

Navigating Intergenerational Trauma: Cultivating Healing and Resilience in the Kurdistan Region of Iraq

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Abstract: This research explores Kurdish intergenerational trauma and resilience, delving into the scientific framework of epigenetics and recognizing trauma signs and patterns within families and communities, specifically within the Kurdish context. 30 Kurdish participants provided insights into their grandparents' and parents' trauma experiences, as well as their own, shedding light on present-day life and symptoms connected to intergenerational trauma. Notably, the study uncovers a prevailing trend of prioritizing education as a coping mechanism and pathway to resilience, particularly among younger generations compared to previous generations.

The objective of this research is to identify practical ways to support and empower contemporary Generation Z's and millennials in breaking intergenerational trauma cycles, thereby promoting healed, healthy genetic transmission. As such, it delves into the developing role of social workers in the Kurdistan Region of Iraq (KRI) and avenues through which they can expand their lens to support those affected by intergenerational trauma. Moreover, participants revealed that experiences with local mental health professionals often prove unhelpful or had a negative impact, prompting the dire need for workshops and follow-up programs aimed at enhancing psychological support and training in Kurdistan.

Keywords: Intergenerational trauma, Kurdish communities, Resilience, Post-traumatic stress disorder (PTSD), Collective trauma, Mental health, Social work interventions, Kurdistan

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Introduction

Background on the Kurdish Experience

The Kurdish people are an ethnic group native to a region known as Kurdistan, spanning across parts of Turkey, Syria, Iraq and Iran. The Kurdish population has historically faced persecution, marginalization and oppression by governments of the “host countries” despite their unique cultural identity and language.

The Anfal genocide in the late 1980’s by the Iraqi Ba’ath regime was one of the most significant historical traumas experienced by the Kurdish population, due to both its violent and malicious nature as well as the mental and physical wounds it left on survivors and the Kurdish community. During this campaign, thousands of Kurds were systematically murdered, with entire villages completely destroyed. The Ba’ath regime used chemical weapons, more notably on the town of Halabja, leaving a long-lasting negative impact on the psyche and well-being of survivors and generations to come (Smith, 2020). A majority of participants in this study have felt the impact of the Anfal campaign in their own families in a variety of ways.

In addition, Kurds have notoriously been forcibly displaced, politically oppressed, imprisoned, tortured, forced into armed conflict and proxy wars, and deprived of basic human rights, contributing to a legacy of collective and intergenerational trauma. Still today, Kurds face

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suppression of their Kurdish identities, language, and cultural expression which only exacerbates the trauma experienced by past generations.

This understanding and context of Kurdish trauma is essential to explore how, despite today's youth (Generation Z and millennials) not having experienced these collective traumas firsthand, the ramifications of such experiences may be present in their daily lives. This study seeks to highlight not only Kurdish intergenerational trauma, but resilience strategies utilized by younger generations to integrate this collective trauma, and to pass down healed, healthy genes (Jones, 2019).

Resilience is defined as "the process of negotiating, managing, and adapting to significant sources of stress or trauma" (APA Dictionary of Psychology, 2022). Essentially, it is the ability to recover from and cope with stressful or traumatic experiences.

Introduction to Collective Trauma & Intergenerational Trauma

Collective trauma refers to the psychological and emotional impact of traumatic events experienced by groups, communities, or societies. This can include tribal conflict, wars, climate crises, systemic injustices and genocide; all of which have been experienced by the Kurdish population in the last century. Deeply affecting a group's sense of identity and safety, experiencing these overwhelming events influences collective memory, culture, social structures and the health and wellbeing of future generations. When this collective trauma isn't fully processed or integrated among individuals and societies, it can linger across generations via intergenerational trauma.

“Intergenerational trauma (also referred to by scholars as transgenerational, multigenerational, or cross-generational trauma) refers to the effects of serious, untreated trauma that has been experienced by one or more members of a family, group or community and has been passed down from one generation to the next through epigenetic factors” (Hubl, 2019).

Although the Kurdistan Region of Iraq (KRI) has seen such a rich history of individual and collective trauma, the fields of psychological and social work have only just been initiated in the last decade.

Background on Emergence of Social Work

Social workers help individuals and communities overcome challenges, identify and strengthen inner resources, and work toward their full potential. They cultivate safe, trauma-informed spaces where people can feel heard and heal. As instrumental as this profession is in the resilience of any community, there are few qualified social workers in the KRI. With the first social work degree having been created at Salahaddin University in Sulaimani in 2007, several similar programs have been founded since, including at the University of Duhok, Koya University and the University of Sulaimani.

While the fields of psychology, psychotherapy and social work are inextricably tied in the advancement of understanding, accepting, and enhancing mental health, for the context of this article, we focus specifically on the role of social workers. Uniquely oriented to the broader context of social and environmental factors of an individual's well-being, social workers' approach to mental health often allows them to address broader relevant issues such as discrimination, poverty, access to resources and taking into account the possible impact of intergenerational trauma and needed interventions. On the other hand, psychologists are mainly focused on assessing and treating mental health conditions using psychological theories and therapeutic methods.

