



Review article

Intergenerational trauma in Latinxs: A scoping review

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ABSTRACT

Rationale: Intergenerational trauma refers to emotional and psychological wounding that is transmitted across generations. Latinxs—individuals who have migrated from Latin America to the United States or Canada and their descendants—are particularly vulnerable to intergenerational trauma due to legacies of colonialism, political violence, and migration-related stressors.

Objective: This scoping review aims to survey and synthesize the extant literature on intergenerational trauma in Latinxs, the ways that the literature conceptualizes and operationalizes intergenerational trauma, and the mechanisms of transmission that it proposes.

Method: We identified and screened 7788 abstracts using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) statement and checklist.

Results: We synthesized 44 articles published between 1994 and 2020, including 10 qualitative and 34 quantitative or mixed-methods studies. Qualitative studies more frequently placed intergenerational trauma within frameworks of structural vulnerability and historical and political violence, whereas quantitative studies tended to conceptualize trauma as discrete events or individual-level distress.

Conclusions: Our findings suggest that current paradigms within this field are constrained by their focus on individual risk factors and parenting—particularly mothering—behaviors, at the expense of cultural, structural, and historical context. We highlight multiple gaps in the literature and call for further research that (1) geographically represents Latinx communities; (2) includes individuals with intersectional identities; (3) deploys culturally-adapted instruments and measures; (4) focuses on caregivers and factors outside the maternal-child relationship; (5) examines the concept of biological embedding; and (6) more thoroughly considers the impacts of historical trauma and structural violence on Latinx communities.

1. Introduction

Intergenerational trauma has been defined as the cumulative emotional and psychological wounding that is transmitted from one generation to the next (Dass-Brailsford, 2007; Rakoff et al., 1966). More broadly, intergenerational—or transgenerational—trauma refers to how trauma experienced in one generation affects the health and well-being of individuals in subsequent generations (Bombay et al., 2009; Sangalang and Vang, 2017). The precipitating traumas may be personal, such as intimate partner violence, or collectively experienced as in cases of war or genocide. Research programs and conceptual frameworks for examining intergenerational trauma in refugee, First Nations, and other

historically oppressed peoples are a growing area of scholarly, social justice, and public health interest (Isobel et al., 2019). Less attention has been paid to the dynamics of intergenerational trauma in Latinx communities, as evinced by the lack of extant meta-analyses on the topic. Scoping reviews are a method of systematic evidence-synthesis that can be used to map available findings, methods, and relevant characteristics of emerging fields where a traditional systematic review may not yet be appropriate (Munn et al., 2018). In this scoping review, we examine the methods, concepts, and evidence found in research on intergenerational trauma in Latinxs, identify trends and gaps, and make recommendations for future work.

Latinxs reached a record of 59.9 million in 2018, representing 18% of

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the U.S. population and accounting for 52% of population growth in the prior 10-year period (Flores et al., 2019). We use the gender-inclusive term Latinx to refer to a heterogeneous group of people who trace their ancestry to Latin America, including French and Portuguese-speaking nations. Latinxs may describe themselves as Latino, Hispanic, or Chicano, along with various national, territorial, or ethnic group origins (e.g., Cuban, Puerto Rican, Mexican, Mayan). Thus, Latinx is an umbrella term that encapsulates diverse cultural, linguistic, and racial experiences, including individuals who are Afro-Latinx, predominantly European-descended and White-coded, Indigenous peoples of the Americas, and those who identify as *mestizo* or of mixed-ancestry (Salinas Jr and Lozano, 2019). Table 1 provides definitions for Latinx and other key terms used in this review.

Nativity and recency of migration also vary widely among Latinxs in the U.S. and Canada, who may have multi-generational pre-colonial heritage, or who may have only recently immigrated. Despite the diversity in nativity, racial identity, and ethnicity, Latinxs are bonded by linguistic and cultural ties, as well as histories of colonization, dispossession, and migration, oftentimes under extreme duress due to political violence and economic oppression. Although not all U.S.-residing Latinxs physically migrated (for example, *hispanos*, *californios* and *tejanos* of the U.S. Southwest had their lands appropriated by the U.S. after the 1848 Treaty of Guadalupe-Hidalgo), separation from origin populations and the concomitant loss is a common shared experience among Latinxs (Haverluk, 1997; Nostrand, 2010). For those who did immigrate, both pre- and post-migration factors raise the risk of intergenerational trauma: Violence and deprivation in countries of origin, and dangerous passage into the U.S. are compounded by acculturative stress, precarity due to legal status, discrimination, and anti-immigrant policies (Dreyer,

Table 1
Key terms for intergenerational trauma in Latinxs.

KEY TERM	DEFINITION
Latinx	a gender-neutral term for <i>Latino</i> , or <i>Latinoamericano</i> , meaning a person who originated from Latin America, including the Caribbean; also includes descendants of inhabitants of U.S. territories formerly part of Mexico
Hispanic	technically, a person of Spanish origin or descent; more broadly used to refer to both Spanish and mixed ancestry persons from Latin America; often used interchangeably with "Latino"
intergenerational trauma	the cumulative emotional and psychological wounding that is transmitted from one generation to the next ^a
transgenerational trauma	the effects of trauma experienced in one generation on the wellbeing of individuals in subsequent generations ^b
historical trauma	cumulative wounding across generations resulting from massive violence such as enslavement, colonization, and genocide ^c
collective trauma	massive violence that alters the identities, ideas, and interactions of the affected community ^d
structural violence	political, economic, and social arrangements that put individuals and populations in harm's way ^e
structural vulnerability	the condition of being at risk for negative health outcomes due to location within society's multiple overlapping and mutually reinforcing power hierarchies (e.g., socioeconomic, racial, cultural) and institutional and policy-level statuses (e.g., immigration status, labor force participation) ^f
embodiment	the biological incorporation of material and social worlds, from <i>in utero</i> to death ^g
biological embedding	the process by which experience gets under the skin and alters human biology and development ^h

^a See Dass-Brailsford, 2007; Rakoff et al., 1966.

^b See Bombay et al., 2009.

^c See Brave Heart, 2000; Kirmayer et al., 2014.

^d Op cit, Kirmayer et al., 2014.

^e See Bourgois et al., 2016.

^f Ibid

^g See Krieger, 2005.

^h See Hertzman, 2012.

2019).

The heterogeneity of experiences of Latinxs may contribute to the relative scarcity of research on intergenerational trauma in this community (in contrast with the field's origins in studies of Holocaust survivors and their descendants, see 1.1). There is no single intergenerational trauma or event that applies to all Latinxs. Yet, as we highlight in this review, the pathways to intergenerational trauma and protective factors that can help to buffer that trauma among Latinxs deserve further consideration. Our findings suggest that current paradigms within intergenerational trauma research are constrained by their focus on individual risk factors and parenting—particularly mothering—behaviors, at the expense of cultural, structural, and historical context. We argue that future studies should attend to these factors, to more comprehensively elucidate the complexities of intergenerational trauma in Latinx communities and generate meaningful policy and clinical interventions tailored to the needs of those communities.

1.1. Understanding intergenerational trauma and resilience

Early interest in the field of intergenerational trauma focused on the effects of the Holocaust on the mental health of survivors and their descendants. These studies found that the descendants of trauma-exposed populations displayed symptoms that would be expected if they had experienced trauma themselves (Rakoff et al., 1966; Rosenheck and Nathan, 1985; Sigal and Weinfeld, 1989). Such findings were later reinforced by bodies of research in epidemiology, psychology, and psychiatry that demonstrated the heritability of socially-learned parenting behavior and persistent neuroendocrine and behavioral changes in the descendants of stressed or trauma-exposed parents—the 'biological embedding' of trauma, often mediated by alterations to the regulation of the hypothalamic-pituitary-adrenal axis (Boyce et al., 2012; Conger et al., 2009; Steine et al., 2020; Turecki and Meaney, 2016). Yet, subsequent meta-analyses have called into question the generalizability of intergenerational trauma in the descendants of Holocaust survivors, finding no consistent relationship between grandparental trauma on second or third-generation mental health outcomes (Sagi-Schwartz et al., 2008). Rather than "disproving" the concept of intergenerational trauma, researchers have called for increased attention to the risk and protective factors that undergird heterogeneity in research findings across different populations (Montgomery et al., 2019). Here, we draw attention to Latinx communities' unique historical circumstances and ongoing structural vulnerabilities as potential risk factors for intergenerational trauma and the need for further study of potential protective factors and sources of resilience within those communities. See Fig. 1 for a case example of intergenerational trauma in a Latina mother-daughter dyad.

Resilience can be understood as "the process of harnessing resources in contexts of significant adversity to sustain end goals" (Panter-Brick, 2015). Pathways of resilience co-exist with intergenerational adversity at the individual, family, and community levels. Extensive research has identified the importance of resource availability and environmental conditions in the process of trauma recovery (Southwick et al., 2014; Ungar, 2011). Studies of intergenerational resilience, in particular, emphasize the roles of positive parenting, community narratives and knowledge transmission, and cultural practices (Budowle et al., 2019; Schofield et al., 2014; Williams and Claxton, 2017). Resilience perspectives thus emphasize ecological context, rather than the individual or parent-child dyad—as central to the patterning of intergenerational trauma.

1.2. Historical trauma and legacies of colonization

Drawing on original work with the descendants of Holocaust survivors, multiple studies have examined the effects of intergenerational trauma in Indigenous (Marsh et al., 2016; Menzies, 2008; Roy, 2019), African-American (Barlow, 2018; Graff, 2014; Mullan-Gonzalez, 2012),

Nancy was a 29-year-old, Dominican-American mother who brought her daughter, Libby, to the Pediatric Emergency Room when she began to have multiple, prolonged tonic-clonic seizures. She reported that both she and her older daughter, Alisa, also suffered from seizure disorders. Libby was initially treated with antiepileptics but returned to the hospital after her seizures worsened. At that point, continuous electroencephalogram (EEG) monitoring showed no evidence of a seizure disorder and the medical team reported Nancy to child protective services. In response, Nancy collapsed to the floor and demonstrated whole-body convulsive movements and headbanging. She was transported to the Psychiatric Emergency Room.

During her evaluation, Nancy revealed a history of trauma. Her parents' marriage was strained, and her father physically beat her. Her uncle sexually abused her and by the age of fifteen, she had birthed two of his children whom she was then forced to abandon. When Nancy returned to the Dominican Republic at the age of 24, her uncle raped her again, smothering her face with a pillow. This precipitated her seizures, which she calls *ataques de nervios*. She was diagnosed with conversion disorder (psychogenic seizures) and post-traumatic stress disorder (PTSD).

Nancy's *ataques* are understood as encrypted communication of her violent traumatic experiences. Her daughters may have mirrored her dysregulated affect and manifested their own emotions through dissociative, somatic expression. Nancy's trauma passed on to Alisa and Libby through her emotional distress, emerging as pseudoseizures.

Fig. 1. Ataques de nervios, a case study of intergenerational trauma in a Latina mother-daughter dyad.

and refugee communities (East et al., 2018; Sangalang et al., 2017), underscoring how mass traumas such as slavery, genocide, systematic sexual violence, and forced relocation may penetrate into subsequent generations. Such work also overlaps with understandings of historical trauma, broadly conceptualized as cumulative wounding across generations (Brave Heart, 2000). This framework is particularly resonant for Indigenous communities, who may still suffer the effects of genocide and forced removal from ancestral lands, even across multiple generations. Likewise, African-American descendants of enslaved peoples may continue to feel the traumatic repercussions of the transatlantic slave trade: The concept of post-traumatic slave syndrome is based on understandings of a painful, multigenerational legacy of chattel slavery (Leary, 2017).

