

INTERGENERATIONAL TRAUMA AND FAMILY WELL-BEING: A SOCIOLOGICAL AND RELIGIOUS ANALYSIS

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Abstract Intergenerational trauma is a family and social process through which the effects of overwhelming experiences may persist beyond the generation directly exposed to them. This article examines that process through a sociological and religious lens, with particular attention to family relationships, parenting, cultural expectations, social support, and religious coping. It uses an integrative analysis of the literature and applies Family Systems Theory alongside Trauma-Informed Care to connect mechanisms of transmission with possible points of intervention. The review shows that intergenerational trauma is not transmitted through a single pathway; rather, it is reproduced through interacting relational, behavioural, socioeconomic, cultural and spiritual processes. It also demonstrates that religion can operate in two directions: faith communities and practices may provide meaning, support and resilience, while rigid expectations may intensify guilt, shame or family pressure. The article's principal contribution is to bring these dimensions into a single sociological and religious framework and to distinguish the pathways of trauma transmission from the institutional responses required to interrupt them. It argues that family-centred interventions are most effective when they are culturally informed, trauma-sensitive and, where appropriate, attentive to the family's religious world. The analysis has implications for social work, faith communities and public policy concerned with family well-being.

Keywords: Coping, Family, Intergenerational, Religious, Resilience, Sociology, Trauma.

Introduction

Intergenerational trauma is used in this article as the principal term for the persistence of the effects of traumatic experiences across generations. The focus is not on the assumption that trauma is automatically passed from parent to child, but on the social and relational processes through which its effects may be reproduced, modified or interrupted. Trauma experienced through war, displacement, domestic violence, severe deprivation or systemic oppression can alter family relationships, expectations and coping practices long after the immediate event has ended. These effects may become visible in parenting, attachment, communication, emotional regulation, family roles and patterns of social interaction. Understanding such processes requires attention to the family as both a relational unit and a social institution. From a sociological perspective, families are embedded in wider structures that shape how adversity is experienced and managed. Poverty, insecure employment, displacement, gendered expectations, unequal access to services and weakened community networks can intensify family stress and restrict the resources available for recovery. Family Systems Theory is useful here because it directs attention away from isolated individuals and towards patterns of interaction in which the distress of one member can affect the functioning of others. The social environment therefore matters alongside individual responses: family

practices are formed within economic, cultural and institutional conditions that can either reproduce vulnerability or support recovery.

Religious life adds another important dimension. In many families, faith is woven into explanations of suffering, moral expectations, everyday routines and relationships with the wider community. Prayer, worship, religious counselling and communal support can provide meaning, hope and practical assistance. Yet religious frameworks are not uniformly protective. When suffering is interpreted through rigid moral judgements, or when families feel obliged to meet demanding religious expectations, faith can also become a source of guilt, shame or additional pressure. A socioreligious analysis must therefore examine both the protective and potentially burdensome effects of religious belief and practice. Although trauma research is extensive, the literature reviewed for this article gives comparatively less attention to the interaction of family systems, social conditions and religious life in the reproduction or disruption of trauma across generations. Much of the existing work concentrates on psychological outcomes or on particular social determinants. The present article addresses this gap by bringing these strands together and by asking how family relationships, socioeconomic conditions, cultural expectations and religious resources interact to shape family well-being. The article proceeds in a deliberate

sequence. It first clarifies the key concepts used in the analysis and states the relationship between intergenerational trauma and its broader expression, trauma transmission across generations. It then reviews relevant sociological, psychological and religious literature before applying Family Systems Theory and Trauma-Informed Care as complementary analytical lenses. The subsequent sections examine the psychosocial drivers of intergenerational trauma and its effects on family functioning, followed by a distinct section on socioreligious and social work implications. The discussion then draws these strands together, identifies the article's contribution to knowledge and considers its wider significance, before the conclusion sets out practical recommendations and priorities for further research.