In the wake of increasingly high rates of mental health disorders, including anxiety, depression, and post-traumatic stress disorder (PTSD), a mental health condition where individuals can get stuck in an activated state and may experience symptoms such as flashbacks, nightmares and be triggered by external stimuli; the collective stigma around seeking help and support for mental health is limiting access to the few existing services. The inaccessibility of these services can also be a deterrent for locals in need, as well as affordability and "skepticism about whether professionals have the skills and guaranteed anonymity they seek" (SEED, 2022).

While progress continues to be made to further develop the capacity of local social workers, continued support and development of social work programs and practicum are crucial in providing well-informed and effective services, especially when it comes to identifying and addressing the overwhelming ramifications of intergenerational trauma on the Kurdish community.

Importance of Intergenerational Trauma and Resilience in the Context of Social Work

An understanding of intergenerational trauma and resilience is crucial for a few reasons. First, it would be mutually beneficial for social workers to have a more comprehensive understanding of the possible underlying factors of clients' issues, including historical and systemic experiences. By addressing the root causes of people's symptoms and issues, social workers are able to more effectively support and empower clients. Moreover, by studying resilience in addition to intergenerational trauma, social workers will be more oriented toward promoting positive coping strategies, highlighting the strength in the individual or group, and not just "helping" them, but *empowering* them to help themselves.

As well, an important part of the social worker's role is to advocate for systemic change within their communities, promoting social justice and thereby addressing the root causes of intergenerational trauma. In such a context as Kurdistan where communities have endured a history of overwhelming experiences with certain systems that continue to oppress locals, this has never been truer. In order to advocate effectively, social workers need to be equipped with an understanding of patterns of trauma transmission and resilience, so that they can push for policies and interventions that support healing and prevent and mitigate further harm.

Purpose of the study and research questions

The purpose of this study is to explore the phenomenon of intergenerational trauma and resilience among the Kurdish community, analyzing individual and collective trauma experiences and symptoms over three generations of Kurds, mainly in the KRI. More specifically, the study aims to:

1. Investigate how the unresolved trauma of past generations impacts the mental and physical well-being of Kurdish millennials and Generation Z (Gen Z)'s today.
2. Identify the symptoms and manifestations of intergenerational trauma among Kurdish millennials and Gen Z's, including physical, behavioral, emotional and mental.
3. Explore positive coping mechanisms, points of resilience and strengths used by Kurdish millennials and Gen Z's to navigate and overcome the impact of stress and trauma.
4. Inform social work practice and interventions aimed at supporting these generations of Kurds to integrate traumas and foster a greater sense of resilience.

Research questions:

1. In what ways could the unresolved trauma of previous generations impact contemporary millennials and Gen Z's, and what symptoms and manifestations may appear as a result?
2. What are some practical strategies and tools to effectively disrupt the continuation of intergenerational trauma patterns?
3. How can social workers integrate this understanding and these strategies into their professional approaches?

Literature Review**Overview of Intergenerational Trauma Within the Kurdish Context**

Through a variety of mechanisms, unresolved trauma can be passed down through familial narratives and behaviors, cultural practices, and societal systems. In these ways and more, individual and collective trauma can be transmitted through generations until properly integrated and healed, affecting the latter generations' life experiences and shaping the nature of how they relate to themselves, interpersonally and within their community. Symptoms of collective trauma may include depression, fear, anger, anxiety, grief, social fragmentation, and loss of trust, and can manifest at the individual, interpersonal, and societal levels (Johnson, 2021).

There is a global discussion and debate among experts around how exactly the effects of trauma are passed down, and whether that be predominantly biologically, psychologically, and/or socially (Maurizio, M. & Muller, R., 2018). We explore a few of these methods of trauma transmission below.

One of the main mechanisms for direct trauma transmission is projection and identification, as described by psychodynamic approaches. As parents with PTSD have difficulties containing their emotions, they'll generally attempt to minimize the internalized suffering leading to damaging projection methods, resulting in projecting intense emotions like shame, guilt, and aggression onto their children. A child may then identify with these split parts of the parent's personality and internalize them, likely identifying with them as their own. Such experiences can then result in difficulties for a child to form their own identity, and can cause a variety of trauma symptoms as shown in Table 2 (Srour, R. W., & Srour, A., 2006).

Research studies also suggest that PTSD may be genetically transferred, with studies showing an interaction between genetic factors and environmental influences in moderating its risk. The field of epigenetics shines light on this phenomenon, examining how “environmental factors and experiences can influence gene expression without altering the underlying DNA sequence... In the context of intergenerational trauma, epigenetics provides insights into how traumatic experiences can leave molecular marks on DNA and potentially be passed down to future generations” (Dekel, R., & Goldblatt, H., 2008). While these changes can negatively impact an offspring’s susceptibility to stress, it’s important to note that the effects can often be reversed through therapeutic interventions, particularly during critical development periods in childhood.