Colonization itself is a massively traumatic event. The Spanish were among the most brutal colonial powers, imposing enslavement, physical torture, and sexual violence on the Indigenous peoples of the Americas (Treuer, 2019). Colonial expansion, including the forced migration and

labor of African, Asian, and other peoples to Latin America, enforced a system of racialized power that politically and psychologically subjugated racialized peoples (Fanón, 1952). Rather than a distal or unconscious wound, the cyclical reproduction of colonial and racialized violence continues to impact communities across the globe, including Latin Americans and Latinxs (Czyzowski, 2011; Go, 2018). Beyond the painful collective memory of such histories, the lived experiences of Latinxs today reveal contemporary articulations of colonization through the maintenance of White supremacist structures of power. These include violations of Indigenous land and water rights, violence against women and gender sexual minorities, racialized state violence and incarceration, and unequal access to opportunity, housing, education, and healthcare (Durán and Campos, 2020; Paradies, 2016).

Post-colonial Latinx lineages also include European histories of advantage and oppression that add complexity to the portrait of intergenerational trauma in this population. Even among the Spanish, crypto-Jews or *conversos* of Sephardic origin who themselves endured

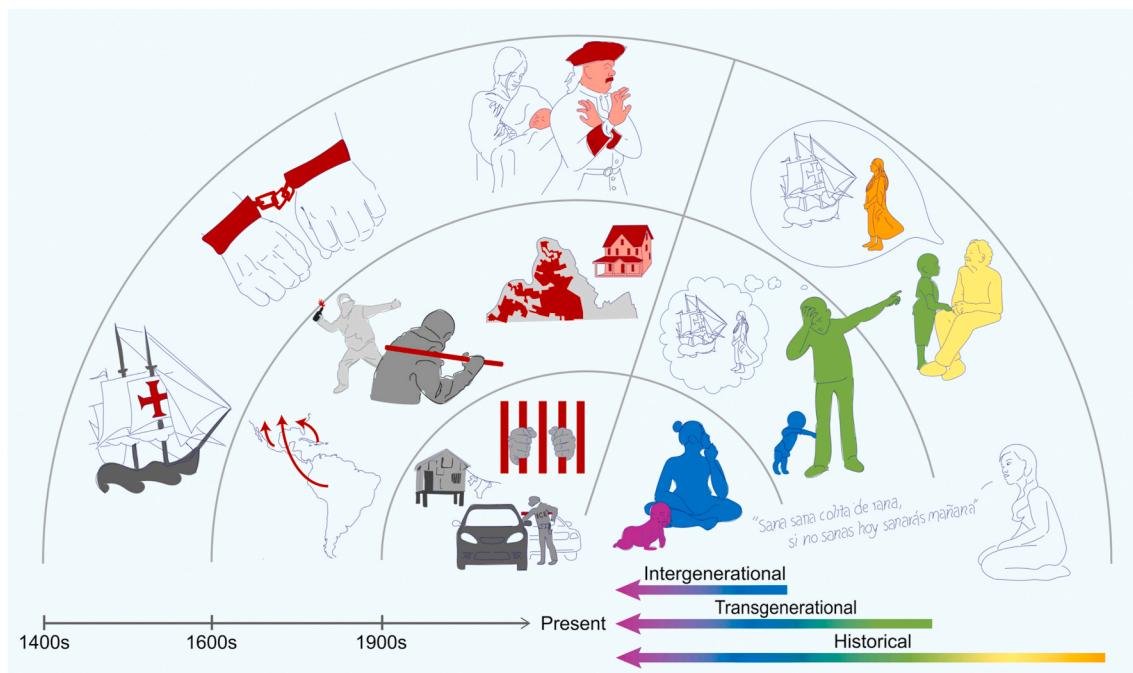


Fig. 2. Conceptual model of intergenerational trauma.

suppression, persecution, and forced religious conversion during the Inquisition contribute to the parentage and traumatic histories of Latinx communities (Perelis, 2009; Velez et al., 2012). These distant traumas reverberate through the collective memory of the Latinx community, contributing to the framework of intergenerational trauma in this population (see Fig. 2).

1.3. Intergenerational trauma in Latinxs

Among Latinxs, exposure to traumatic events constitutes a significant mental health risk (Carswell et al., 2011; Heptinstall et al., 2004; Kirmayer et al., 2011). Over the course of the twentieth century, regime changes, “dirty wars,” and the heavily militarized U.S. “war on drugs” have produced extreme violence throughout Latin America. These adverse events include the forced “disappearances” of over 30,000 citizens during the military dictatorships of Argentina, Chile, and Uruguay in the 1970s through 1980s (Loveman, 1998); the deaths of hundreds of thousands during the civil war in Colombia and the Chaco War between Bolivia and Paraguay (Pearce, 2010), the genocide of around 200,000 mostly Q’eqchi Maya in Guatemala between the 1970s and 1990s (Grandin, 2011); the torture of political dissidents in Bolivia, Brazil, El Salvador, Paraguay, and beyond during the 1970s–80s (Lutz and Sikkink, 2000); the deaths of around 70,000 Peruvians due to internal conflict in the 1980s–90s (Arce, 2003); gang and police violence linked to drug trafficking in Colombia and Central America (Pearce, 2010); and the ongoing “legal violence” against Latin American migrants who attempt to enter the U.S. without formal documentation status (Menjívar and Abrego, 2012).

Over 75% of migrants from Latin America to the U.S. report histories of trauma (Fortuna et al., 2008; Keller et al., 2017). These include: pre-migration factors such as war, terrorism, political persecution, and natural disasters (Perreira and Ornelas, 2013); exposures during the process of migration, such as theft, kidnapping, rape, extortion, dehydration, and assault (Vogt, 2013); and post-migration factors such as neighborhood and domestic violence (Chu et al., 2013; Jaycox et al., 2002; Silove et al., 1997). Transgender migrants—and other gender and sexual minorities—escape abuse by authorities, family, or sex work clients, seeking more permissive environments in the U.S. and Canada (Howe et al., 2008; Kahn et al., 2017). Regardless of nativity, Latinx U.S. residents are significantly more likely than White residents to experience war-related trauma and child maltreatment (Roberts et al., 2011). Accordingly, Latinx youth report greater poly-victimization (e.g., victimization across multiple categories of trauma, such as sexual, physical, and community violence) than White youth, and multiple studies have suggested higher rates of post-traumatic stress disorder (PTSD) among Latinxs (Greenwell and Cosden, 2009; López et al., 2017; Pole et al., 2005). In addition to personal trauma, Latinxs are vulnerable to the interlocking oppressions of colonialism, racism, sexism, discrimination against gender and sexual minorities, nativism, and ethnocentrism, rendering them especially susceptible to weathering—or premature health deterioration (Geronimus et al., 2006)—by intergenerational trauma.

The nested historical and structural forms of oppression experienced by Latinxs evince the relevance of the intergenerational trauma concept for this population, but a cohesive empirical literature in this area remains emergent. The purpose of our study is to address this gap by conducting a systematic scoping review that synthesizes the research methodologies, population characteristics, intergenerational trauma concepts, and gathers evidence of transmission that has been conducted to date. Again, we emphasize the heterogeneity of identities, cultures, and national origins that are grouped under the term “Latinx”; geographically and linguistically diverse groups such as Haitian Creole-speaking Afro-Caribbeans and Q’anjonal speaking Guatemalans are included in this broad definition, although the vast majority of Latinx-identified residents of the U.S. are Spanish-speaking and have family origins in Mexico, Central America, or the Caribbean (Noe-Bustamente

et al., 2019). In this review, we aim to identify (1) the ethnic, geographic, and demographic characteristics of U.S. or Canada residing Latinx communities where intergenerational trauma has been studied; (2) how intergenerational trauma has been conceptualized and measured in parents and offspring outcomes; (3) the mechanisms implicated in its transmission or buffering; and (4) the nature of the evidence supporting transmission and study conclusions.

2. Methods

We conducted an extensive scoping review by searching the following databases for relevant studies: MEDLINE ALL, Embase, PsycINFO, Global Health, Web of Science Complete, Scopus, PubMed, LILACS, Academic Search Premier, Anthropology Plus, Chicano Database, Social Sciences Full Text, CINAHL Complete, and ProQuest Anthrosource. Initial searches were conducted between November 30 and December 7, 2018. All searches were rerun on January 16, 2020 and November 24, 2020 to retrieve additional publications since the date of the original searches. PTSDPubs and Sociological Abstracts were added to the list of databases and also searched during the follow-up searches. Full details of databases searched can be found in Appendix 1. The review objectives and search strategy were submitted on December 9, 2019 to the PROSPERO registry for systematic reviews, but it was not formally registered as scoping reviews are not currently accepted.

The full list of search terms used by authors is available in Appendix 1. Databases were searched by an experienced research librarian (J.M. S.) using both controlled vocabulary words and synonymous free text words for the population of interest (e.g., Latinx, migrants), the topic of interest (e.g., intergenerational trauma), and the outcome of interest (e.g., well-being). These included all relevant Latin American and Caribbean national origins, ethnic identity terms including “Latino/a/x,” “Hispanic,” “Chicano/a/x,” trauma and stressor terms such as “ethnic/gender/domestic/intimate partner violence,” “genocide,” “trauma,” “historical,” “childhood adversity,” “inter/trans/generational,” “mental health,” “health,” “family relations,” and “wellbeing.” The search strategies were adjusted for the syntax appropriate for each database/platform. The search was not limited by study design or language of publication. Search results were uploaded into EndNote, and duplicates were removed. The remaining articles were then uploaded into the Covidence systematic review software (Covidence Systematic Review Software, n.d.; The EndNote Team, 2013).

Our scoping review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) statement and checklist (Appendix 2). We identified a total of 7788 studies in the search process. A review of the abstracts identified 192 articles eligible for full-text review, and of these, 45 met the criteria for inclusion (see Fig. 3). Authors J.P.C. and L.M.R. independently conducted screening and full-text review and discussed and resolved by consensus any identified discrepancies at each stage. We included studies in our review if (a) they included Latinxs who had experienced trauma or violence; (b) the children or offspring of the migrants studied had not experienced trauma directly themselves; and (c) they were published in peer-reviewed journals or gray literature through January 2020. We excluded studies (a) that did not include at least 5% Latin American migrant or Latinx populations; (b) that did not assess the intergenerational transmission of trauma; (c) that were theoretical or conceptual in nature; or (e) in which the study population included less than 5% Latinxs.

