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Effects of maternal traumatic distress on family functioning and child mental health: An examination of Southeast Asian refugee families in the U.S.

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ABSTRACT

Background: The psychological effects of trauma are well-documented among refugee adults and children alone, yet less research has attended to the intergenerational transmission of trauma within refugee families. Additionally, there is considerable diversity between refugee populations as well as within-group variation in the experiences and effects of refugee trauma.

Objective: The current study examines the longitudinal effects of maternal traumatic distress on family functioning and child mental health outcomes among Southeast Asian refugee women and their adolescent children. Given the potential for variation in these effects, we also explore group differences in these relationships by ethnicity and child nativity.

Methods: Longitudinal data were collected from a random sample of 327 Southeast Asian refugee mothers and their children in the United States. We employed structural equation modeling to examine associations between latent variables representing maternal traumatic distress, family functioning, and child mental health outcomes (i.e., depressive symptoms, antisocial and delinquent behavior, and school problems). We then tested for group differences in these associations by ethnicity (Cambodian and Vietnamese subgroups) and child nativity (U.S.-born and foreign-born children).

Results: We found maternal traumatic distress was indirectly linked to child mental health outcomes, and that child nativity was associated with these paths while ethnicity was not. For foreign-born children, maternal traumatic distress was associated with diminished family functioning a year later, which was associated with increased school problems at the two-year mark. Maternal traumatic distress was indirectly associated with depressive symptoms and antisocial and delinquent behavior, respectively, after accounting for family functioning. For all children, weaker family functioning was significantly associated with poorer mental health.

Conclusions: Findings suggest that refugee parents' trauma can adversely affect family relationships and the mental health of children. Interventions that address parental trauma and support intergenerational relationships may enhance mental health within refugee communities for future generations.

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1. Introduction

More than 65 million individuals worldwide have been forcibly displaced from their homelands due to war, persecution, and

political conflict (UNHCR, 2016). Often survivors of mass and collective violence, refugees and those living in exile are at significant risk of developing trauma-related mental illness (Fazel et al., 2005). The psychological effects associated with forced migration and displacement are well-documented among adults and children alone (Fazel et al., 2012). However, research has not fully addressed the long-term consequences of refugee trauma on familial relationships and mental health outcomes across generations. Nevertheless, processes tied to refugee trauma and forced

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displacement are communal in nature and inherently affect the family (Weine et al., 2004). Furthermore, few studies have investigated the influence of parents' trauma on the emotional and behavioral health of youth in refugee families.

Drawing on the intergenerational transmission of trauma literature and with a focus on Southeast Asian refugee families in the United States, we examined the longitudinal effects of mothers' trauma on family functioning as well as depressive symptoms and behavior problems among their adolescent children. Recognizing the potential for variation in these effects, we also explore group differences in these relationships by ethnicity and child nativity.

1.1. Background

The intergenerational transmission of trauma refers to the ways in which trauma experienced in one generation influences the development and well-being of offspring in subsequent generations (Dekel and Goldblatt, 2008). Early literature in this area focused on the disproportionately high levels of mental and emotional distress within Holocaust survivor families (Danieli, 1998). Since then, increasing research on other populations – including torture survivors, indigenous peoples, incarcerated Japanese Americans during World War II, and combat veterans – has demonstrated intergenerational effects of trauma on children not directly exposed to the same traumas as their parents (Daud et al., 2005; Dekel and Goldblatt, 2008; Nagata and Cheng, 2003; Walters et al., 2001). Rather than assuming the existence of post-traumatic stress symptoms or psychopathology within the next generation, scholars and clinicians have begun to recognize a diverse set of psychosocial processes, expressions of distress, or forms of resilience emerge in response to parental trauma (Weinberg and Cummins, 2013).

Substantial evidence highlights parenting and family dynamics as the primary psychosocial mechanisms that transmit trauma across generations within families. Parental trauma can shape the family context by directly influencing the quality of family relationships, communication patterns, and parenting behaviors. Specifically, numerous studies suggest post-traumatic stress disorder (PTSD) symptoms among parents can contribute to a lack of communication with and a sense of detachment from children (Ruscio et al., 2002), parent-child role-reversal and over-protectiveness (Field et al., 2013), as well as greater family conflict and less family cohesion (Davidson and Mellor, 2001; Westerkirk and Giarratano, 1999). Similarly, there are parallels within the body of literature documenting the transmission risk to children of depressed mothers, establishing the role of negative family interactions in increasing risk of poorer mental health for their children (Goodman and Gotlib, 1999). As parents and family relationships play a vital role in youth development and well-being, a consistent finding across these studies is that parental traumatic distress increases the likelihood of stressful family environments, which in turn, pose risk to the adjustment of children.

