense historical, political, and cultural traumatic experiences, qualitative and longitudinal studies examining intergenerational transmission are limited. Although models or approaches provide rich explanations, it is necessary to test these theories with field-based data and evaluate their compatibility with the social context. In this context, interdisciplinary collaborations are of enormous importance. Since the transmission of trauma affects both individual and societal levels, it is necessary for fields such as molecular biology and genetics, anthropology, sociology, history, and public health to work together, not just clinical psychology or psychiatry. An interdisciplinary approach can guarantee the design of interventions not only for the individual but also for society and culture.

The literature increasingly emphasizes the need to replace the dominant pathology-focused approach with a more holistic and empowering perspective. Studies acknowledge that trauma can be transmitted from generation to generation, but they also reveal that not every transmission necessarily results in psychological vulnerability. Some individuals, by transforming the traumatic burdens inherited from past generations, can develop functional parenting patterns and strong psychological resilience, thereby breaking the cycle of transmission. Therefore, future studies should focus not only on risk factors but also on protective factors and structural elements that support resilience, contributing to the development of more holistic and inclusive intervention models.

In conclusion, this study has approached the phenomenon of intergenerational trauma from a multi-layered perspective and has revealed the depths of its transmission by discussing it within a holistic theoretical framework. Due to the scope of the research, specific country examples or case studies were not included, but an increase in studies examining intergenerational transmission in Turkey using quantitative and qualitative methods has been observed. Future research conducted based on cultural experiences and empirical data will make significant contributions to both academic literature and practical fields.

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