For each study, we extracted the study design and research methodology, the sample size and percentage of Latinx participants, the geographic location of the study, demographic characteristics of the sample (e.g., whether the study included maternal-child dyads or pre-screened or sampled for trauma exposure), the conceptualization and measurement of intergenerational trauma, mediators or moderators tested as potential mechanisms, risk, or protective factors, and a summary of the findings. For qualitative studies, the summary of findings

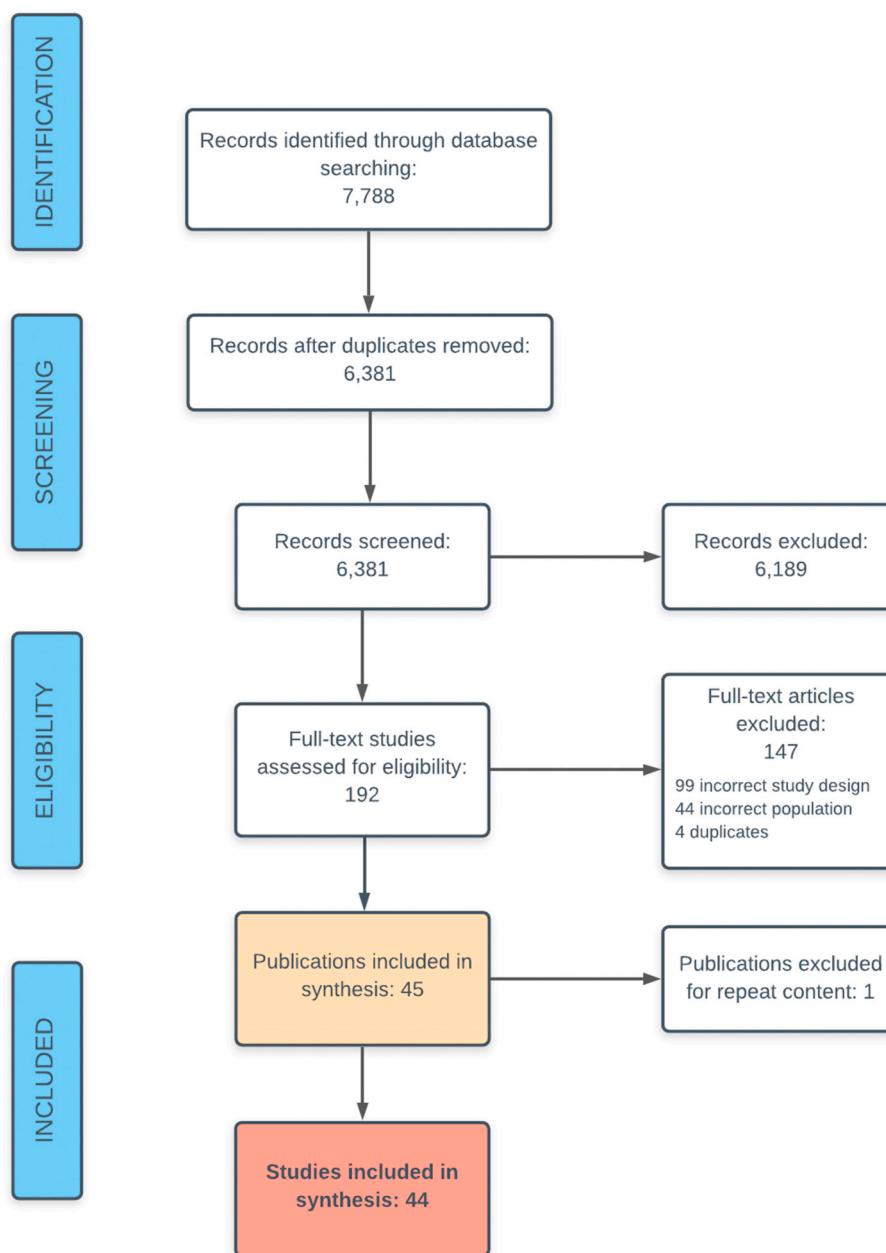


Fig. 3. Study inclusion flow diagram.

was narratively synthesized from full-text review of author data analysis, results, and conclusions. For quantitative findings, we identified statistical tests examining the relationship between parental trauma and child outcomes and identified the type of statistical test, coefficients, and significance level of findings. Wherever possible, we report standardized coefficients. Data extraction and coding were conducted separately by L.M.R and J.P.C, and discrepancies were discussed and resolved by consensus.

3. Results

Forty-five records met the criteria for inclusion, but one was a chapter based on a previously published case-study already in the inclusion pool. We chose to report only the original case-study, and thus only 44 total records were included in the final review. Of these, 10 were qualitative (three unpublished dissertations/theses) and summarized in Table 2; 33 (six unpublished dissertations) were quantitative and

summarized in Table 3. One study utilized a mixed-methods approach; its qualitative content is presented in Table 2, and its quantitative content is presented in Table 3 (Rousseau and Drapeau, 1998). Reflecting the broader field's roots in psychology, most of the included studies were published in psychology-oriented journals, although journals focused on public health, nursing, social work, education, and housing policy were also represented. Bibliographic trends suggest that research on intergenerational trauma in Latinxs is increasing in popularity: In our review, two-thirds of studies were published in 2014 or later. Given their different aims (describing themes and experiences vs. hypothesis testing), we summarize the findings of qualitative and quantitative studies separately below. For an index cross-referencing qualitative and quantitative studies and their study characteristics, please see Supplementary Table 1.

Table 2
Qualitative studies.

Authors	Research Design	Total N (% Latinx)	Population	Concept of Parental Trauma	Offspring Outcome	Mechanisms	Summary of results
Barrera, Kelly & Aratani (2019)	Cross-sectional Community sample	24 (29%)	Fresno, CA Low-income housing residents	Event: Childhood maltreatment.	Event: Childhood maltreatment	Cycles of violence	Focus group participants responded to vignettes about childhood trauma by emphasizing their own knowledge/experience of its intergenerational aspects. Latinx participants described how intimate partner violence is learned in childhood and the need for community/policy responses to promote family health.
Ben-Baraque (1993) Dissertation	Cross-sectional Clinical case-study	12 dyads (100%)	U.S. (unspecified) Latinx immigrant mother-daughter dyads, daughter has experienced paternal incest	Event: Physical or sexual abuse, immigration-related stressors	Event: Physical or sexual abuse	Cycles of violence Structural vulnerability Gender roles and cultural norms	Participants identified that maternal experiences of sexual/physical abuse and attachment disruptions due to migration/separation may have contributed to daughters' risk for being sexually abused. Maternal impairment due to large family sizes and cultural attitudes towards appropriate sex roles were other identified mechanisms.
Cervantes (2019) Dissertation	Cross-sectional Community sample	6 (100%)	Chicago area, IL, U.S. Mexican and Mexican-American mothers who have experienced domestic violence	Event: Domestic violence	Event: Physical abuse Distress: Child internalizing and externalizing symptoms	Cycles of violence Gender roles and cultural norms	Participants described how survival of abuse from their partners limited their ability to attend to their children's emotional needs and often led to externalizing methods of coping such as corporal punishment. This, in turn, resulted in feelings of guilt. Participants also reported support they received from their children and feelings of loyalty to family and gender roles.
Champion (1999)	Cross-sectional Community sample	40 (100%)	Southwestern U.S. Rural Mexican adolescents	Event: Childhood maltreatment, intimate partner violence	Event: Childhood adversity, childhood maltreatment	Cycles of violence Structural vulnerability Gender roles and cultural norms	Participants described cycles of socially learned parenting violence beginning with childhood maltreatment, which normalized intimate partner violence and reproductive coercion. Acculturation, traditional gender roles, and cultural stigma surrounding contraception and sexuality were important themes.
Ingram et al. (2018)	Cross-sectional Clinic-based sample	20 (10%)	South Carolina, U.S. Women with HIV	Event: Lifetime trauma exposure Behavior: Substance use	Distress: Mental distress, wellbeing Event: Lifetime trauma exposure Behavior: Substance use	Cycles of violence Structural vulnerability	Participants described how maternal trauma and substance use led to the conditions that shaped their own substance use, trauma exposure, and adverse mental health.
Kunst And Reed (1999)	Clinical case-study	1 (100%)	Patton, CA, U.S. Female, Mexican-American perpetrator of infanticide	Event: Childhood maltreatment and adversity Distress: Depression, anxiety, psychosis, PTSD symptoms	Event: Infanticide	Cycles of violence Structural vulnerability Gender roles and cultural norms	In this case study authors link maternal trauma and perinatal stressors to the psychotic episode in which she committed infanticide. Proposed mechanisms include structural vulnerability, racism/acculturation, <i>familismo</i> , distrust of healthcare authorities, cultural, spiritual, and gendered emphasis of Latina mothers as self-sacrificial caregivers who struggle with selfhood.
Moffatt et al. (2014)	Cross-sectional Community sample	30 (34%)	Ontario, Canada Aboriginal, LGBTQ,	Event: Historical trauma/political violence	Event: Poverty, family dysfunction	Cycles of violence	Participants described how political violence experienced in El Salvador shapes family

(continued on next page)

Table 2 (continued)

Authors	Research Design	Total N (%) Latinx)	Population	Concept of Parental Trauma	Offspring Outcome	Mechanisms	Summary of results
			and Salvadorian community workers		Behavior: Substance use	Structural vulnerability	dysfunction, alcohol use, and fear of political organization, which in turn puts offspring at risk for maltreatment and poverty.
Pierre (2016) Dissertation	Cross-sectional Community sample	10 (100%)	U.S. (unspecified) Haitian immigrants	Event: Historical trauma Parenting: Parenting stress	Event: Family conflict, childhood maltreatment Distress: Internalized racism, depression	Cycles of violence Structural vulnerability	Participants described how the historical trauma of slavery shaped their own trauma exposure and distress through structural racism. Respect for authority, effects of colonialization, and desire for assimilation perpetuate silencing and suppression were described as important mechanisms.
Rousseau & Drapeau (1998)	Cross-sectional mixed-methods Community sample	281 (49%)	Montreal, Canada Parent-child dyads; children born in the U.S. but with family origins in Southeast Asia or Central America	Event: Family trauma exposure	Distress: Child emotional wellbeing, silencing and distance from parents/parental trauma	Cycles of violence Structural vulnerability Gender roles and cultural norms	The qualitative component of this study examined how parents created distance between their histories of political violence and their children and expressed a desire to convey cultural heritage. Parents expressed a desire to transmit language and collective/considerate values, but not machismo, irresponsibility, submissiveness, or armed violence.
Schechter et al. (2003)	Clinical case-study	2 (100%)	New York, NY, U.S. Dominican immigrant mother-infant dyad	Event: Lifetime trauma exposure Distress: PTSD symptoms	Health: Neurophysiology and seizure disorder	Cycles of violence Gender roles and cultural norms	In this case study, authors describe how maternal lifetime trauma led to PTSD symptoms understood through the idiom of distress 'ataque de nervios'. Through biobehavioral mechanisms, they examine how this contributed to her child's startle response and pseudo-seizure.
Szylik et al. (2019)	Cross-sectional Clinic-based sample and community control	20 (50%)	New York, NY, U.S. Latina adolescents who have attempted suicide and a matched subsample of non-attempters	Event: Exposure to violence	Distress: Suicide attempt	Gender roles and cultural norms	Authors describe daughters' suicide attempts as continuation of gendered patterns of oppression, or "secrets and silence," surrounding experiences of violence.

3.1. Qualitative studies

Most qualitative studies had 40 or fewer participants (91%), were cross-sectional (82%), and gathered data through in-depth interviews or focus groups. Two clinical case-studies examined intergenerational trauma in patients receiving psychiatric treatment: one woman who committed infanticide during a psychotic episode and another of a mother-child dyad with a shared pseudo-seizure disorder. Participants were sampled from vulnerable groups, such as women and children seeking psychological treatment, women living with HIV, stakeholders in groups experiencing social marginalization, adolescent parents, and residents of low-income housing. Fifty-five percent focused specifically on Latinx individuals or communities, with the rest including 10–33% Latinx participants. Most (78%) of the studies were conducted in U.S. urban settings. One study took place in urban Canada. Only one study was conducted in a rural area (Southwest U.S.). We provide an overview of qualitative study research methods, sample populations, and conceptualization of intergenerational trauma in Fig. 4(a).

3.1.1. Conceptualization of intergenerational trauma

The majority of qualitative studies explored intergenerational trauma primarily through the shared experience of traumatic events across generations. All qualitative studies evaluated parental traumatic

events, and 82% evaluated child traumatic event exposure as outcomes. While most focused on parent-child interpersonal experiences of child maltreatment and intimate partner violence, two studies emphasized political violence or historical trauma. For example, Moffat and colleagues (2014) engaged stakeholders in a community of Salvadoran immigrants to examine the impacts of recent political violence on community members' current political engagement. Similarly, Pierre (2016) explored second-generation Haitian immigrants' perception of the psychological and economic impacts of slavery, and how those impacts relate to their everyday experiences of racial inequality and cultural loss.