Conceptual Clarifications

Trauma refers here to the enduring effects of an experience that overwhelms a person's available capacity to cope. The concept should therefore be distinguished from the traumatic event itself: an event may be objectively severe, but trauma concerns the ways in which that experience is lived, interpreted and carried forward. The present analysis is concerned with the social consequences of such experiences, especially when they alter relationships, roles, expectations and patterns of family interaction

(Kellermann, 2020).

Intergenerational trauma and trauma transmission across generations are closely related expressions, but they are not used interchangeably throughout this article. Intergenerational trauma names the enduring condition or pattern in which the effects of trauma are evident across more than one generation, whereas trauma transmission refers to the processes through which those effects may be reproduced or carried forward. For consistency, intergenerational trauma is the principal term used in the article, while trauma transmission is retained when discussing the mechanisms through which the effects move across generations.

Generation refers to a cohort connected by position within a family sequence as well as by a shared historical or social context. In this article, the term is used primarily to distinguish parents, children and subsequent descendants, while recognising that generations are also shaped by wider historical conditions. Transmission should therefore not be understood as automatic or biologically predetermined. It may occur through learned behaviour, attachment patterns, family narratives, emotional communication, social conditions and cultural expectations, and it may be interrupted by supportive relationships, changed circumstances or effective intervention.

Family well-being refers to the capacity of a family to maintain healthy relationships, emotional security,

effective communication, supportive caregiving, social connectedness and a workable sense of meaning and purpose. It is broader than the absence of psychological symptoms because family functioning is also shaped by material conditions, cultural expectations, community relationships and, for many families, religious or spiritual life. This broader definition allows the article to examine both the harms associated with intergenerational trauma and the resources through which families may develop resilience.

Literature Review

Intergenerational trauma has been extensively explored in psychology and social sciences, yet its sociological and religious dimensions remain underexamined. Trauma, defined as an overwhelming experience that exceeds an individual's coping capacity, can result from war, domestic violence, displacement, or systemic oppression (Kellermann, 2020). Families subjected to such stressors often transmit their experiences across generations, not only through behavioural patterns but also through relational, cultural, and spiritual mechanisms. In sociological terms, the family operates as a primary social institution, and trauma within one generation can influence norms, roles, and expectations for subsequent generations (Bowen, 2021).

Sociologists emphasise that intergenerational trauma is mediated by family structures, parenting styles, and socialisation processes. Family Systems Theory posits that individuals

are interdependent, and stress or trauma affecting one member can disrupt the equilibrium of the entire family unit (Nichols & Davis, 2020). Patterns of communication, emotional regulation, and relational behaviour are often learned and replicated by children, resulting in persistent cycles of dysfunction. For example, children who witness domestic violence may internalise aggression as a normative response to conflict, reproducing similar behaviours in adulthood (Conger et al., 2020).

Socioeconomic factors are critical in shaping the transmission of trauma. Economic insecurity, poverty, and social marginalisation amplify stress and limit coping resources, creating environments where trauma is more likely to persist across generations (Adepoju & Alabi, 2021). Families experiencing chronic deprivation often face heightened anxiety, disrupted routines, and emotional instability, all of which contribute to relational stress and maladaptive parenting. Furthermore, structural inequalities, including systemic racism, gender disparities, and limited access to mental health services, exacerbate the risk of trauma transmission, reinforcing cycles of vulnerability and disadvantage (Nomaguchi & Milkie, 2020).

Religious and spiritual frameworks offer both protective and risk factors in the transmission of trauma. Faith can provide moral guidance, emotional support, and communal resources, strengthening resilience and helping families navigate adversity (Mahoney

et al., 2020). Religious practices such as prayer, meditation, and community worship can foster coping strategies and instill hope, which buffer the psychological impact of trauma. However, religious expectations may also exacerbate stress when parents perceive themselves as failing to meet moral or spiritual obligations. In some contexts, rigid adherence to religious norms may reinforce guilt, shame, or intergenerational pressure, complicating the healing process (Pargament et al., 2020).

