

The Impact of Intergenerational Trauma on Eating Disorders webinar transcript

la-shell_johnson@med.unc.edu: Good afternoon, everyone or good morning to everyone.

la-shell_johnson@med.unc.edu: I would like to welcome and thank you for attending today's webinar titled, "The Impact of Intergenerational Trauma on Eating Disorders" by Dr. Carolyn Ross.

La-shell_johnson@med.unc.edu: A few things to note participants will be muted upon entry and videos turned off. If you need technical assistance, please use the chat box function.

la-shell_johnson@med.unc.edu: We will have about 10 min at the end of the webinar to address any questions for the presenter. We do ask that you place your questions in the Q and A section in order to ensure that we do address those.

la-shell_johnson@med.unc.edu: In approximately one month, you will receive an email requesting feedback on the impact of this presentation. And lastly, we would encourage you to visit the NCEED Training Center at www.nceedus.org/training to see other webinars and training opportunities

la-shell_johnson@med.unc.edu: Slides from today's presentation will be shared along with the evaluation immediately following the Webinar

la-shell_johnson@med.unc.edu: and I'll go ahead and introduce Dr. Carolyn Ross, who is an African American author, speaker, and expert for the treatment of eating disorders, trauma, and addictions.

la-shell_johnson@med.unc.edu: Dr. Ross is a graduate of the University of Michigan Medical School. She completed a residency in Preventative Medicine, and a Master's in public health at Loma Linda University, and a fellowship in integrative medicine at the University of Arizona.

la-shell_johnson@med.unc.edu: She is board certified in preventative medicine and in addiction medicine. Dr. Ross has been an international speaker and consultant on issues of mental health, trauma, workplace productivity, and intergenerational trauma.

la-shell_johnson@med.unc.edu: Dr. Ross presented a Tedx Pleasant Grove Talk on historical and intergenerational trauma in January of 2020.

la-shell_johnson@med.unc.edu: She is co-founder of the Institute for Anti-Racism and Equity, a consulting group that offers DEI trainings to organizations on diversity anti-racism and equity in the workplace.

la-shell_johnson@med.unc.edu: I will now turn things over to Dr. Carolyn Ross.

Carolyn Ross: Thank you. Welcome everyone, we have an ambitious agenda today. So I'm gonna go ahead and get started and jump right in.

Carolyn Ross: Those are your learning objectives. This is my full bio for your bedtime reading. I love this quote by Bessel van der Kolk, who is one of the most well-known trauma therapists and authors, and he says, "The ability to feel safe with others is probably the most important aspect of mental health." and I think it's an often overlooked one. We don't necessarily think about it when we're raising our kids.

Carolyn Ross: Do our kids feel safe with others? We don't think about it when we go into new workplace situations, etc. But I think this says it all really.

Carolyn Ross: So I'm sure most of you are familiar with the Adverse Childhood Experiences Study. This on the right is the pyramid that they developed, which basically shows that they're studying, I'm just going to close this box here, they're studying the effects of trauma from conception all the way up through until death.

Carolyn Ross: So conception to death. They are also including studies on historical trauma, intergenerational trauma, and what they're calling social conditions and local contexts which I'll speak to in a moment as well as a list of adverse childhood experiences.

Carolyn Ross: So if a child has had any kind of historical trauma, had any of the social conditions, had adverse childhood experiences, this changes the brain or disrupts neurodevelopment.

Carolyn Ross: Once the brain is changed, that then causes social, emotional, and cognitive impairment, and can lead to the adoption of health risk behaviors like smoking, early promiscuity, drug use, etc.,

Carolyn Ross: And then that leads to disability, disease, and social problems, whether it be incarceration or chronic medical diseases or chronic mental health issues.

Carolyn Ross: and with a high enough a score, it can take 20 years off of your life. So this study was not around when I went to medical school, however, it's something I've been speaking about over the last, you know, couple of decades actually, and it's continuing

Carolyn Ross: through the centers for disease control. And I think the quote here on the left is really important, because this is the President of the American Academy of Pediatrics who says, "Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today."

Carolyn Ross: And as we go through this, I hope you'll be able to understand why he says that. Why Dr. Block says that.

Carolyn Ross: So what does the ACE study study? Actually? Well, look at the tree on the left here, and its studying adverse childhood experiences like physical and emotional neglect, divorce, mental illness, incarceration, homelessness, domestic violence, substance, abuse, emotional and sexual abuse and having a family member with depression or mental illness.

Carolyn Ross: So that's the original study. Now the Centers for Disease Control has added adverse community environments, which is the social conditions and local context on the pyramid here.

Carolyn Ross: And those include poverty, discrimination, community disruption, lack of opportunity, economic mobility, and social capital, poor housing quality and affordability, and violence.

Carolyn Ross: So basically what that this study did. It's turned on its head. All of the

Carolyn Ross: What we we thought were, you know true facts about what are the causes of medical conditions?