Multiple studies have highlighted the profoundly negative impact of the Anfal campaign and other collective Kurdish traumas on the population’s psyche, reporting high rates of psychological disorders as a result (Moradi et. al., 2022). “These disorders arise from painful experiences of violence, displacement and loss endured ... and the psychological wounds inflicted on survivors have far-reaching effects, altering their daily functioning, disrupting relationships and affecting their overall quality of life” (Taha & Abdulrahman, 2020).

In addition to the psychological impact, this legacy of collective trauma has also shaped the broader societal and cultural identities of Kurdistan, shaping collective identity, social cohesion and community resilience. Studies have shown that intergenerational trauma can lead to loss of trust, social fragmentation, and difficulties in interpersonal relationships within Kurdish communities (Ahmadzadeh & Davarinejad, 2019). This historical trauma continues to contribute to ongoing challenges faced by Kurdish society today, including barriers to access mental health services, political instability and socio-economic hardships. Having a comprehensive understanding of these various impacts can support the development of more effective interventions and support the healing of the Kurdish community.

Studies on the Role of Social Workers in Addressing Trauma and Promoting Resilience in Kurdish Communities

There is a significant lack of specialized mental health professionals in the KRI, reinforced by the failure of the Iraqi healthcare system which has been deteriorating since the 1980’s (Beckmann, J., et al, 2022). Studies have concluded that there are two main objectives for promoting long-

lasting sustainability in the social work field in the KRI, including “the improvement of low-barrier psychotherapeutic care and the creation of academic structures that ensure the permanence of the training of professionals in the region and contribute to a sustainable solution” (Beckmann, J., et al, 2022). Nonprofit organizations like SEED Foundation and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), along with the German government and others have invested in these capacity building efforts, and while commendable progress has been made in the last decade in terms of raising awareness around mental health in order to shift these mistaken beliefs and building the capacity of local infrastructure, more is needed to meet the growing demands of the KRI’s chronic mental health crisis.

Recent work has emphasized long-lasting sustainable capacity building to train, mentor and provide social work students and practitioners with the experience they need in the classroom *and* in the field to adequately serve and support their community members. Experts in the field continue to define the role that social work must fulfill in order to mitigate the effects of war and conflict, within a sensitive cultural context where social workers experience harassment by family members of clients for supporting women and empowering them to solve their problems (CoBoSUnin, 2020). As well, local university curriculum generally does not cover the phenomenon of intergenerational trauma and resilience, along with mechanisms to integrate those trauma symptoms.

Methodology

Description of the sample

Thirty participants were interviewed for this study, comprising of 20 females and 10 males. Participants were selected based on the following criteria: aged between 20-42 (members of Generation Z and millennials), English-speaking and of Kurdish ethnicity. Of the sample, all were traditionally of Muslim descent, and the majority of participants were from the Kurdistan Region of Iraq (KRI), while two were from Rojava, Syria (Western Kurdistan). Six participants were members of the Kurdish diaspora, residing in Europe with periodic experience living in the KRI. Participants were recruited via word of mouth, ensuring a diverse representation of Kurds from all three major governorates of the KRI: Duhok, Erbil and Sulaimani.

Interview protocol and data collection procedures

The interview protocol and data collection procedures involved several key components, as outlined below:

1. Interviews were conducted via audio call and followed a semi-structured format. This allowed for more in-depth discussions, while ensuring main topics were still comprehensively covered. Each interview lasted approximately one hour, which provided sufficient time for participants to reflect and share their lived experiences with intergenerational trauma.
2. The interview was made more accessible by being conducted via audio call, rather than video, as some participants had poor internet connection.
3. The interview protocol covered a wide range of topics in relation to intergenerational trauma and resilience, including personal experiences, participants' family histories, coping mechanisms, and perceptions of cultural identity and community support.

Data collection procedures included the following:

1. Interviews were not recorded, respecting participants' privacy and confidentiality, and enhancing their willingness to share sensitive information.
2. Data collected during interviews was manually entered into a spreadsheet by the Researcher, which involved real-time transcription of key points, quotes and emerging themes from the interview.
3. Data was organized and stored securely by the Researcher, ensuring compliance with ethical guidelines and confidentiality to protect the data.

Ethical considerations and informed consent

The researcher described the purpose of the research and the nature of the interview with participants (ie. that they'd be asked about trauma-related experiences and symptoms for themselves, their parents and grandparents). It was then explained that their participation is completely voluntary, would remain confidential, meaning no identifying information would be shared, and they could withdraw at any time without penalty. As well, each participant was informed that they could ask for clarification and choose to skip or not answer questions during the interview. Participants gave verbal consent for their involvement in the study.