Various Southeast Asian groups migrated to the U.S. in substantial numbers as a result of the Vietnam War and related political turmoil in surrounding countries. Among Southeast Asians, Vietnamese and Cambodian refugees together comprise the largest resettled refugee population in the country since 1980 (Chan, 2004). Research during the early years of resettlement found that Vietnamese and Cambodian refugees reported high rates of trauma-related psychiatric disorders, particularly PTSD, depression, and anxiety (Sack et al., 1993). Although some scholars suggest the negative effects of conflict-based trauma diminish over time (Steel et al., 2002), others argue that the nature of trauma is complex and that post-migration adjustment stressors can compound it (Chung and Kagawa-Singer, 1993; Miller and Rasmussen, 2010).

Epidemiological research has documented high rates of PTSD (62%) and depression (51%) among Cambodian refugee adults in the U.S. 20 years after resettlement (Marshall et al., 2005). Studies of Vietnamese refugees in Australia show reduced, but still disproportionately high, rates of mental illness after ten years (Steel et al., 2002; Silove et al., 2007). Other studies show that a lack of appropriate access and effectiveness of mental health care, particularly among non-Western refugee populations in Western countries of resettlement, increases the likelihood that disorder and traumatic distress will persist for many years (Fazel et al., 2005; Marshall et al., 2006).

Indicators of poor psychological and behavioral adjustment among the children of Southeast Asian refugees reflect the challenges these communities face, including high levels of depressive symptoms and low self-esteem (Portes and Rumbaut, 2001; Sangalang et al., 2015) and disproportionately high rates of delinquency (Go and Le, 2005; Spencer and Le, 2006). Intergenerational conflict rooted in cultural differences between parents and children has been associated with elevated risk of depression and behavioral problems among Southeast Asian youth (Choi et al., 2008; Ying and Han, 2007). Children often acculturate and become proficient in English at a faster rate than their immigrant or refugee parents, and they therefore subvert traditional hierarchical family roles and challenge cultural obligations or parental expectations (Lee et al., 2000; Ying and Han, 2007). While parent-child conflicts are common in both immigrant and refugee families, parental trauma and displacement can shape such conflicts. Among Cambodian refugees, Hinton et al. (2009) found that linguistic gaps between parents and their children prompted severe episodes of anger directed toward family members, triggering trauma recall and creating an ongoing cycle of worsening within families. Similarly, Lin et al. (2009) described a climate of silence and lack of direct communication about personal and cultural pasts as common trauma reactions among Cambodian refugee parents.

Ethnic differences between Cambodians and Vietnamese are important to consider when attempting to understand potential variation in the effects of parental trauma. For example, the first wave of Southeast Asian refugees that arrived in the U.S. in 1975 following the end of the Vietnam War comprised primarily Vietnamese refugees, many of whom had formal education and proficiency in English. Although subsequent waves of Vietnamese refugees (often termed “boat people”) had less education and fewer material resources, they had the advantage of an established ethnic community upon arrival (Gordon, 1987).

In contrast, most of the Cambodians who comprised a latter wave of Southeast Asian refugee migration had less established ethnic networks in the U.S. in the early years of resettlement (Chan, 2004). Because of the atrocities of the Khmer Rouge genocide, they are considered the most traumatized of Southeast Asian refugee groups. This trauma includes the severance of family ties, as the Khmer Rouge's program of forced labor and mass execution led to widespread loss and separation of family members. These socio-historical factors suggest the effects of parental trauma may be more pernicious in Cambodian refugee families.

Potential differences in the transmission may also exist due to differences in child nativity, or between foreign-born children who emigrated with their parents and their siblings born in the U.S. after resettlement. Studies examining differences by immigrant generation have found an “immigrant advantage,” in which foreign-born youth report greater psychological well-being compared to youth of similar backgrounds in subsequent generations, in part due to protective family influences such as less parent-child conflict (Harker, 2001). Strong familial ties between foreign-born youth and their parents may shield youth from negative influences on mental health (Garcia Coll and Marks, 2012). However, because this

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