Carolyn Ross: And now we're looking at the root cause being trauma, because we've seen that if a child has one or more, and particularly if they have 4 or more adverse childhood experiences, including, but both community environments and the adverse childhood experiences, their risk for medical conditions,

such as cancer, heart disease, stroke, diabetes, all as well as eating disorders, mental illness, ADHD, and a over 40 medical and mental health conditions, their risk goes way up in adulthood.

Carolyn Ross: So bottom line is something happens to you in childhood, that increases your risk, then, for these over 40 medical and mental health issues as as as adults, and no one ever thought that something that happened to you as a child could do that.

Carolyn Ross: Well, what does this have to do with eating disorders? Well, we know in the US National Comorbidity study Survey-Replication study almost all women and men with eating disorders had at least one potentially traumatic event.

Carolyn Ross: And trauma history was found in children, teens, adults, men, women. All socioeconomic groups, all gender identities, etc., have a history of trauma with eating disorders.

Carolyn Ross: And this exposure to multiple traumatic events or recurring exposure to the same trauma increases the risk, for how bad the eating disorder affects you.

Carolyn Ross: And going further, eating disorders are, are most associated with emotional, sexual or physical abuse, and emotional neglect.

Carolyn Ross: Emotional abuse predicted higher eating, shape, and weight concerns and lower daily functioning.

Carolyn Ross: Sexual abuse predicted higher eating concerns.

Carolyn Ross: So the relationship, we think, between trauma and eating disorders is mediated by what we call emotional dysregulation, or the inability to manage your emotions.

Carolyn Ross: Increased heightened sensitivity to emotions, increase you know, in stress response, and we'll talk more about that as we go along.

Carolyn Ross: It's important to note that adverse childhood experiences are more common in Black Indigenous people of color

Carolyn Ross: In the White population, or in in the American population, I'm sorry, two-thirds of individuals have at least one adverse child experience.

Carolyn Ross: But these are not distributed equally in the population. Children of different races and ethnicities do not experience adversities equally. In every region of the United States, the prevalence of adversities is lowest among Asian children.

Carolyn Ross: The prevalence is highest among Black children and across the world, Indigenous populations are also exposed to higher rates of trauma.

Carolyn Ross: So one of the things that some facilities are adding in the study of the adverse child experiences is this question in number one to really address the race based traumatic experiences that were not included in the original Adverse Childhood Experiences study.

Carolyn Ross: So this question is: to the best of your knowledge, has your child ever been treated or judged unfairly because of his or her race or ethnicity? And we know that 10% of Black non-Hispanic children have experienced interpersonal racism.

Carolyn Ross: But the study of this is really early on, and some studies have shown that 90% have had experiences of racism and discrimination, particularly for African American women.

Carolyn Ross: This graph here you can see that the light blue is for no adverse childhood experiences. Then the next blue is for one adverse childhood experience, and in the dark blue is 2 or more.

Carolyn Ross: So here it's important to just for you to see graphically that Black children are more likely to have higher ACE scores compared to White children.

Carolyn Ross: And Black children are overrepresented among children with 2 or more ACEs. So you can see the graph, here is 2 or more and then this one is one.

Carolyn Ross: So for one, and for 2 or more, Black children are higher than their White peers.

Carolyn Ross: So this is the slide that basically just shows you what I mentioned earlier, which is that connection between having had childhood trauma, and then, later in adulthood, developing a list of problems.

Carolyn Ross: So this this study showed that there was in a study of 17,000 adults, for each additional adverse childhood experience, there was a 60% increase in attempted suicides, 60%. The increased risk of adult. I'm sorry, of depression and adulthood. What's associated with parental alcoholism was accounted for by a higher risk of adverse childhood experiences in alcoholic families.

Carolyn Ross: So I just want you to sit with that a moment when you go down the list here, this is the proportion of cases of depression, for example, that are attributed to adverse childhood experiences.

Carolyn Ross: Individuals who had 5 or more ACEs were 7 to 10 times more likely to report alcohol and drug use.

Carolyn Ross: and ACEs is also contributed to early onset of drinking before age 14.

Carolyn Ross: If we were able to prevent adverse childhood experiences, we could reduce the recurrence of the occurrence of depression by 44.1%.

Carolyn Ross: And just on down the line. So these findings are not just in the United States. They are in all developed countries, and the the numbers are approximately the same.

Carolyn Ross: and those with 4 or more ACEs accounted for a disproportionate share of the preventable causes of health and socioeconomic outcomes.

Carolyn Ross: Another metric is that ACEs are more common also in women.

Carolyn Ross: So I always say that wherever you go you take your trauma with you, because we don't often think about trauma as being so pervasive in our lives. You know that's something that happened when I was a kid, or that I don't need to deal with that or that doesn't matter.