Empirical studies have highlighted specific mechanisms through which trauma is transmitted within families. Behavioural modelling, attachment disruptions, and emotional communication are commonly cited pathways. Parents who experience unresolved trauma may exhibit hypervigilance, emotional withdrawal, or inconsistent parenting, which children internalise as normative relational patterns (Abidin, 2021). These behaviours can influence children's emotional regulation, social interactions, and coping strategies, perpetuating the effects of trauma. Research also indicates that trauma can be transmitted through narratives, family stories, and cultural memory, where recollections of past adversity shape identity, values, and expectations (Danieli, 2020).

Cultural factors intersect with trauma transmission in complex ways. In collectivist societies, extended family involvement and communal child-rearing practices may either mitigate or

reinforce stress. While support from grandparents or relatives can provide emotional and practical resources, conflicting expectations or over-involvement may amplify parental pressure, contributing to stress cycles (Okeke, 2020). Additionally, gender norms influence how trauma is expressed and addressed, with women often bearing the emotional burden of caregiving and moral guidance, while men may experience stress in relation to economic provision and familial authority (Nomaguchi & Milkie, 2020).

The literature points to a clear analytical gap. Existing work explains important psychological, relational and socioeconomic pathways, while religious scholarship highlights coping, meaning and community support. What is less developed is an integrated account of how these domains interact within family systems. This gap matters particularly in settings where religion is embedded in everyday family life and where extended kinship and community networks remain significant. The article therefore treats religion neither as an automatic solution nor as a peripheral variable, but as one of the social environments through which trauma may be interpreted, reproduced or resisted.

Taken together, the literature establishes that intergenerational trauma is multidimensional, but it does not by itself explain how the different dimensions operate together. The present article addresses this problem

by linking mechanisms of transmission, such as behavioural modelling, attachment disruption, emotional communication and family narratives, to the structural conditions and religious environments in which families live. This synthesis provides the basis for the theoretical framework and for the later distinction between the causes, effects and intervention implications of intergenerational trauma.

Theoretical Framework

Family Systems Theory is used because the central concern of this article is not simply what happens to an individual after trauma, but how trauma-related responses become embedded in relationships. Associated with Murray Bowen, the theory treats family members as interdependent and helps explain how anxiety, unresolved conflict, communication patterns and shifts in family roles can affect the functioning of the wider family system (Bowen, 2021). Its value for this study lies in showing why an individual-centred account is insufficient: the effects of trauma may be reproduced through interaction, caregiving, expectations and role arrangements rather than through the experience of one person alone.

Family Systems Theory identifies several mechanisms through which trauma can be transmitted. Emotional processes such as anxiety, conflict avoidance, or chronic stress patterns are often learned and internalised by children, creating cycles of

dysfunction. Parent-child interactions play a crucial role in this transmission, as children model parental coping strategies, attachment behaviours, and relational responses. For instance, a parent experiencing unresolved trauma may display emotional withdrawal, irritability, or hypervigilance, which can influence a child's sense of security and emotional regulation. Over time, these patterns can become embedded in family routines, influencing how future generations perceive and respond to stress (Nichols & Davis, 2020).

In addition to relational dynamics, Family Systems Theory emphasises the importance of roles and hierarchies within families. Stress and trauma can disrupt established roles, creating ambiguity or conflict regarding parental authority, caregiving responsibilities, and sibling interactions. Children may adopt compensatory roles, such as becoming caretakers for younger siblings or assuming emotional responsibilities for parents, which further reinforces cycles of stress and maladaptive behaviour. These role shifts illustrate the systemic nature of trauma, highlighting the interdependence of family members and the need for interventions that address the family rather than focusing solely on individuals (Olson, 2020).

Trauma-Informed Care is used for a different but complementary reason. Whereas Family Systems Theory explains the relational setting in which trauma may be reproduced, Trauma-

Informed Care provides principles for responding to people and families affected by trauma. It emphasises recognition of trauma's pervasive effects and the creation of conditions that promote safety, trust, empowerment and resilience (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Its inclusion therefore enables the article to move from explanation to intervention without treating clinical responses as a substitute for sociological analysis.