3.1.2. Mechanisms and themes

All but one of the qualitative studies examined intergenerational trauma through the lens of cycles of violence—repeated experiences of socially-learned harsh parenting, intimate partner violence, and substance use. Focus group participants in Barrera and colleagues' (2019) study of child trauma in low-income housing identified the social learning of parenting behavior as key in perpetuating cycles of abuse. Similarly, in Ingram and colleagues' (2018) study of women living with HIV in South Carolina, maternal trauma-related substance abuse and neglect were identified as key risk factors driving women's own exposure to traumatic adult relationships and substance use.

Table 3
Quantitative studies.

AUTHORS	RESEARCH DESIGN	TOTAL N (%) LATINX)	POPULATION	CONCEPT OF PARENTAL TRAUMA	MODERATING OR MEDIATING FACTORS	OFFSPRING OUTCOMES	SUMMARY OF RESULTS
Adams et al. (2019)	Cross-sectional Community sample	490 dyads (14%)	Northeastern U.S. Low-income maternal-adolescent daughter dyads	Event: Maternal childhood maltreatment ^a	Event: Maternal current intimate partner violence ^{a, Me}	Event: Adolescent dating violence ^{b, child maltreatment^{a,c}}	In a SEM, maternal childhood maltreatment predicted adolescent child maltreatment ($b = .32$).***. Maternal intimate partner violence partially mediated this effect. Maltreated adolescents were more likely to experience dating violence ($\chi^2 = 8.08$).**.
Aisenberg (2002) Dissertation	Cross-sectional Clinic-based sample	80 dyads (59%)	Los Angeles County, U.S. Maternal-adolescent dyads	Event: Maternal lifetime trauma, community violence exposure ^a	Distress: Maternal PTSD, depression, anxiety symptoms ^{a, Me} School setting ^{Mo} Child ethnicity ^{Mo}	Distress: PTSD, depression, anxiety symptoms ^b and behavior problems ^a	In a linear regression, maternal distress predicted child PTSD symptoms ($R^2 = .107$)** and behavior problems ($R^2 = .27$)** but not child depression or anxiety. Together, maternal lifetime trauma and distress predicted Latinx child externalizing behavior ($R^2 = .27$)**. In Latinx, maternal distress mediated the relationship between child's community violence exposure and their total behavior problems ($\beta = .49$).*
Appleyard et al. (2011)	Prospective longitudinal Clinic-based sample	499 dyads (23%)	Southeastern U.S. Maternal-infant dyads recruited during pregnancy	Event: Maternal childhood maltreatment ^a	Behavior: Maternal substance abuse problems ^{a, Me}	Event: Child maltreatment ^c	In an SEM, maternal sexual abuse predicted offspring maltreatment ($b = .17$)*. Maternal substance abuse partially mediated the effect. Maternal childhood physical abuse predicted substance use ($b = .08$)*, which in turn predicted offspring maltreatment ($b = .20$)*, supporting partial mediation.
Babcock et al. (2018)	Cross-sectional Community sample	113 (6%)	Online, U.S. Maternal-child dyads screened for maternal maltreatment history.	Distress: Maternal appraisals of previous trauma ^a	Distress: Maternal trauma-related distress ^{a, Me}	Distress: Child internalizing and externalizing symptoms ^a	In a multiple regression, maternal shame predicted child internalizing symptoms ($\beta = .33$)** and externalizing symptoms ($\beta = .27$)*. Maternal distress partially mediated these associations.
Bartlett and easterbrooks (2015)	Prospective longitudinal Community sample	447 dyads (32%)	Massachusetts, U.S. Young (<21) maternal-infant dyads	Event: Childhood maltreatment ^c	Resilience: Maternal history of positive care in childhood ^{Mo} , social support ^{a, Mo} and age ^{Mo}	Event: Child maltreatment ^c Parenting: Maternal empathy	In hierarchical logistic regressions, maternal polyvictimization increased odds of infant neglect (OR = 2.61)** and maternal childhood neglect marginally increased odds of infant neglect (OR = 1.77) [†] . Neglected mothers were less likely to neglect their infants when they reported frequent social support (OR = .94).* Older non-neglected mothers were more likely to neglect their infants than older neglected mothers (OR = .57).* No relationships between maternal physical or sexual abuse and infant neglect were found. In hierarchical regressions, Latinx mothers reported less empathy ($B = -.76$)*. Social

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Table 3 (continued)

AUTHORS	RESEARCH DESIGN	TOTAL N (%) LATINX)	POPULATION	CONCEPT OF PARENTAL TRAUMA	MODERATING OR MEDIATING FACTORS	OFFSPRING OUTCOMES	SUMMARY OF RESULTS
Borja (2017) Dissertation	Prospective longitudinal Community sample	4,898 dyads (27%)	Urban U.S. (national) Low-income, urban maternal-child dyads	Event: Maternal childhood adversity ^a	Parenting: Maternal parenting practices ^{a, Me} , maternal parenting stress ^{a, Me} Resilience: Maternal social support ^{a, Me}	Distress: Socioemotional health ^a	support moderated the relationship between maternal maltreatment history and empathy ($\beta = .08$). [*] No relationship between maternal polyvictimization or physical abuse and maternal empathy were found In OLS regression, Latinx parental adversity predicted child socioemotional health at year 1 ($\beta = .09$) [*] and year 2 ($\beta = .21$) [*] . Foreign-born Latinx parents reported worse child socioemotional health at both timepoints (year 1 $\beta = -.12$) [*] , year 2 ($\beta = -.13$) [*] . Parenting and social support did not mediate these associations.
Bosquet enlow et al. (2011)	Prospective longitudinal Clinic-based sample	52 dyads (25%)	Boston, MA, U.S. Low-income, mother-infant dyads	Distress: Maternal PTSD symptoms ^a	Event: Infant trauma exposure ^{a, Me}	Distress: Infant stress reactivity ^{a,d} and infant emotion regulation ^{a,d}	In a linear mixed model, maternal PTSD symptoms predicted hard crying ($F(4, 144) = 8.13$) ^{***} and less inter-episode fussing ($F(1, 144) = 3.93$) [*] but not overall fussing, crying, or positive affect. No associations with maternal PTSD and infant emotional reactivity or temperament were found. In a multiple regression model, maternal PTSD symptoms predicted infant dysregulation ($\beta = .50$) ^{**} but not socioemotional health. Infant trauma exposure did not mediate any associations.
Bosquet enlow et al. (2014)	Prospective longitudinal Clinic-based sample	45 dyads (25%)	Boston, MA, U.S. Low-income, mother-infant dyads	Distress: Maternal PTSD symptoms ^a Event: Maternal lifetime trauma exposure ^a	Event: Infant trauma exposure ^{a, Me}	Development: Infant attachment ^d	In logistic regressions, maternal elevated PTSD predicted insecure infant attachment ($b = 2.87$). [*] Neither maternal nor infant trauma exposure predicted infant attachment.
Bosquet enlow et al. (2017)	Prospective longitudinal Clinic-base sample	289 dyads (34%)	Boston, MA, U.S. Maternal-infant dyads	Event: Maternal lifetime trauma exposure ^a	Biomarker: 3rd trimester hair cortisol ^{Mo}	Distress: Infant negative affectivity ^a	In a multiple regression, maternal lifetime trauma predicted Infant Distress to Limitations ($\beta = .078$) ^{**} and Sadness, ($\beta = .061$) ^{**} but not Negative Affectivity, Falling Reactivity or Fear subscales. Latinx mothers reported greater infant Negative Affectivity ($\beta = .259$) [*] , Distress to Limitations ($\beta = .33$) [*] , and Fear, ($\beta = .539$) ^{**} . Prenatal cortisol moderated the relationship between maternal trauma and Falling Reactivity subscale with higher cortisol levels reducing the association (β not reported)*.
Briggs et al. (2014)	Prospective-longitudinal Clinic-based sample	124 (54%)	New York state, U.S. Maternal-child dyads	Event: Maternal childhood maltreatment ^a	Intervention: Healthy Steps intervention ^{Mo}	Distress: Child socioemotional development ^a	In a logistic regression, maltreated mothers reported more child socioemotional problems

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Table 3 (continued)

AUTHORS	RESEARCH DESIGN	TOTAL N (% LATINX)	POPULATION	CONCEPT OF PARENTAL TRAUMA	MODERATING OR MEDIATING FACTORS	OFFSPRING OUTCOMES	SUMMARY OF RESULTS
Cho et al. (2020)	Cross-sectional Community sample	139 dyads (39%)	Los Angeles suburb, CA, U.S. Boys and girls and their primary caregivers	Event: Parents' trauma history	Distress: Parenting stress	Distress: Child anxiety and depression symptoms	(OR=9.08).*** This effect was moderated by participation in the Healthy Steps intervention. In the intervention group, caregivers with more trauma exposure reported greater improvements in child socioemotional development (OR not reported).*
Del valle & alvelo (1996)	Cross-sectional Clinic-based sample	60 (100%)	Puerto Rico Children aged 13-19 of Vietnam veterans	Distress: Paternal PTSD symptoms ^b		Distress: PTSD symptoms ^b	A linear regression model with parenting stress moderating the relationship between parental trauma and child depressive symptoms was not significant ($R^2 = 0.05$, $F(1,133) = 1.64$, $p = 0.15$, $n = 139$). A linear regression model with parenting stress moderating the relationship between parental trauma and child anxiety symptoms approached significance ($R^2 = 0.07$, $F(1,133) = 2.13$, $p = 0.07$) and the interaction term was significant ($\Delta R^2 = 0.03$, $F(1,133) = 4.79$, $p = 0.03$), suggesting that moderation analysis with subscales might be significant.
Flom et al. (2018)	Cross-sectional Clinic-based sample	314 dyads (41%)	Boston, MA, U.S. Mother-infant dyads	Event: Maternal lifetime trauma exposure ^a	Biomarker: Maternal third-trimester hair cortisol ^{Mo}	Health: Infant birthweight	In a Pearson correlation, child PTSD symptoms and their observation of paternal PTSD symptoms were associated ($r=.51$).*** In a multiple regression, maternal trauma did not predict infant birthweight. The interaction between maternal trauma and prenatal cortisol ($\beta =-.04$) ⁺ and three-way interaction between maternal trauma, prenatal cortisol, and infant sex ($\beta =-.12$) [*] predicted birthweight. Higher cortisol and higher trauma predicted lower birthweight in males only.
Honeyman (1999) Dissertation	Cross-sectional Clinic-based sample	129 (40%)	New York, NY, U.S. Women with cocaine use disorders	Event: Maternal childhood maltreatment ^a Distress: Maternal dissociation ^a		Event: Child welfare involvement ^c Parenting: Maternal aggression ^a	In a path analysis, maternal dissociation predicted maternal aggression ($\beta =-.21$) [*] and child welfare involvement ($\beta =.40$) [*] . Maternal childhood maltreatment did not predict maternal aggression or child welfare involvement.
Jouriles et al. (2018)	Prospective longitudinal Community sample	300 (57%)	Urban U.S. (unspecified) Maternal-child dyads living in domestic violence shelters	Distress: Maternal PTSD symptoms ^a	Child age ^{Mo} Time elapsed since DV shelter residence ^{Mo}	Distress: Child internalizing and externalizing symptoms ^a	In a multi-level model, reductions in maternal PTSD symptoms over time predicted reductions in child externalizing ($b =.19$) ^{**} and internalizing problems: ($b =.17$) [*] . These associations were moderated by age and time. Effects were stronger in older children in the first

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Table 3 (continued)