Data analysis approach

The research utilized both quantitative and qualitative methods of gathering and analyzing data. Semi-structured interviews included a quantitative survey with specific experiences and symptoms, which allowed the Researcher to gather numerical data and formulate statistical results as such. As part of the interviews, participants also had opportunities to describe more in-depth their perspectives and experiences, adding a qualitative element to the data collected and deepening the Researcher's understanding of their lived experiences.

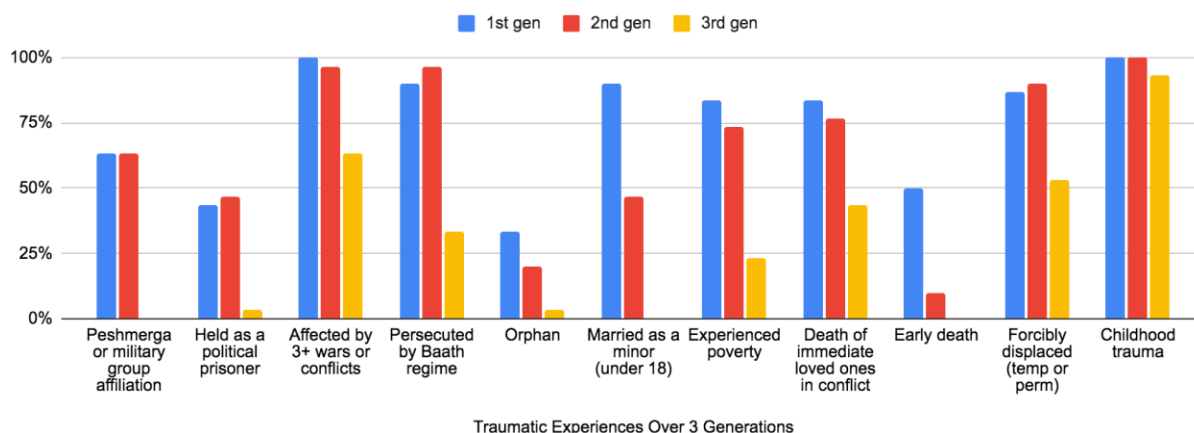
This mixed-methods approach involves identifying recurring themes, concepts or categories related to intergenerational trauma, resilience and other relevant factors. Themes were thereby refined and cross-verified by comparing and contrasting across different participants' information, validating their relevance and consistency. As well, the Researcher utilized thematic analysis, identifying, analyzing and reporting patterns from the qualitative interviews. Once the themes were established, the Researcher interpreted the findings in relation to existing literature, research questions and theoretical framework. The Researcher regularly reflected on her own biases, assumptions and interpretations throughout the study, maintaining self-awareness to ensure the credibility of the results.

Results

Overview of the participants' experiences with individual and collective trauma

Table 1. *Traumatic Experiences Over 3 Generations*

Traumatic Experiences Over 3 Generations



Participants' grandparents reportedly experienced high numbers of collective traumas, including 43% held as political prisoners, 100% being affected by three or more wars or conflicts, 90% facing persecution by the Ba'ath regime or another government (Syrian or Turkish regimes), 83% having lost a loved one in conflict, and 87% being temporarily or permanently displaced. On a more individual level, 63% participated in the Peshmerga or another military group, often facing heightened exposure to violence and persecution. As well, 33% were orphans as children, 90% of females got married before turning 18 years old, 83% lived in poverty at some point, and 50% experienced an early death. All of this built on top of 100% of them experiencing some form of childhood trauma.

Participants' parents reportedly experienced high numbers of collective traumas as well, including 47% held as political prisoners, 97% affected by three or more wars or conflicts, 97% facing persecution by the Ba'ath regime or another government (Syrian or Turkish regimes), 77% lost a loved one in conflict, and 90% temporarily or permanently displaced. On a more individual level, 63% participated in the Peshmerga or another military group. As well, 20% were orphans as children, 47% of females got married before turning 18 years old, 73% lived in poverty, and 10% experienced an early death. In addition, 100% of them experienced some form of childhood trauma.