The two frameworks are consequently complementary rather than interchangeable. Family Systems Theory supplies the principal explanatory lens for understanding relationships, roles and patterns of interaction, while Trauma-Informed Care supplies an intervention-oriented lens for identifying practices that can reduce further harm and support recovery. Their combined use allows the article to connect the mechanisms through which trauma is maintained with the conditions required to interrupt those mechanisms. This is particularly important for family well-being because effective responses must address both relational patterns and the safety, agency and support needs of family members.

Religious and spiritual dimensions further enrich this theoretical understanding. Faith traditions often provide moral guidance, communal support, and coping strategies that mitigate the effects of trauma. From a

theoretical perspective, spiritual resources can be conceptualised as an external system that interacts with family dynamics, either reinforcing resilience or, when rigidly applied, contributing to stress. For example, families relying on prayer, religious counselling, or faith-based community support may experience protective benefits, such as enhanced coping, emotional validation, and moral reinforcement. Conversely, strict adherence to religious expectations may generate additional pressure or guilt, complicating trauma recovery. Integrating religious dimensions into the theoretical framework emphasises the interplay between internal family systems and external spiritual resources, highlighting the importance of culturally and spiritually sensitive interventions (Mahoney et al., 2020). Furthermore, these theoretical perspectives illuminate the importance of early intervention and preventive strategies. By recognising how trauma operates systemically and is influenced by both relational and spiritual factors, practitioners can target multiple levels of influence simultaneously. Family therapy, parenting programmes, and faith-informed counselling exemplify interventions that address both systemic relational patterns and spiritual dimensions, promoting resilience and mitigating intergenerational transmission of trauma. This integrative approach also underscores the need for

collaborative strategies involving social workers, religious leaders, and community stakeholders to create supportive environments that foster family well-being.

The theoretical framework also clarifies the place of religion in the analysis. Religious beliefs and practices are treated as social and relational resources that interact with family processes rather than as independent causes of recovery. Faith communities may provide meaning, practical assistance, moral support and belonging, while rigid expectations may intensify guilt or shame (Mahoney et al., 2020). The framework therefore supports a balanced analysis in which religious life can function as a protective resource, a source of pressure, or a mixture of both. This positioning strengthens the article's sociological contribution by locating religious experience within the wider family and social environment.

Psychosocial Drivers of Intergenerational Trauma

Intergenerational trauma is shaped by a complex interplay of psychosocial factors that influence family functioning, emotional well-being, and relational dynamics. Understanding these drivers is essential for identifying pathways through which trauma is transmitted and for designing effective interventions. Trauma rarely exists in isolation; it emerges within specific social, economic, and cultural contexts

that can exacerbate or mitigate its impact. Families operating under conditions of economic hardship, social marginalisation, or exposure to violence are particularly vulnerable to stress patterns that persist across generations.

Economic pressures are a significant driver of parental stress and family dysfunction, which in turn contribute to the transmission of trauma. Families facing poverty, unemployment, or financial insecurity experience chronic stress, limited access to healthcare, and constraints on educational opportunities. These conditions not only affect parents' mental health but also shape parenting behaviours, including inconsistent discipline, emotional withdrawal, and overprotection. Children growing up in such environments often internalise anxiety and uncertainty, developing coping strategies that mirror parental stress responses. Over time, these patterns can become entrenched, influencing subsequent generations' emotional regulation and relational behaviours. Economic stress also intersects with societal inequalities, such as systemic discrimination or gendered expectations, compounding vulnerabilities and creating conditions conducive to trauma transmission.

Exposure to domestic violence, abuse, and neglect is another critical psychosocial factor. Children who witness or experience violence in the household are at risk of developing emotional, behavioural, and relational difficulties. These experiences shape

attachment patterns, influencing trust, empathy, and conflict resolution skills. Parents who have themselves experienced trauma may inadvertently perpetuate these behaviours, as unresolved stress manifests in reactive parenting, emotional withdrawal, or aggression. In some cases, children assume protective roles, caring for siblings or mediating parental conflicts, which places additional emotional burdens on them and reinforces maladaptive family dynamics. The normalisation of violence or neglect within family systems contributes to intergenerational perpetuation of trauma, as children replicate behaviours observed in their formative years.