AUTHORS	RESEARCH DESIGN	TOTAL N (% LATINX)	POPULATION	CONCEPT OF PARENTAL TRAUMA	MODERATING OR MEDIATING FACTORS	OFFSPRING OUTCOMES	SUMMARY OF RESULTS
Krauss et al. (2016)	Cross-sectional Clinic-based sample	52 dyads (12%)	San Francisco, CA, U.S. Trauma-exposed maternal-child dyads	Event: Maternal lifetime trauma exposure ^a Distress: Maternal PTSD symptoms ^a	Resilience: Maternal kin social support ^{a, Mo}	Distress: Child internalizing and externalizing symptoms ^a	two years of follow-up (coefficients not reported). In hierarchical regressions, maternal trauma predicted child internalizing symptoms ($\beta = .44$). [*] Social support moderated this association. Mothers with high social support and high levels of trauma reported greater child internalizing symptoms ($\beta = .36$). [*] Maternal trauma did not predict child externalizing symptoms. Maternal PTSD symptoms predicted child internalizing ($\beta = .43$) ^{**} , and externalizing symptoms ($\beta = .335$). [*]
Lara-cinisomo et al. (2018)	Cross-sectional Clinic-based sample	28 (100%)	Chapel Hill, NC, U.S. Maternal-infant dyads followed prospectively from pregnancy	Event: Maternal childhood, infant-related, adult, and lifetime trauma ^a	Biomarker: Maternal oxytocin ^{Me}	Parenting: Maternal bonding with infant ^a	In Spearman's rank correlations, childhood trauma did not correlate with impaired bonding. Infant-related trauma correlated with multiple subscales of impaired bonding ($r = .55$) ^{**} . Rejection and Anger ($r = .60$) ^{***} and Anxiety about Care ($r = .65$). ^{***} Lifetime traumatic events correlated with Impaired Bonding ($r = .45$) [*] and Rejection and Anger ($r = .56$). [*] Adult trauma was associated with improved Rejection and Anger ($r = -.41$) ^{**} and Anxiety about Care ($r = -.53$). ^{**} Childhood trauma was associated with lower oxytocin ($r = -.40$). [*] Oxytocin and bonding were not correlated. In a multiple regression, the interaction between childhood sexual abuse and oxytocin predicted impaired bonding ($B = -.03$). [*]
Lê-scherban et al. (2018)	Cross-sectional Community sample	350 dyads (10%)	Philadelphia, PA, U.S. Parent-child dyads	Event: Childhood adversity ^a	Health: Child health status, obesity, asthma, insurance, vegetable consumption, TV watching, source of health/dental care ^a		In logistic regression models, parental childhood adversity increased odds of poor child health status (OR = 1.19) [*] , child obesity (OR = 1.14) [*] and child asthma (OR = 1.17) [*] , and increased TV watching (OR = 1.16) [*] . There was no association with vegetable consumption or healthcare access.
Lehman & elliston (2001)	Cross-sectional Community sample	90 (30%)	Monterrey, Mexico; McAllen & Ft. Worth, TX, U.S. Maternal-child dyads living in domestic violence shelters 30% Mexican-American/ Mexican	Event: Maternal intimate partner violence ^a	Distress: Child PTSD symptoms ^a		Positive. In multiple regressions, maternal history of physical abuse ($B = .343$) [*] and sexual abuse ($B = .326$) [*] predicted child PTSD symptoms.
Linde-krieger & yates (2018)	Prospective longitudinal	250 (57%)			Distress: Maternal helpless	Distress: Child internalizing	In a multiple regression, maternal helpless state of

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AUTHORS	RESEARCH DESIGN	TOTAL N (% LATINX)	POPULATION	CONCEPT OF PARENTAL TRAUMA	MODERATING OR MEDIATING FACTORS	OFFSPRING OUTCOMES	SUMMARY OF RESULTS
	Community sample		Southern California, U.S. Maternal-child dyads	Event: Maternal childhood sexual abuse ^a	state of mind ^{a, Me} Child sex ^{Mo}	and externalizing symptoms ^a	mind mediated the relationship between maternal child sexual abuse and externalizing behavior for girls ($\beta = .046$) [*] but not boys. The overall model predicting child internalizing behavior was not significant, but there was a significant pathway between maternal child sexual abuse and child internalizing symptoms ($\beta = .046$). [*]
Mcfarlane et al. (2017)	Prospective longitudinal Community sample	300 (57%)	Urban U.S. (unspecified) Maternal-child dyads recruited from domestic violence shelters, followed for 4 years. 36% immigrants, primarily from Mexico.	Event: Maternal childhood adversity ^a	Distress: Maternal PTSD symptoms, depression, and anxiety, self-efficacy, marginalization ^{a, Me}	Distress: Child internalizing and externalizing symptoms ^a	In a latent growth curve analysis, maternal childhood adversity predicted child internalizing ($\beta = .28$) [*] and externalizing symptoms ($\beta = .21$). Increased self efficacy predicted improvement of maternal distress and child internalizing symptoms (β not reported). [*] Greater marginalization predicted persistence of maternal distress and child behavior problems (β not reported). [*] Immigrants reported lower externalizing symptoms at baseline ($\beta = -.28$). [*] Latinx externalizing symptoms improved more quickly than other groups ($\beta = -.29$). [*]
Michl-petzing (2019)	Prospective longitudinal Community sample	127 (15%)	Northeastern U.S. Depressed, non-treatment seeking maternal-infant dyads	Event: Maternal childhood maltreatment ^a	Distress: Maternal depression, self-efficacy ^{a, Me} Distress: Child internalizing and externalizing symptoms ^{a, Me}	Parenting: Harsh and responsive parenting ^d	In an SEM, maternal maltreatment predicted child internalizing and externalizing symptoms ($\beta = .28$) ^{**} although the primary outcome in this study was parenting style.
Mueller (2015) Dissertation	Cross-sectional Community sample	20 (35%)	New York, NY, U.S. Maternal-child dyads living in domestic violence shelters	Distress: Maternal dissociation ^a	Parenting: Maternal acceptance of child emotions ^{d, Me}	Distress: Child emotion regulation ^{a, b}	In a multiple regression, maternal dissociation predicted less acceptance of child emotions ($\beta = -.47$) [*] and more interventions in child emotion regulation ($\beta = .45$). [*] Maternal dissociation did not predict child self-reported emotion regulation.
Narayan et al. (2019)	Cross-sectional Clinic-based sample	185 (55%)	San Francisco, CA, U.S. Maternal-child dyads referred for child trauma treatment Peruvian and Mexican ethnicities mentioned	Event: Maternal lifetime trauma exposure ^a	Resilience: Maternal positive memories of being cared for in childhood ^{d, Mo}	Event: Child lifetime trauma exposure ^a	In a hierarchical regression, maternal trauma was trend-level associated with child trauma exposure ($\beta = .12$). ⁺ Mothers with positive memories of childhood and high levels of trauma reported less trauma exposure in their children ($\beta = -.17$). [*]
Palmer-molina et al. (2018)	Cross-sectional Clinic-based sample	158 (58%)	Los Angeles, CA Low-income maternal-child dyads, children were receiving mental health services	Distress: Maternal PTSD symptoms ^a	Distress: Maternal depression ^{Me} Parenting: Parenting stress, caregiving strain ^{a, Me}	Distress: Child internalizing and externalizing symptoms ^a	In a path analysis, maternal PTSD symptoms predicted child symptoms ($\beta = .32$) ^{**} , mediated by maternal depression and caregiving strain ($\beta = .14$) ^{***} .
Pear et al. (2017)	Prospective longitudinal	2999 mothers &	U.S. (nationwide survey)		Maternal race/ ethnicity ^{Mo}		In a log-linear regression, maternal childhood

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AUTHORS	RESEARCH DESIGN	TOTAL N (% LATINX)	POPULATION	CONCEPT OF PARENTAL TRAUMA	MODERATING OR MEDIATING FACTORS	OFFSPRING OUTCOMES	SUMMARY OF RESULTS
	Community sample	6596 children (7.6%)	Maternal-child dyads followed prospectively from pregnancy through adolescence	Event: Maternal childhood adversity ^a		Behavior: Maternal prenatal smoking ^a Youth smoking ^b	physical abuse (RR =1.2) *** and household alcohol abuse (RR=1.17)***, increased risk of offspring smoking. Maternal mental illness did not predict offspring smoking.
Phipps (2014) Dissertation	Cross-sectional Community sample	107 (100%)	Southeastern U.S. Latinx immigrant maternal-child dyads Predominantly Mexican and Central American	Distress: Maternal PTSD symptoms ^a	Child age ^{Mo}	Distress: Child PTSD symptoms, depression ^b	In a multiple linear regression, neither maternal distress or trauma exposure predicted child depression or PTSD symptoms.
Robboy & anderson (2011)	Chart review (cross-sectional) Clinic-based sample	139 (27%)	Pacific Northwest, U.S. Maternal-adolescent dyads; adolescents experienced child sexual abuse	Event: Maternal childhood maltreatment ^a		Event: Child maltreatment ^{a,b,c}	In a multiple regression, maternal childhood sexual abuse predicted child polyvictimization ($\beta = .20$). *
Rousseau & drapeau (1998)	Cross-sectional mixed-methods Community sample	281 (49%)	Montreal, Canada Parent-child dyads; children born in the U.S. with family origins in Southeast Asia or Central America	Event: Family trauma exposure ^a	Resilience: Family cohesion/conflict ^{Me} Child age and ethnicity ^{Mo}	Behavior: Child substance abuse and maladaptive coping ^{a,b,c}	Maternal trauma did not predict offspring substance abuse. In a Pearson correlation, Latinx prenatal family trauma correlated with child externalizing ($r=.29$)* but not internalizing symptoms. Latinx postnatal family trauma correlated with internalizing ($r=.50$)** and externalizing symptoms ($r=.41$)**. Post-natal family trauma only correlated with adolescent externalizing symptoms ($r=.23$)*. Prenatal family trauma was not associated with family cohesion or conflict. Postnatal family trauma was associated with greater family conflict ($r=.44$)* in children but not adolescents. Familial conflict was correlated with child internalizing ($r=.34$)** and externalizing symptoms ($r=.33$). **
Samuelson et al. (2017)	Cross-sectional Community sample	104 (12%)	U.S. (unspecified) Trauma-exposed maternal-child dyads	Distress: Maternal PTSD symptoms ^a	Parenting: Maternal emotional availability ^{d, Me} , parenting stress ^{a, Me}	Distress: Child internalizing and externalizing symptoms ^a	In a multiple regression, maternal PTSD predicted child emotion regulation ($B = .13$)** externalizing ($B = .13$)** and internalizing symptoms ($B = .17$). *** Parenting stress fully mediated the effect for emotion regulation ($B = .05$), and partially mediated the effect for externalizing ($B = .06$)* and internalizing symptoms ($B = .06$). * Maternal emotional availability did not mediate these associations.
Schechter et al. (2007)	Cross-sectional Clinic-based sample	49 (80%)	U.S. (unspecified) Urban Dominican, Puerto Rican, and African-American maternal-child dyads	Distress: Maternal PTSD symptoms ^c Event: Maternal lifetime trauma exposure, intimate partner violence ^a		Distress: Child trauma related representations ^d	In a multiple regression, maternal history of trauma ($\beta = .52$)* and maternal PTSD symptoms ($\beta = .64$)* predicted child trauma-related representations. Maternal trauma experienced prior to age 16 did not predict child

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Table 3 (continued)