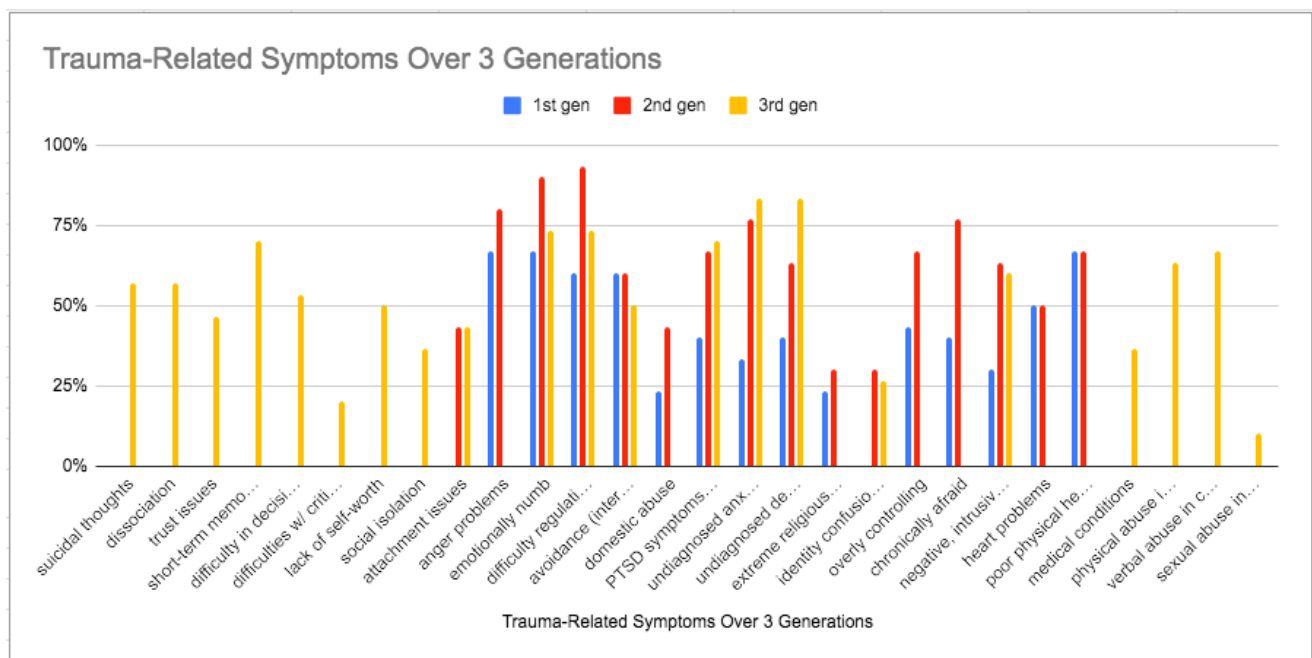
Participants' traumatic experience vary greatly from that of their grandparents and parents, with no participant having affiliation with Peshmerga or another military group, 3% had been put in jail for their political beliefs, 63% had been affected by one war or conflict (compared to past generations, measured by effect of three or more wars), 3% were orphans, no female reported early

marriage, 23% had experienced poverty, 43% experienced the death of a loved one as a result of conflict or violence, and 53% had been forcibly displaced. Higher rates included 93% of participants reporting that they had experienced some type of childhood trauma, mainly 63% reporting physical abuse in childhood, 67% verbal abuse, and 10% sexual abuse.

Common symptoms and manifestations of trauma among Kurds; data analysis

Participants reported that at least one of their **grandparents** experienced the above symptoms at the following rates: 67% had anger problems, 67% were emotionally numb, 60% had difficulty regulating their emotions, 60% were avoidant in interpersonal conflict, 23% experienced domestic abuse, 40% had undiagnosed PTSD symptoms, 33% had undiagnosed anxiety, 40% had undiagnosed depression, 23% had extreme religious tendencies, none had identity confusion, 43% were overly controlling, 40% were chronically afraid, 30% had intrusive negative thoughts, 50% had heart problems and 67% had poor physical health.

Table 2. *Trauma-Related Symptoms Over 3 Generations*



Participants reported that at least one of their **parents** experienced the above symptoms at the following rates: 43% had attachment issues, 80% had anger problems, 90% were emotionally numb, 93% had difficulty regulating their emotions, 60% were avoidant in interpersonal conflict,

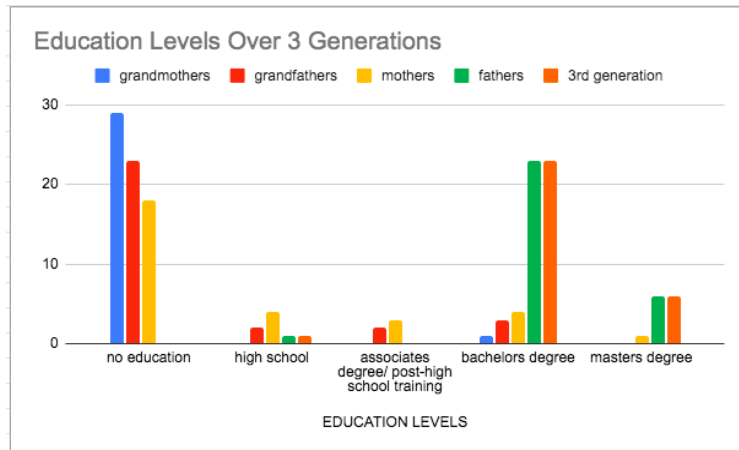
43% experienced domestic abuse, 67% had undiagnosed PTSD symptoms, 77% had undiagnosed anxiety, 63% had undiagnosed depression, 30% had extreme religious tendencies, 30% had identity confusion, 77% had problems with self-compassion, 40% were insecure, 67% were overly controlling, 77% were chronically afraid, 63% had intrusive negative thoughts, 23% had undiagnosed bipolar disorder, 50% had heart problems and 67% had poor physical health.