Migration, displacement, and exposure to conflict or war also play a significant role in intergenerational trauma. Families uprooted from their communities face disruptions in social networks, loss of cultural continuity, and heightened uncertainty. These experiences can generate chronic stress and anxiety, affecting parental functioning and emotional availability. Children growing up in displaced or conflict-affected households often encounter instability, educational disruption, and heightened exposure to environmental stressors, which can exacerbate emotional and behavioural difficulties. Additionally, displacement may weaken traditional support structures, such as extended family or religious communities, reducing access to coping resources and

increasing vulnerability to trauma.

Parenting styles and family relational patterns constitute another mechanism for transmitting trauma across generations. Authoritarian, overprotective, or emotionally distant parenting can perpetuate stress, insecurity, and maladaptive coping strategies in children. Conversely, neglect or inconsistent discipline undermines the development of emotional regulation and resilience. Parents' own unresolved trauma often influences their expectations, interactions, and emotional availability, shaping the next generation's responses to stress. Children internalise these relational patterns, replicating them in adulthood unless interventions are implemented to disrupt these cycles. Family routines, rituals, and communication styles also contribute to the maintenance or disruption of trauma patterns, highlighting the importance of systemic approaches in interventions.

Cultural and religious expectations further interact with psychosocial drivers to influence intergenerational trauma. In many societies, parents are expected to fulfil specific moral, economic, and social roles, and failure to meet these standards can generate stress and feelings of inadequacy. Religious frameworks may provide coping mechanisms, moral guidance, and communal support, yet rigid adherence to doctrinal expectations can also exacerbate stress and perpetuate guilt or shame. Cultural norms

regarding gender roles, caregiving responsibilities, and family honour can place disproportionate burdens on family members, influencing relational dynamics and contributing to the persistence of trauma. For example, in patriarchal societies, women may bear the primary responsibility for emotional care and household management, while men may experience stress associated with financial provision and authority, creating distinct yet interconnected pathways for trauma transmission.

Social isolation and weakened community networks amplify the impact of these psychosocial drivers. In contemporary societies, urbanisation, migration, and modernisation often disrupt extended family structures and communal support systems. Families that lack social support are more susceptible to stress, and children in these contexts may have limited access to mentorship, emotional guidance, or role models. Conversely, strong community ties, peer networks, and faith-based support can buffer the effects of trauma, enhancing resilience and providing practical and emotional resources. The interplay between isolation and community support highlights the importance of situating trauma within its broader sociocultural environment.

Cumulatively, these psychosocial factors, economic hardship, domestic violence, migration and displacement, parenting patterns, cultural and religious expectations, and social

isolation, interact in complex ways to perpetuate intergenerational trauma. Each factor influences emotional regulation, relational dynamics, and coping strategies, creating environments where trauma becomes embedded within family systems. Addressing these drivers requires multifaceted interventions that consider the structural, relational, and spiritual dimensions of trauma, incorporating both preventive and therapeutic strategies.

Finally, the psychosocial drivers of intergenerational trauma are diverse and interrelated. Effective interventions must address not only individual psychological needs but also systemic family patterns, cultural norms, and religious frameworks. By understanding these drivers, social workers, religious leaders, and policymakers can design holistic strategies to disrupt cycles of trauma, promote resilience, and enhance the well-being of families across generations.

Effects of Trauma Transmission on Family Functioning

Intergenerational trauma significantly affects the functioning of families, influencing emotional well-being, relational stability, and developmental outcomes for children. The transmission of trauma manifests across multiple dimensions, including psychological, behavioural, relational, and spiritual domains, often creating persistent patterns that affect family dynamics over time. Families exposed

to traumatic experiences such as violence, displacement, poverty, or systemic oppression frequently display heightened stress, maladaptive coping strategies, and disrupted interpersonal relationships. These effects are particularly pronounced when trauma is unresolved, unacknowledged, or reinforced by structural and cultural factors.