AUTHORS	RESEARCH DESIGN	TOTAL N (% LATINX)	POPULATION	CONCEPT OF PARENTAL TRAUMA	MODERATING OR MEDIATING FACTORS	OFFSPRING OUTCOMES	SUMMARY OF RESULTS
Suglia et al. (2020)	Cross-sectional Community sample	601 dyads (100%)	Chicago, IL, San Diego, CA, New York, NY, and Miami, FL, U.S. Parent-child dyads in the HCHS/SOL Youth study	Event: Parent adverse childhood experiences	Health: Child BMI	trauma-related representations.	Among girls, as the number of parental ACEs increased, girls' BMI percentiles were lower (B: -1.98, 95% CI: -3.51, -0.44, P = .01). Among boys, as the number of reported parental ACES increased, BMI percentile was higher, but this association did not reach statistical significance. Exposure to other adversities (e.g., witnessing intimate partner violence) was associated with lower BMI among girls (B: -11.79, 95% CI: -19.60, -3.98, P = .003), but not among boys.
Uchida et al. (2018)	Cross-sectional Community sample	26,386 (14%)	New York, NY, U.S. World Trade Center responder parent-child dyads	Event: Parent WTC trauma exposure ^a Distress: Parent WTC-related trauma symptoms ^a	Distress: Child internalizing and externalizing symptoms ^a	Pre-WTC stressors increased odds of child behavior problems (police OR=1.09, non-police OR=1.07)*. WTC related stressors were only associated in police responders (OR=1.05). WTC-related PTSD symptoms were associated with child behavior problems (police OR=1.05, nonpolice=1.04)*. Latinx children were more likely to have any behavior problems (OR=1.22)*	WTC related stressors were only associated in police responders (OR=1.05). WTC-related PTSD symptoms were associated with child behavior problems (police OR=1.05, nonpolice=1.04)*. Latinx children were more likely to have any behavior problems (OR=1.22)*
Yasai (2012) Dissertation	Cross-sectional Community sample	64 (25.0%)	New York, NY, U.S. Maternal-child dyads residing in domestic violence shelters	Distress: Maternal PTSD symptoms ^a	Distress: Child emotion regulation ^{a,b} and internalizing and externalizing symptoms ^a	In a multiple regression, maternal PTSD symptoms predicted the discrepancy between maternal and child reports of child emotion regulation ($\beta = .01$)** and child difficulty in regulating sadness ($\beta = -.03$)**, but not anger. Maternal PTSD symptoms predicted total behavior problems ($\beta = .71$)** and internalizing ($\beta = .28$)** but not externalizing symptoms.	Maternal PTSD symptoms predicted total behavior problems ($\beta = .71$)** and internalizing ($\beta = .28$)** but not externalizing symptoms.

^a parent-report, ^b child-report, ^c official records/clinical diagnosis, ^d external observational or transcript coding, ^{Mo} moderator, ^{Me} mediator, ⁺ $p < .10$, * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

Mexican-American adolescent parents in Champion (1999) also described how the experience of early maltreatment led them to normalize violence in their dating relationships, which in turn hindered their own ability to parent young children.

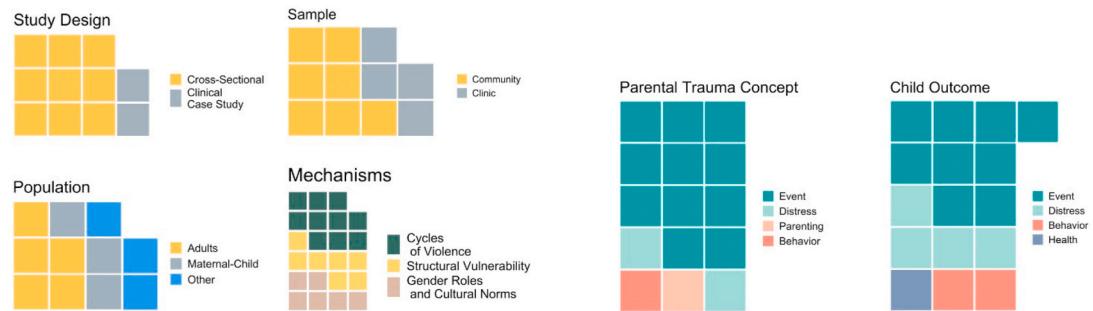
The mechanism of structural vulnerability—or the ways life opportunities are constrained within mutually reinforcing power hierarchies (Bourgois et al., 2016; Quesada et al., 2011)—was explored in 78% of studies. Child maltreatment and intimate partner violence were understood in several studies as embedded in economic precarity and social marginalization. For example, in their study of mothers and daughters afflicted by paternal incest, Ben-Baraque (1993) found that poverty and stress due to large family size were key mechanisms of incest perpetration, as daughters took on parentified family roles. Economically driven cycles of immigration and forced family separation were also identified as recurrent themes in the lives of victims of incest. More broadly, access to contraception and reproductive rights were identified as important themes in other qualitative studies, such as Champion (1999).

Gender roles and cultural norms were identified as drivers of intergenerational trauma in 64% of studies. Many of these focused on the gendered and sexual dimensions of trauma in Latinx communities and their expectations for masculinity, femininity, and maternity. In an in-depth analysis, Kunst and Reed (1999) explored the role of *machismo*, *familismo*, and cultural expectations of female self-sacrifice in their analysis of a Mexican-American woman's psychosis and subsequent perpetration of infanticide. Cultural features were understood to shape not only trauma exposure but also symptom reporting. Both case studies grounded their analysis of trauma symptoms in cultural psychiatry and distinct characteristics of Latinx distress symptomatology and reporting. Schechter and colleagues (2003) examined the ways that both neurophysiology and the Dominican idiom of distress, *ataque de nervios*, influenced the clinical presentation of a traumatized mother-infant dyad as seizure disorder and an exaggerated startle response.

3.1.3. Sociocultural considerations

All but one study addressed cultural features of intergenerational

a Qualitative Studies



b Quantitative Studies

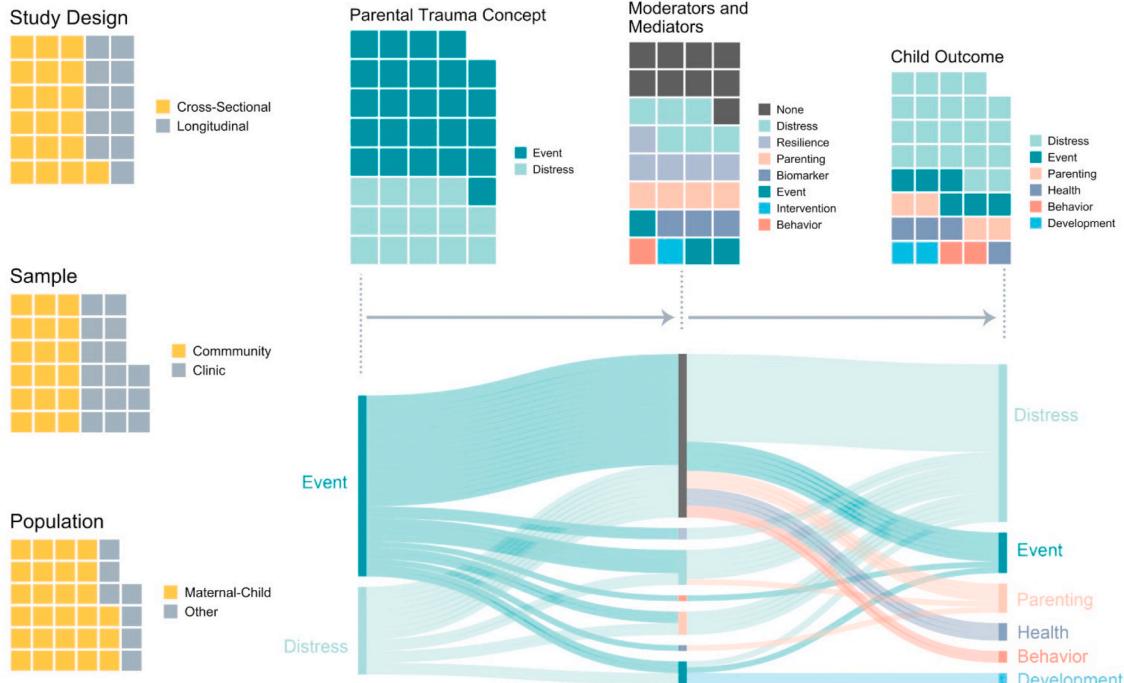


Fig. 4. This figure provides an overview of the descriptive results of the studies included in the final review. In pane A, the characteristics of qualitative studies are presented. Waffle charts represent count data of specific study characteristics (i.e. a study could be coded as having both 'event' and 'distress' as a trauma concept if it measured both within the same study). In pane b, results for quantitative studies are presented. The multi-colored flowchart demonstrates counts of different intergenerational pathways tested by quantitative studies.

trauma, which is perhaps unsurprising, given the more explicit focus on Latinx populations in these studies. These features included attention to long- and short-term historical experiences of adversity, barriers due to language or immigration status, cultural norms and values, and political marginalization and discrimination. Extending this perspective to their own work, Moffat and colleagues (2014) formed a local community advisory board to review, challenge, and re-interpret thematic coding and study conclusions to address power differentials between researchers and subjects.

3.2. Quantitative studies

We provide an overview of the research methods, sample populations, and conceptualization of intergenerational trauma in Fig. 4(b). For a detailed summary, see Table 3. Quantitative studies employed various research designs, although most involved survey/questionnaire data from participant interviews, coded observational data, and clinical or official records review. There was a fairly even representation of cross-sectional vs. longitudinal designs and community vs. clinic-based

samples. Studies were predominantly located in major coastal metropolitan areas of the United States such as New York City, Boston, Los Angeles, and San Francisco. No studies focused on predominantly rural areas. Sample sizes were largely small to moderate in size ($n < 300$). Three studies employed large ($n > 1000$) samples—one population-representative national survey, one multi-site cohort of low-income urban-dwelling families, and a large cohort of World Trade Center first-responders in New York City.

The percentage of Latinx participants in each study ranged from 6.2 to 100%, with an average of 56.4%. Three studies were made up entirely of Latinx participants. Only 18% of reports described the national origin or ethnicity of Latinx participants, and none explicitly included or examined Afro-Latinx or Indigenous Latinx identities. Seventy-nine percent of studies examined maternal-child dyads, with children's age ranging from infancy through adolescence. Only one study explicitly focused on father-child dyads, and six studies sampled parent-child dyads of either gender. The majority of community sampling strategies recruited participants based on screening for risk factors such as low socioeconomic status, previous child maltreatment, or intimate partner

violence exposure and/or domestic violence shelter residence.

3.2.1. Conceptualization of intergenerational trauma

Seventy-four percent of studies examined parental trauma through parental traumatic events: various indices of childhood, adult, or lifetime exposure to traumatic events. These included measures of adult and childhood maltreatment (e.g., physical, sexual, or emotional abuse and neglect) as well as adversity more broadly (e.g., poverty, parental incarceration or divorce, and/or community violence). Traumatic events were largely assessed through retrospective self-report, except for two studies, which used child-welfare records or medical chart review to determine maternal trauma history. Strategies for measuring traumatic events varied within and between studies, including dichotomized yes/no scores, traumatic event index totals, severity ratings, and poly-victimization (e.g., victimization across different trauma types) scores.

Forty-one percent of studies conceptualized parental trauma as emotional distress, most commonly through self-reported PTSD symptoms, but also through trauma-specific symptoms such as dissociation, trauma-related appraisals, and clinician ratings of trauma symptom severity. In many of these studies, the events leading to trauma-related symptoms were captured through the purposive sampling of vulnerable populations (e.g., domestic violence shelter residents, clinically-referred or prescreened families).