Participants reported that **they themselves** had experienced the above symptoms at some point in their lives at the following rates: 83% had undiagnosed depression, 83% had undiagnosed depression, 57% had had suicidal thoughts, 50% were avoidant in interpersonal conflict, 43% had attachment issues, 73% felt emotionally numb, 73% had difficulty regulating their emotions, 57% had experienced physical dissociation, 47% had trust issues, 70% reported short-term memory loss, 53% had difficulties making decisions, 20% had difficulty critically thinking, 70% had undiagnosed PTSD symptoms, 60% had intrusive negative thoughts, 50% felt a lack of self-worth, 27% had identity confusion, 37% had socially isolated as a coping mechanism and 37% had a medical condition.

Themes Related to Resilience and Coping Strategies

Levels of education showed a clear, abrupt upward trend, with younger generations prioritizing education as a means of empowerment, resilience and a pathway forward. Table 3 shows that while the first generation had almost no education and were largely illiterate, the second generation saw a slight increase in access to education for mothers and a much larger increase for fathers. The millennial and Gen Z participants *all* had a formal education, with one having completed only high school, the rest having obtained a Bachelor's degree, and six having obtained a Master's degree.

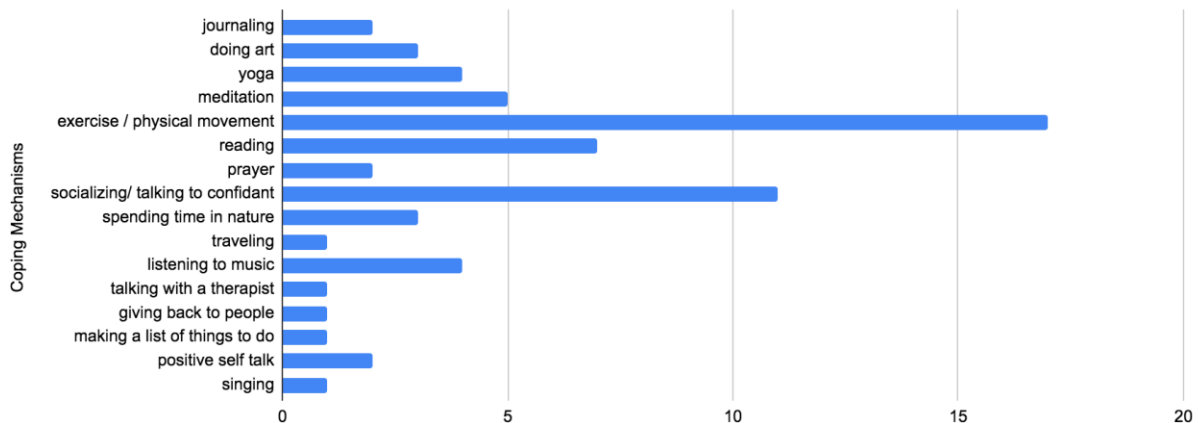
Table 3. *Education Level Over 3 Generations*



Participants reported utilizing the following healthy coping mechanisms when feeling overwhelmed by stress. The most commonly used stress relief methods were exercise and physical movement (57%), talking with someone they trust (37%), meditation (17%), doing yoga (13%) and listening to music (13%).

Table 4. *Healthy Coping Mechanisms Among 3rd Generation Kurds*

Healthy Coping Mechanisms



Participants' Experiences with Local Mental Health Professionals

When asked about their personal experiences with local therapists and social workers (ie. mental health professionals), responses fell into several categories: no prior experience, having a negative experience, an unhelpful experience, a helpful experience or a positive experience with a *foreign* mental health professional.

Table 5. 3rd Generation Experiences with a Local Mental Health Professional



For those participants who reported having had no experience, their reasons included pressure from the community's widely adopted stigma that seeking help was shameful, having had friends or family members with negative experiences, not trusting the experience of locals, and not trusting that confidentiality would be respected. Those with negative experiences described retraumatizing situations, being quickly prescribed medication without any further resolve to their issues, and lack of professionalism in conducting the sessions. Furthermore, those with unhelpful experiences were largely dismissed, given advice and prescribed what they felt was unnecessary medication.

Three participants did have a helpful experience with a mental health professional but aren't continuing regular sessions, and three participants had spoken with a foreign mental health professional, reporting a positive experience. Kurds in the diaspora largely spoke of the necessity to speak with someone who understood their unique circumstances, as neither a local Kurd nor a foreigner with no understanding of the Kurdish experience could help them feel truly understood. When asked how they could best be supported, more than half of participants stated that they would benefit from speaking with a well-trained mental health professional who they could trust, and whom could understand their unique circumstances. It is this combination of factors that would most comprehensively serve young Kurds to identify their trauma symptoms and life stressors and integrate healthy coping strategies effectively.