One of the most prominent effects of intergenerational trauma is emotional dysregulation. Children raised in households where parents exhibit heightened anxiety, irritability, or withdrawal often internalise these emotional patterns. They may develop heightened sensitivity to stress, difficulty managing emotions, and increased vulnerability to mental health issues such as depression, anxiety, or post-traumatic stress. Similarly, parents affected by unresolved trauma may experience impaired emotional availability, which can hinder their ability to provide consistent support, nurturing, and guidance to their children. This creates cycles of insecurity and emotional instability that are perpetuated across generations (Abidin, 2021).

Attachment disruption is another critical consequence of trauma transmission. Secure attachment develops when children perceive their caregivers as reliable, responsive, and emotionally attuned. Trauma can compromise parental capacity to meet these needs, resulting in insecure or disorganized attachment styles. Children with disrupted attachment

often struggle with trust, social relationships, and self-regulation, which can continue into adulthood. These patterns are further reinforced when parents themselves experienced insecure attachment in childhood, illustrating how trauma and relational disruptions propagate across generations (Conger et al., 2020).

Behavioral and social consequences are also evident in families affected by intergenerational trauma. Children exposed to household dysfunction, neglect, or violence may adopt maladaptive behaviours such as aggression, social withdrawal, or academic underperformance. These behaviours reflect internalised stress and modelled coping strategies learned from parents or other caregivers. Sibling dynamics can be similarly affected, with increased conflict, competition for attention, or protective behaviours that place additional burdens on older children. Over time, these behavioural patterns can influence family roles, hierarchies, and overall cohesion, creating environments in which stress and maladaptive responses become normalised (Nomaguchi & Milkie, 2020).

Trauma transmission also affects marital and parental relationships. Parents experiencing unresolved trauma may struggle with communication, conflict resolution, and emotional intimacy, increasing the likelihood of marital discord or separation. These relational disruptions further compound stress

for children, who may perceive instability in family relationships as normative. Parenting practices may be inconsistent, overly controlling, or emotionally distant, limiting opportunities for healthy development and reinforcing maladaptive coping mechanisms. Additionally, role reversals, where children assume caregiving responsibilities for parents or siblings, can perpetuate stress and hinder the development of autonomy and self-efficacy (Olson, 2020).

Spiritual and moral dimensions are intricately connected to trauma transmission in many families. Religion and spirituality often serve as coping mechanisms, offering moral guidance, hope, and a sense of purpose. However, trauma can disrupt spiritual engagement or create guilt and shame when families perceive themselves as failing to meet religious or moral expectations. Children may internalise these experiences, leading to altered moral frameworks, diminished faith, or overreliance on religious rituals as a compensatory coping mechanism. Conversely, strong religious involvement and faith-based support can enhance resilience, emotional regulation, and adaptive coping strategies, underscoring the dual role of spirituality in both mitigating and perpetuating trauma (Mahoney et al., 2020).

Cultural and societal factors further shape how trauma affects family functioning. In collectivist societies, expectations regarding family roles, honour, and interdependence can

amplify stress, particularly when parents struggle to meet societal or community standards. Gendered expectations may disproportionately affect mothers, who often bear primary responsibility for emotional labour, and fathers, who may experience stress related to financial provision or authority. These dynamics can reinforce relational tensions, perpetuate cycles of stress, and influence the ways children internalise and reproduce trauma-related behaviours (Adepoju & Alabi, 2021).

Finally, the cumulative impact of trauma transmission often results in long-term impairment of family cohesion and resilience. Families affected by persistent trauma may experience diminished communication, reduced emotional support, and weakened problem-solving capacities. These deficits hinder the family's ability to adapt to stressors, cope with adversity, and provide nurturing environments for children. The effects are cyclical, as children who grow up in such environments may internalise maladaptive patterns and replicate them in adulthood, continuing the intergenerational cycle of trauma.