There was more diversity in the types of child outcomes considered, although distress (62%) and traumatic event exposure (18%) were the most common. Emotional distress was frequently captured through parental report of child internalizing and externalizing symptoms on the Child Behavior Checklist (Achenbach and Rescorla, 2001), but was also indexed by trauma-related symptoms or representations, socioemotional development, and emotion regulation. Whereas parental trauma was mostly assessed through self-report, child outcomes were frequently ascertained using multiple sources—such as clinical records or child welfare reports—perhaps to mitigate potentially biased reporting from parents. Children reported their own symptoms and experiences in 25% of studies, and 13% percent of studies employed third-party coding of observational or health outcomes (For a full list of measures, please see [Supplementary Table 2](#).).

3.2.2. Quantitative findings

Unlike systematic reviews and meta-analyses, scoping reviews do not collate effect sizes to characterize evidence across multiple studies. The review provided here thus does not aim to provide an estimate of the consistency or magnitude of the effects found in the studies reviewed. Rather, we aim to examine the scope and kinds of evidence being produced in the field and in Latinx populations. We find that quantitative studies employed a variety of analytic strategies, including multivariate, multi-level, and structural equations modeling, although several only reported unadjusted correlations. Strategies for inclusion of covariates also varied, with many studies not controlling for confounding factors. We provide a detailed summary of the analytic strategy, model coefficients, and significance levels in [Table 3](#), and provide standardized model coefficients where possible.

We note the variety of hypothesized pathways between parental trauma concepts and child outcomes. Within the quantitative study set, there were eight unique combinations of parental trauma concepts (e.g., events, distress) and child outcomes (e.g., child distress, events, health). In the most frequent pathway, 47% of studies examined the association of parental distress to child distress. The next most frequent pathways were the association of parental events to child distress (35%) and the association of parental traumatic events to child traumatic events (18%). While a formal assessment of the predictive power of different parental trauma concepts is beyond the scope of this review, all but one study ([Phipps 2014](#)) reported at least some positive associations. See [Fig. 4\(b\)](#) for an overview of the different intergenerational transmission pathways examined in the included studies.

Several studies tested multiple pathways within the same sample,

sometimes with conflicting results. For example, Bosquet-Enlow and colleagues (2014) found that maternal PTSD symptoms—not actual trauma exposure—predicted infant attachment. Similarly, Honeyman (1999) found that while maternal dissociative symptoms predicted future infant neglect and involvement in the child welfare system, maternal history of maltreatment was not related to infant outcomes. Other studies modeled the relative contributions of parental distress and events. For example, in their study of the protective effects of positive memories of childhood on the intergenerational transmission of traumatic events, [Narayan et al. \(2019\)](#) controlled for current parenting stress to address the influence of maternal state of mind at the time of the interview. By contrast, Palmer-Molina and colleagues (2018) controlled for child traumatic event exposure when assessing the intergenerational transmission of maternal distress to child distress, seeking to parcel out variance caused by traumas experienced independently by the child.

Some studies found that hypotheses only held in specific groups or circumstances. [Jouriles et al. \(2018\)](#) found that absolute levels of maternal distress did not predict child symptoms in their multi-year study of mothers and children recruited from domestic violence shelters. Rather, only fluctuations from maternal baseline PTSD, regardless of its severity, predicted her report of her child's symptoms, and these associations were no longer significant after the first year of follow-up. Some conflicting results appear linked to differences in reporting. [Mueller \(2015\)](#) found positive associations between maternal distress and maternal ratings of child distress, but not the child's own self-rated mental health. Similarly, [Phipps \(2014\)](#) found no association between maternal distress and child self-reported distress.

3.2.3. Mechanisms, mediators, and moderators

Most quantitative studies (68%) conducted statistical tests of moderation or mediation to examine the processes that drive, amplify, or buffer against the transmission of parental trauma. Drawing on developmental and attachment theory, the most common intermediary mechanisms (40%) tested was caregiver mental distress or parenting stress. These approaches posit that traumas experienced by caregivers produce subsequent disturbances to responsive parenting that alter children's own capacity to form trusting social bonds and regulate their emotions. Another group of studies examined the cycle of violence by testing whether harsh parenting and caregiver domestic violence might mediate the relationship between parental childhood maltreatment and a child's subsequent trauma exposure. For example, [Adams et al. \(2019\)](#) found that maternal intimate partner violence fully mediated the relationship between maternal childhood maltreatment histories and future child maltreatment (corroborated by DHS records) and experiences of adolescent dating violence (reported by the adolescent).

Sources of resilience were also examined by investigators in different domains. [Krauss et al. \(2016\)](#) found that social support from close kin buffered against the association between maternal maltreatment history and child distress. Another study found that maltreated mothers who also reported positive memories of childhood reported lower levels of subsequent trauma exposure in their children, arresting cycles of violence ([Narayan et al., 2019](#)). Only one study ([Briggs et al., 2014](#)) examined intervention effects, finding that maltreated mothers who participated in the Healthy Steps parenting intervention reported better child socioemotional health relative to maltreated mothers who did not participate.

Three studies used biomarkers to assess the biological embedding of intergenerational trauma—or the way intergenerational trauma affects biology and development ([Hertzman, 2012](#))—with mixed results. [Flom et al. \(2018\)](#) examined prenatal cortisol as a moderator of maternal lifetime trauma on birthweight, finding that both low and high levels of cortisol moderated the relationship of trauma with birthweight, but only in male infants. [Lara-Cinisomo et al. \(2018\)](#) found mixed evidence for maternal oxytocin levels as a mediator of maternal lifetime trauma exposure on impaired infant bonding, with maternal trauma experienced in adulthood associated with improved bonding. Lower oxytocin

levels functioned as a mediator between lifetime trauma and impaired bonding only in women who experienced childhood sexual abuse.

3.2.4. Sociocultural considerations and Latinx comparisons

In contrast to the qualitative studies, the majority (76%) of quantitative studies did not discuss or consider Latinx-specific cultural or historical contexts that may have influenced their findings. Although some (34%) studies reported comparison or separate analysis of Latinx participants, these were seldom explored further. Nevertheless, differences between non-Latinx and Latinx participants in symptom endorsement and severity, socioeconomic circumstances, parity, and child welfare system involvement all were noted. Several studies also noted that intergenerational dynamics were different in Latinx participants. For example, Rousseau and Drapeau (1998) found that family trauma impacted behavior to a greater degree in Central American children compared to their Cambodian counterparts. McFarlane et al. (2017) found that, controlling for trauma exposure, Latinx mothers had lower levels of PTSD symptoms at baseline, and their children's symptoms improved more quickly over time. In Borja (2017), social support failed to buffer child socioemotional development from maternal maltreatment in Latinx families, although it did for other ethnicities.

3.2.5. Study quality

Scoping reviews typically do not assess study quality or risk of bias, given their primary aim is to assess the extant literature on a given topic (Tricco et al., 2018). Therefore, we conducted no formal assessment of study quality. Nevertheless, we note that many (38%) studies that conducted hypothesis testing did not include demographic measures to minimize the risk of unobserved and confounding bias (i.e., preferred language, socioeconomic status). Furthermore, although many studies used records review or observational coding to mitigate potential bias in participant reports, some found evidence that involvement in the child welfare system may have shaped participant willingness to divulge symptoms or trauma exposure to researchers (Palmer Molina et al., 2018). Finally, strategies for the reporting of model coefficients and estimating effect size varied, with many studies providing only unstandardized coefficients and limited information about scale attributes, which made it challenging to interpret study findings.

4. Discussion

This scoping review addresses empirical research on intergenerational trauma in Latinx populations. We find that studies tended to reflect a conceptual paradigm that centers intergenerational trauma on the maternal-child dyad and on maternal mood and behavior as the prime mechanisms of its transmission. We also find conceptual rifts between quantitative and qualitative studies: Qualitative methodologies tend to consider how structural violence shapes intergenerational transmission (e.g., sexism, immigration stress), whereas quantitative studies tended to localize trauma within individual experience and symptomatology. Although several studies examined protective factors, by and large, we find that overrepresentation of vulnerable populations in study sampling may have emphasized a deficit frame. Simultaneously, these research designs may underrepresent the experience of Latinx in rural communities, gender and sexual minorities within Latinx communities, Afro-Latinx and Indigenous Latinx, and the role of historical and structurally embedded oppression, discrimination, and immigration-related stress. To summarize, we identified multiple gaps in the existing literature that would benefit from future research. These include the need for more research with: (1) geographically representative samples of Latinxs; (2) inclusion of individuals with intersectional identities; (3) culturally-calibrated instruments and measures; (4) focus on caregivers and factors outside the maternal-child relationship; (5) examination of biological embedding; and (6) more thorough consideration of the impacts of historical trauma and structural violence on Latinx communities.

We found that studies may have reflected a narrower view of Latinx experience than is population-representative in the U.S. and Canada. The majority of studies were small to moderate in size, with study populations averaging 24.3% Latinx. Notably, socially vulnerable communities are overrepresented among the populations in our review. These include low-income groups, survivors of intimate partner violence and childhood maltreatment, veterans, people who use drugs, and people with mental illness. This oversampling of vulnerable populations evinces the multiple overlapping oppressions experienced by Latinxs with trauma histories. By contrast, it may also lead to a misrepresentation of the resilience of unsampled Latinx populations. While purposive sampling of at-risk populations may enable the examination of important processes, it may also bias findings in ways evinced by metanalyses of Holocaust survivor descendants, in which non-clinically recruited participants fail to show the patterns of transmission seen in clinical populations (van IJzendoorn et al., 2003). A majority of quantitative studies focused on mother-child dyads, while only two studies included fathers, also suggesting under-examination of the role of fathers in mediating (or mitigating) intergenerational trauma. Recruitment and retention of fathers in psychosocial research may be more challenging—particularly when research examines violence perpetration—but this logistical difficulty inadvertently results in a stigmatizing focus on mothers as the primary source of trauma transmission.

The research in our review also overlooks the remarkable heterogeneity of the Latinx population. Studies took place overwhelmingly in the U.S., with a bias toward metropolitan areas like New York and Boston. This pattern seems to mirror the locations of research institutions and suggests the need for further research in rural settings, especially given the rapid growth of Latinx populations in rural and suburban areas in recent years (Anacker et al., 2017; Housing Assistance Council, 2012). Furthermore, intersectional identities of Latinx individuals across gender and sexuality, disability status, race or skin color phenotype, and socioeconomic status remain largely unexamined by these studies. Within a structural vulnerability framework, these social positions can be understood to moderate the experience of intergenerational trauma. Failure to consider the diversity of Latinx experiences and multiple overlapping identities held by many of the most vulnerable members of the Latinx community (e.g., Afro-Latinx, queer Latinx) risks their erasure and limits the reach of clinical and policy interventions. Notably, only one study of Haitian immigrants examined the intersection of Black race and Latinx identity (Pierre, 2016). Given that Black Latinxs generally experience more poverty, greater racial discrimination, worse neighborhood quality, and worse physical health than their lighter-skinned counterparts (Cuevas et al., 2016), the impact of interpersonal and structural racism on intergenerational trauma deserves further consideration.

Several potential mechanisms were identified as mediators of intergenerational trauma transmission, yet the vast majority center around disrupted maternal behavior (i.e., maternal distress, maternal substance abuse, harsh parenting) and impaired attachment. We characterize this pattern as a weakness in the existing literature as it fails to account for structural barriers faced by Latinxs, particularly mothers. Intergenerational trauma research risks re-inscribing racist and colonial archetypes by casting structurally vulnerable communities in a deficit frame. In particular, research that focuses on impaired mothering may lead to the conclusion that marginalized individuals make poor parents—rather than the fact that parenting is challenging in marginal environments. Illustratively, Samuelson et al. (2017) found that maternal emotional availability, or a mother's attunement to her child's emotional needs, did not mediate the relationship between maternal PTSD and child function—rather only parenting stress functioned as a mediator, suggesting that external factors beyond maternal behavior may shape the experience of intergenerational trauma. We urge researchers to broaden their theoretical frame beyond individually responsible actors and to account for political economy and social ecology. For Latinxs in particular, this includes the coinciding violence of racism, colonialism,

xenophobia, classism, and sexism.