As well, when asked about whether or not participants felt understood and supported to sustain and improve their mental well-being by friends, family and the Kurdish community, the following was reported:

13% did not feel supported by their **friends**, 37% sometimes felt supported by their friends, and 50% did feel supported by their friends. In terms of feeling understood and supported by their **family**, 40% did not feel supported, 30% sometimes felt supported and 30% did feel supported. Participants felt least understood and supported in terms of mental health by the Kurdish **community**, with 67% not feeling supported at all, 23% sometimes feeling supported and 10% feeling supported. Participants expressed interest in having more structured conversations about the topic in order to spread awareness and demystify the topic further within their families and the larger Kurdish community, while also sharing pessimism in the current collective stigma and misconceptions around mental health issues.

Discussion

Interpretation of the Findings in Relation to Existing Literature on Social Work and Collective Kurdish Trauma

Despite experiencing fewer instances of collective trauma than their grandparents and parents, the third generation reported notably high levels of childhood trauma, particularly physical and verbal abuse. This supports existing literature that outlines the phenomenon of intergenerational trauma often being passed down directly from parent to child through projection and identification. As such, the findings indicate that many third-generation symptoms such as lack of self-worth, suicidal thoughts, intrusive negative thoughts, attachment issues, emotional numbness, PTSD symptoms and difficulty regulating emotions may likely be an internalization of unprocessed trauma transferred by one or both parents, or other adults in the child's life, most notably school teachers. This means that even though the child didn't experience the individual or collective traumas that their parents did firsthand, they can still display similar symptoms as their parents.

Over the last few generations, there's been a gradual decline in early marriage practices. While 90% of first-generation women were married before the age of 18, with some as young as 12, this figure decreased to 47% for the second generation (mothers) and reached 0% among current Generation Z and millennials. This highlights existing studies on the expansion of women's rights in the KRI, which also includes more women working outside of the home and increased access to education.

Regarding education, there has been a noticeable upward trend in attaining a formal education across the three generations, indicating its prioritization as a positive avenue for progress. By empowering younger generations with greater access to information and opportunities, enhanced critical thinking and problem-solving skills, education supports people to make more informed decisions in their lives. Education also fosters a sense of resilience by giving people tools to adapt to change, overcome obstacles and work together to take effective action.

Implications for the Role of Social Workers in Understanding and Addressing Intergenerational Trauma

It is imperative to acknowledge the vital role of Kurdish social workers in addressing intergenerational trauma within their communities. As highlighted by Hubl, social workers must first recognize and address their own intergenerational trauma to effectively support their clients. “They should remain vigilant in identifying both subtle and overt effects of trauma on individuals, families, and communities, understanding that these symptoms may stem from past generational trauma” (Hubl, 2019).

The data underscores the looming stigma surrounding mental health issues in Kurdish communities, which serves as a barrier to individuals seeking necessary support. Participants expressed frustration with prevalent symptoms such as difficulty regulating emotions and short-term memory loss, indicative of the profound impact of unresolved trauma. To address these challenges, social workers can learn and implement a range of strategies. For emotional regulation, interventions such as emotional identification, grounding techniques, mindfulness practices, and self-soothing techniques can be effective. Additionally, for short-term memory loss, tactics such as chunking information, utilizing external reminders, practicing active listening, and establishing consistent routines may prove beneficial.

It is crucial for social workers to adopt approaches that are both globally informed and culturally sensitive. By integrating evidence-based practices with an understanding of Kurdish culture and values, social workers can provide meaningful support to individuals experiencing the effects of intergenerational trauma.

Recommendations for interventions and policies integrating social work perspectives to promote resilience

According to Ahmed of Koya University, in the absence of enough adequate mental health support in the KRI, survivors require several core factors in addressing their psychosocial needs, including:

- Access to mental health resources, ensuring that locals have affordable options with specialized professionals to integrate their traumas.
- Trauma-informed care and awareness campaigns on the effects of trauma as well as post-traumatic growth. Social workers must also be thoroughly trained in trauma-informed care in order to mitigate trauma symptoms and prioritize the safety of clients.
- Community psychosocial support, to include community members in their collective healing process. This could encompass support groups for survivors where people share their experiences and insights as well as coping mechanisms.
- Educational resources should be developed to support survivors to better understand their experiences, symptoms, and to know what resources and services are available to them on their journey.
- Raising awareness around mental health, the long-term impact of genocide, war and mass violence, is necessary in order to reduce the stigma around mental health problems and enhance understanding and empathy.
- Global support and action is necessary to continue exchanging ideas and social work techniques, standardizing university curriculum, enhancing social work students' experiences, and formulating a culturally appropriate yet globally informed approach. (Ahmed, 2023).