Overall, trauma transmission profoundly shapes family functioning by influencing emotional regulation, attachment, behaviour, marital dynamics, spiritual engagement, and cultural adherence. Understanding these multifaceted effects is critical for designing interventions that address not only individual psychological

needs but also systemic family patterns, cultural expectations, and religious dimensions. Holistic approaches that integrate psychosocial, cultural, and spiritual considerations are essential for breaking cycles of trauma and fostering family resilience and well-being across generations.

Socioreligious and Social Work Implications

This section translates the preceding analysis into practice implications. Its focus is deliberately different from the subsequent discussion: it considers what social workers, religious leaders, community organisations and policymakers can do in response to the mechanisms identified above. The emphasis is therefore on application rather than on restating the literature or repeating the article's central argument.

Social work responses should begin with family-centred assessment rather than an exclusive focus on the individual who presents with distress. Practitioners need to consider attachment patterns, communication, caregiving roles, economic pressures, social support and the family's own interpretation of the traumatic experience. Trauma-informed practice can then be combined with family-based interventions that strengthen communication, emotional regulation, parenting capacity and relational safety.

Religious institutions can be significant partners where families

identify faith as part of their coping and social identity. Prayer, worship, pastoral counselling, community support and mentoring may provide meaning, belonging and practical assistance. Such engagement, however, should avoid replacing professional care or attributing trauma to moral failure. Religious leaders require appropriate awareness of trauma so that spiritual guidance supports dignity, agency and recovery rather than reinforcing guilt, shame or silence (Mahoney et al., 2020).

Cultural sensitivity is equally important. Extended family members, community elders and faith-based organisations may constitute important sources of practical and emotional support, particularly where formal services are limited. Interventions should therefore respect relevant cultural values while challenging practices that normalise violence, excessive caregiving burdens or harmful gender expectations. Parenting education, conflict-resolution initiatives, psychoeducation and community support can be adapted to local family structures rather than imposed as culturally detached programmes.

The structural dimension also requires policy attention. Poverty, insecure livelihoods, limited access to mental health services, displacement and social isolation can intensify the conditions in which trauma is reproduced. Social policy should therefore complement family-level interventions by improving access to

healthcare, education, social protection and community-based support. Collaboration among social workers, religious institutions and public agencies can create referral pathways in which spiritual and community resources complement, rather than substitute for, professional services.

Prevention should form part of this response. Early identification of family stress, accessible parental support, community education and safe spaces for discussing adversity can reduce the likelihood that harmful relational patterns become normalised. Faith communities can contribute by providing non-judgemental support, mentoring and referral to appropriate services. The practical implication is not that every family requires religious intervention, but that interventions should recognise religious identity where it is meaningful to the family and should work with it responsibly.

The practical case for collaboration is therefore clear: social work contributes assessment, therapeutic and community-based expertise; religious institutions may contribute trust, belonging and culturally meaningful support; and public agencies can address structural conditions that individual or family interventions cannot resolve. Keeping these roles distinct but connected reduces the risk of either medicalising a social problem or spiritualising a condition that requires professional and structural intervention.

Implications and Discussion

The analysis brings together strands of scholarship that are often treated separately. It shows that intergenerational trauma is best understood as a relational and social process rather than as a condition located solely within the individual. The effects of trauma may be carried through parenting practices, attachment, emotional communication, family roles, socioeconomic pressures, cultural expectations and religious interpretations. These pathways overlap, so changes in one part of the family or social environment may either intensify vulnerability or create opportunities for recovery.

The article's principal contribution to knowledge lies in this integration. Rather than adding another description of the psychological effects of trauma, it places the family at the intersection of social structure and religious life and distinguishes the mechanisms of transmission from the resources available for interruption. Family Systems Theory explains the relational pathways, while Trauma-Informed Care identifies principles for responding to trauma without reproducing harm. The socioreligious dimension then shows why the meaning attached to suffering and the support available through faith communities can alter how families experience and respond to adversity.