We also draw attention to the limitations of the instruments used to evaluate trauma exposure, trauma symptoms, and offspring outcomes (see *Supplementary Table 2* for an index of all measures used in the studies reviewed). The most commonly used instruments were the Life Stressor Checklist – Revised (LSC-R) (Wolfe et al., 2012) and the Conflict Tactics Scale (Straus, 1979), the Posttraumatic Stress Disorder Checklist – Civilian Version (PCL-C) (Weathers et al., 1993), and the Child Behavior Checklist (CBCL) (Achenbach and Rescorla, 2001). The popularity of these tools likely corresponds to their relative availability and widespread use. Yet, these instruments may not accurately reflect concepts of trauma and distress that resonate culturally among Latinx communities. For example, the widely used CBCL varies in factor structure by race/ethnicity (Gross et al., 2006). Also, although many measures have been translated into Spanish (such as the PCL and LSC), literal translation insufficiently captures forms of symptom presentation and trauma exposure relevant to Latinxs. For example, a recent systematic review found Latinxs consistently reported trauma-related symptoms differently relative to other ethnicities (Alcántara et al., 2013). Culturally adapted measures that include local idioms of distress may increase the accuracy of trauma measures in Latinx populations, enriching our understanding of intergenerational trauma and highlighting areas for potential intervention (Kohrt et al., 2014).

While the majority of studies found at least some positive evidence to support *intergenerational trauma theories, putative pathways and modeling strategies varied* (see Fig. 4(b)). Both within and between studies, the strength of associations and their significance varied depending on how parental trauma and child outcomes were measured and operationalized. The heterogeneity in results is consistent with research in other populations and expected given the variety of research methodologies. In the face of measurement differences, reviews oftentimes call for greater harmonization of research programs to enable more robust comparisons across studies. Although such calls for researcher coordination are typical, we call attention to the drawbacks of this conclusion. On the one hand, methodological harmonization of trauma measurement may result in more clear evidence of the key risk factors or mechanisms of transmission. On the other hand, inattention to the unique experiences, histories, and symptom reporting of Latinxs may result in ineffective screening and intervention by ethnocentric Western psychiatric paradigms.

Of note, nine of the included reports were unpublished dissertations. This finding may have multiple interpretations. First, the study of intergenerational trauma in Latinxs by students may suggest that this area of research remains emergent and has not been identified as a priority for academic departments or granting agencies. Yet, given that some of these dissertations were completed in the 1990s, other possibilities should be considered. Alternatively, the fact that these works are unpublished may suggest that they are undervalued by the academy or that their authors lack adequate support to succeed in the peer-review process. This consideration is a risk, particularly for graduate students of color (Brunsma et al., 2017).

Despite a robust body of evidence examining the biological embedding of intergenerational trauma (Bowers and Yehuda, 2016), only three (7.5%) studies employed the use of biomarkers. Psychological trauma, especially during sensitive periods of development, has been linked to alterations in immune, cardiovascular, and metabolic function (Danese and Lewis, 2017; Edmondson and von Känel, 2017; Mellon et al., 2018). Yet, the majority of studies focused on child distress or risk for re-exposure to trauma, rather than other embodied effects. This gap is especially notable given high rates of metabolic and autoimmune diseases in Latinx (Britton et al., 2018; Drenkard and Lim, 2019; Urquhart and Clarke, 2020). This relative absence may be due to the increased cost of collecting, storing, and assaying biological specimens, limited researcher interest in intergenerational trauma in Latinx, or difficulties with the recruitment of these populations for laboratory-based research due to historical mistrust of the biomedical community (George et al.,

2013). Yet, this issue may also reflect narrow conceptions of trauma transmission in Latinxs. For instance, Lara-Cinisomo et al. (2018) justified studying the hormonal biomarker oxytocin, maternal depression, and infant bonding in a Latinx-only sample by noting that Latinx mothers have both high fertility rates and trauma exposure. While these risk factors may be important, invoking them without additional context risks perpetuating harmful stereotypes about Latina reproduction and bodily agency (Chavez, 2013, p. 74). Further research using biomarkers that explore pathways implicated in both mental health and chronic disease (e.g., C-peptide, blood pressure, inflammatory markers, epigenetic changes at genes involved in the stress response) may better elucidate how intergenerational trauma results in embodied health inequalities lived by Latinx families and children (Cardel et al., 2020).

Only two qualitative studies, both published within the last six years, assessed the effects of historical trauma. We found no quantitative studies that theorized trauma as historical, perhaps due to difficulties with operationalizing this concept in the culturally and historically diverse groups that fall under the Latinx umbrella. Sotero's (2006) influential model distinguishes intergenerational from historical trauma as a matter of timescale: She argues that historical trauma is perpetuated across multiple generations in the wake of collectively experienced violence or loss. Along with economic and political discrimination and disenfranchisement, cultural and linguistic loss due to the original trauma—such as the colonization of the Americas or enslavement of African Americans—are key features of the concept. Two empirical measures of historical loss have been developed and validated, but these have primarily been implemented with Indigenous populations (Ehlers et al., 2013; Fast and Collin-Vézina, 2010). Recent work has sought to create and validate measures of African American historical trauma (Williams-Washington and Mills, 2018). The recency of collective traumas—such as political violence—or the diversity of individual identification with different ethnically or politically oppressed groups may render the concept more complex among Latinxs. Our findings suggest that research on the understanding of historical trauma and its effects on Latinxs is still in the nascent phase and warrants further consideration.

Finally, we note the discrepancy between qualitative and quantitative studies in their attention to sociocultural and structural factors. Whereas quantitative studies tended to examine trauma as summary scores of exposure, qualitative studies contextualized trauma within frameworks of structural violence, or the political and economic organization of the social world that put individuals and populations in harm's way (Galtung, 1975; Quesada et al., 2011). In qualitative studies, adverse events were understood as patterned across social and political histories, whereas quantitative studies generally limited the scope of analysis to the individual life course. Also, few studies examined protective or promotive factors that may buffer Latinx families from the risk of intergenerational trauma; sampling of vulnerable populations may have reinforced this deficit frame. Only one study examined intervention effects from a primarily intergenerational standpoint, although others have examined maternal symptom improvement over the course of their child's trauma intervention (see Hagan et al., 2017). We argue that the lack of attention to these structural factors risks overlooking key areas of policy and clinical intervention.

Although our review was limited to empirical research, during our abstract screening, we identified several relevant conceptual articles and reviews. These include discussions of the roles of structural racism, racial trauma, and racism-related stress on health (Gee and Ford, 2011; Harrell, 2000; Heard-Garris et al., 2018; Saleem et al., 2020); conceptual models for historical and mass trauma to influence health (Conching and Thayer, 2019; Hoffman and Kruczek, 2011; Mohatt et al., 2014); and approaches to healing from trauma and colonialism (Hartmann et al., 2019; Ramírez, 2016; Vesely et al., 2017). These findings invite broader inquiry and the development of operational tools to empirically evaluate these concepts in Latinx populations.

4.1. Limitations

We note several limitations of this review. First, although we conducted an extensive literature review using a wide array of terms to capture the concepts of intergenerational trauma and the multiplicities of Latinx identity, some articles may not have been identified. Second, our decision to exclude those studies in which offspring had directly experienced trauma, separate from the experiences of their parents, may have prevented sufficient examination of social ecology, where intergenerational trauma is propagated not between individuals but across families and communities. Along with its limited operationalization in Latinxs, this methodological choice may have also resulted in the low representation of studies assessing historical trauma. Although we made this choice to clarify intergenerational trauma from individual and family trauma, we recognize the possibility that we may have missed studies that defined the concept less rigidly. Third, we further excluded studies that considered parental psychopathology other than PTSD as a predictor for offspring outcomes because we could not confirm the presence of trauma with certainty; yet, we recognize that many mental health disorders coexist as comorbid conditions and that trauma frequently co-occurs with psychopathologies other than PTSD. In this way, we may have removed studies that would otherwise have informed our analysis. We elected to conduct a scoping review rather than a traditional systematic review and meta-analysis due to the emergent nature of the research. This method limits our ability to formally estimate the generalizability of intergenerational trauma pathways.

Despite these limitations, we believe this is the first scoping review to examine how Latinx communities experience intergenerational trauma. We highlight the need for further work in this area, with consideration to filling current gaps, operationalizing conceptual models, and deploying culturally adapted instruments for Latinx communities. This research is particularly important given the growing role Latinxs play in the demographic portrait of the U.S. Understanding the expressions and mechanisms of intergenerational trauma, including its contingent structural architecture, is an important first step to developing effective interventions. This review highlights priority areas for future scholars aiming to advance the fields of intergenerational trauma and Latinx health.

5. Conclusions

We call for future research that frames intergenerational trauma in the context of public health and health equity, seeking to understand how clinical and policy interventions can improve health outcomes for Latinx families. These include analyses of the intergenerational effects of violence due to foreign policy in Latin America, economic disruption resulting from free trade agreements, militarization of the U.S.-Mexico border, police reform, domestic violence protection, and immigration enforcement, including 287(g) agreements, detention of migrant children in inhumane conditions, and deportation of individuals infected with COVID-19. With intersectional and structural lenses, such future work can inform efforts aimed toward reducing health disparities affecting Latinx communities.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.socscimed.2020.113662>.

Nancy was a 29-year-old, Dominican-American mother who brought

her daughter, Libby, to the Pediatric Emergency Room when she began to have multiple, prolonged tonic-clonic seizures. She reported that both she and her older daughter, Alisa, also suffered from seizure disorders. Libby was initially treated with antiepileptics but returned to the hospital after her seizures worsened. At that point, continuous electroencephalogram (EEG) monitoring showed no evidence of a seizure disorder and the medical team reported Nancy to child protective services. In response, Nancy collapsed to the floor and demonstrated whole-body convulsive movements and headbanging. She was transported to the Psychiatric Emergency Room.

During her evaluation, Nancy revealed a history of trauma. Her parents' marriage was strained, and her father physically beat her. Her uncle sexually abused her and by the age of fifteen, she had birthed two of his children whom she was then forced to abandon. When Nancy returned to the Dominican Republic at the age of 24, her uncle raped her again, smothering her face with a pillow. This precipitated her seizures, which she calls *ataques de nervios*. She was diagnosed with conversion disorder (psychogenic seizures) and post-traumatic stress disorder (PTSD).

Nancy's *ataques* are understood as encrypted communication of her violent traumatic experiences. Her daughters may have mirrored her dysregulated affect and manifested their own emotions through dissociative, somatic expression. Nancy's trauma passed on to Alisa and Libby through her emotional distress, emerging as pseudoseizures.

In this conceptual model, each generation is represented by a color. Intergenerational trauma refers to traumatic experiences and impacts across two generations whereas transgenerational trauma occurs across two or more generations. Historical trauma is represented by narratives of colonization in the outermost ring passed down by an elder and to subsequent generations. Reproduced forms of colonization and structural violence are represented by the nested ring, rather than linear, structure. The individuals relate to one another across generations, with the experiences of one generation—particularly in childhood—shaping the environment of the future generation. We represent cultural forms of intergenerational resilience by the woman in the outermost ring singing a familiar healing song that transcends the generational boundaries. In the left-hand panel, rather than emphasizing cycles of abusive parenting, we represent how Latinx children also inherit conditions of structural violence. Across history, nested experiences of colonization, enslavement, sexual violence, migration, political violence, redlining, poverty, incarceration, and immigration enforcement all shape the developmental environment and constrain individual choices and behaviors.

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