Due to the rich history and multidimensional aspect of trauma in the KRI, it is imperative that social workers be well informed on the possible effects of both collective trauma and intergenerational trauma so that they can recognize certain symptoms and help clients better understand themselves. In doing so, social workers are in a unique position to empower young Kurds and implement healthy coping mechanisms that enhance both the mind and body in trauma recovery.

Another core issue uncovered in the research is the lack of trust in local mental health professionals, including both social workers and therapists. By prioritizing the education and

training of locals in these fields, we can support locals to be more helpful than unintentionally hurtful. This will require continued investment in local academic institutes and global collaborations to standardize mental health programs and practices, and continue to implement them in the KRI.

Several studies stated that more research is necessary on the topic of Kurdish intergenerational trauma and resilience in order to fully understand the long-term impact of such heavy collective traumas, and to continue developing and expanding upon the field of social work in the KRI. This study aims to provide unique information in highlighting specific trauma symptoms through three generations of Kurds, noting how intergenerational trauma may manifest in a young Kurd's daily life today. By sharing healthy coping mechanisms and perceptions about local mental health professionals through these interviews, the Researcher also strives to better inform social work curriculum and establish nonprofit programs to continue to raise awareness about intergenerational trauma, and provide practical ways Kurds can disrupt these trauma patterns in order to pass down healed, healthy genes to the next generations.

Limitations of the study

There are several notable limitations of the study. First, the study does not encompass Kurdish minority groups and focuses predominantly on participants within the Kurdistan Region of Iraq (KRI), excluding other regions of Kurdistan (*Bakure, Rojava and Rojhiliate*). Kurds are not a homogenous group, but rather, are diverse in terms of language, geography, culture, religious practices and political affiliations. While the research doesn't inherently make a point emphasize the diversity of participants, it is important to note the diversity among participants in these regards, even though they're almost all from the KRI.

Additionally, the research is limited to English-speaking participants, thus excluding individuals who are not proficient in English. During the interviews, participants occasionally encountered difficulty recalling symptoms exhibited by their grandparents, which may have influenced the accuracy of the data collected. While all mental health disorders were described to participants (e.g. PTSD, anxiety, depression, etc.), neither the participants nor Researcher are able to prescribe a diagnosis, meaning the symptoms listed are based on participants' own conclusions of their lived experiences.

It's also vital to keep in mind the fact that it cannot be determined the extent to which a person's trauma symptoms are contributed to intergenerational trauma, or other firsthand experiences throughout their lifetimes. Researchers can only speculate given the collected data, patterns, and comparing and contrasting previous studies within existing literature.

Conclusion

Key findings of the research included:

- High prevalence of intergenerational trauma-like symptoms among Kurdish participants, evidenced by the significant rates of traumatic experiences reported across three generations.
- Persistence of trauma-related symptoms and established symptom patterns across generations, with descendants exhibiting symptoms such as anxiety, depression, emotional numbness, and difficulty regulating emotions.
- Gradual changes in certain social areas across generations, such as a decrease in early marriage among women and increase in access to education, suggesting potential shifts in cultural practices over time.
- Limited access to mental health services and stigma surrounding help-seeking behaviors in Kurdish society, contributing to challenges in addressing trauma-related symptoms.
- Recognition of the need for culturally sensitive interventions and support services to address the unique challenges faced by Kurdish communities in overcoming intergenerational trauma.

In conclusion, while social workers play a crucial role in addressing intergenerational problems within families, the existing social work theories often lack specificity in guiding interventions for these complex issues. Nevertheless, social workers remain instrumental in empowering individuals and communities to harness their strengths, seek support when necessary, and cultivate strategies for regulating emotions and maintaining holistic well-being.

In asking the survey questions, multiple participants shared that they had never connected the experiences or behavior of their grandparents with how their parents had treated them, and the

possibility of these behaviors, disorders and symptoms of unresolved trauma being passed onto one's kids. A majority of participants expressed gratitude for having the space to share about these trauma experiences and symptoms that they otherwise don't have the opportunity or feel comfortable to share with even friends or family members.

By leveraging their expertise and training, social workers and mental health professionals serve as pivotal allies in supporting younger generations affected by intergenerational trauma. Through comprehensive client assessments and the identification of symptoms rooted in familial histories, these professionals can offer tailored interventions that address the unique needs of individuals and families grappling with the legacy of trauma.

Moving forward, it is imperative for social work theories to evolve to encompass a more nuanced understanding of intergenerational dynamics and trauma, and to adopt resilience-oriented approaches. This evolution will enable social workers to refine their approaches and interventions, ultimately enhancing their capacity to effectively support individuals and families navigating the complexities of intergenerational trauma. By bridging the gap between theory and practice, social workers can continue to serve as agents of positive change in promoting healing and resilience across generations.

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Appendices: Interview questions and Consent forms