This synthesis also qualifies the idea of transmission. Intergenerational trauma should not be presented as an

inevitable inheritance. The literature reviewed suggests pathways through which patterns can be reproduced, but these pathways are contingent on relationships and circumstances. Supportive caregiving, stronger social networks, improved material conditions, professional intervention and constructive religious engagement can interrupt or modify established patterns. This distinction is important because it avoids treating families as passive carriers of trauma and places agency alongside vulnerability.

Religion emerges from the analysis as neither uniformly protective nor inherently harmful. Religious practices can provide meaning, hope, moral orientation, social belonging and practical support, while rigid expectations can intensify guilt, shame or pressure. The sociological significance of religion therefore lies partly in the way beliefs and practices are embedded in relationships and institutions. A faith-informed response should be evaluated by whether it strengthens safety, dignity, agency and family functioning rather than by religious affiliation alone (Mahoney et al., 2020).

The discussion further demonstrates that family-level explanations cannot be separated from structural conditions. Poverty, insecure livelihoods, displacement, social isolation and limited access to services may increase the pressures under which family relationships operate. Conversely, community networks and accessible services can provide buffers.

This suggests that social work and pastoral responses should be connected to wider social policies rather than expected to resolve structural vulnerabilities at household level.

The implications for practice are consequently preventive as well as remedial. Early recognition of harmful relational patterns, support for parents and caregivers, accessible counselling, community education and responsible collaboration with faith communities can strengthen protective factors before distress becomes deeply embedded. Such approaches are consistent with the theoretical framework because they intervene at several levels while preserving the distinction between professional care and religious support.

At the societal level, the argument extends beyond the family to questions of social resilience. Families are important sites of socialisation, care and meaning-making; persistent trauma can therefore affect wider patterns of trust, participation and community cohesion. Addressing intergenerational trauma is consequently not only a therapeutic concern but also a social policy and community development concern.

The article does not claim that its conceptual synthesis resolves all questions about intergenerational trauma. The literature reviewed is uneven across contexts, and the role of religious life varies substantially between communities. Further empirical research is needed to test the pathways identified here, particularly

in African settings where extended family systems, communal forms of support and religious institutions may operate differently from the settings in which much of the established literature was produced. The contribution of this article is therefore analytical: it provides an integrated framework that can guide such context-sensitive empirical work.

Conclusion and Recommendations

Intergenerational trauma affects family well-being through interconnected relational, social, cultural and religious processes. The analysis shows that trauma may be reproduced through parenting patterns, attachment disruption, emotional communication, family roles, socioeconomic pressures and cultural expectations, but it also shows that transmission is not inevitable. Families can draw on supportive relationships, community resources, professional services and, where appropriate, constructive religious practices to interrupt harmful patterns and strengthen resilience.

The article's central contribution is its integrated sociological and religious account of intergenerational trauma. By combining Family Systems Theory with Trauma-Informed Care, it connects explanation with intervention while treating religious life as a context that may support or complicate recovery. This approach moves beyond an exclusively psychological account and demonstrates why family well-being must be considered alongside the social and spiritual environments in

which families live.

The following recommendations arise from the analysis. First, family-centred assessment and intervention should be prioritised, with attention to communication, attachment, caregiving roles and emotional regulation. Secondly, early intervention should be strengthened through parental education, accessible counselling and community-based support. Thirdly, faith-informed support should be incorporated where families regard religion as significant, while maintaining clear referral pathways to appropriately trained professionals and avoiding interpretations that attribute trauma to moral or spiritual failure.

Fourthly, policy responses should address structural conditions that intensify family stress, including poverty, social inequality, displacement and limited access to health and social services. Fifthly, social workers, religious leaders, educators and community organisations should receive appropriate trauma awareness training so that their responses promote safety and dignity. Finally, further research should examine the pathways identified in this article in specific African contexts, with attention to extended family systems, gender relations, cultural memory and the diverse roles of religious institutions.

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