Carolyn Ross: But in point of fact, what happened to you as a child, really does matter, and it stays with you throughout your life. So the cartoon says, and there's a nominal fee for that emotional baggage.

Carolyn Ross: So trauma affects your work, relationships, school, friendships, how you parent, how you manage your finances, every aspect of your life.

Carolyn Ross: I want to play this video by Gabor Mate, that talks about the relationship between trauma and addictions and

Video begins:

Trauma isn't what happens to you? It's what happens inside you. It's when you're alone with your pain and sadness, so you can't process it and move through it. Is it possible to raise your children without trauma? Life is inherently painful.

You can't protect children from that notion. You try to what you can do, though what you can do, is help them experience it, accompanied by a nurturing adult.

All addictive behavior can be traced back to childhood trauma. That's something you assert. Not everybody was traumatized becomes addicted, but everyone addicted was traumatized.

My major addiction has been to work. The work is so seductive, precisely because it's so appreciated by the world. If I think I'm not enough, then I want more and more validation for the world that I'm enough.

And my wife said to me, "Look, you gotta realize you're a workaholic because i'm not putting up with it anymore." So he had to make a decision.

I definitely struggle with this problem. In August, I had 2 weeks off, and I couldn't be the holiday dad. I'm not sure that you want to stay that way for the rest of your life. Because you got these 2 young kids. What's the message to them? And that is restless. It's their fault. Yeah, but that somehow they're not adequate, and when you're restless and unhappy around your kids, they get a message that it is about them.

Carolyn Ross: I know there's more to me than just my addictive self. But despite all the teaching that I do, I haven't, taught myself, and that represents a kind of powerlessness, and you've got to start with admitting that

That is the first day. So this is a highly traumatized society. This is the world in which there's even more need for a painful inquiry.

We have the capacity within ourselves to turn this around.

The answers are all within you. and if you need guidance, it's not how to negotiate the world out there it's how to negotiate the world within.

End Video

Carolyn Ross: And you could substitute addiction for eating disorders in this video.

Carolyn Ross: So I want to just briefly touch on the most important effects of trauma.

Carolyn Ross: For an adult Bruce Perry, who's a a child psychiatrist, an author, and researcher in this area, he says, "for an adult experiences may alter behavior; but for a child, experiences provide the organizing framework of the brain."

Carolyn Ross: So if you think of the brain as it's almost like a computer, it trauma changes in any experience, changes how the brain functions, changes the hardwiring of the brain.

Carolyn Ross: And that that could be positive experiences as well as negative experiences. So the lack of positive experiences, for example, in orphans, also change brain development in a negative way.

Carolyn Ross: But the presence of negative experiences changes the brain as well.

Carolyn Ross: So what the Centers for Disease Control says is that if a child grows up in a safe, stable, nurturing environment and relationships, they learn empathy, impulse control, anger management, and problem solving.

Carolyn Ross: And all of these skills protect against future violence. When that's not present, their brain set their brain cells form different connections with each other to better recognize and respond to trip threats.

Carolyn Ross: Even when the threat is no longer there, the trauma, the stress response system is already on red alert and can remain that way for the rest of their lives.

Carolyn Ross: So and then, once you look at children who are in persistently threatening environments, they are much more likely to respond violently, and that's a normal adaptive response. It doesn't mean something's wrong with them. It means something happened to them, and they're fight flight responses is how they have survived.

Carolyn Ross: and these responses can often override kind of the Non-Black, violent conflict resolution skills.

Carolyn Ross: So you think about a child who grows up in a threatening environment, who or who has been abused or neglected, these are children who then act out.

Carolyn Ross: Again a normal adaptive behavior. They may have anger problems. They may have difficulty controlling their emotions.

Carolyn Ross: And they also have difficulty with impulse control, and so on. And then that just leads to a, a whole host of other issues.

Carolyn Ross: So toxic stress is how ACEs actually change everything.

Carolyn Ross: It it can negatively affect brain development, immune system, and the stress response system. Now, you know, stress is normal. Everybody has stress. Toxic stress is prolonged or severe stress and stress that's present without a caring, nurturing adult. So these changes can affect children's ability to pay attention. So then they get have attention, deficit disorder.

Carolyn Ross: It can affect their decision making and their ability to learn. Children who grow up with toxic stress can have difficulty forming healthy relationships.

Carolyn Ross: They may also have unstable work histories as adults, and struggle with finances, jobs, and depression throughout their lives. So again, wherever you go, you take your trauma with you. These effects can also then be passed on to their children.

Carolyn Ross: Some children can face further exposure to toxic stress from historical trauma or ongoing traumas due to racism, for example, or the impact of poverty on their lives.

Carolyn Ross: So that's number 2. Number 3 is trauma effects attachment, and just simply attachment is the bonding between an infant and their caregiver. It doesn't have to be the mother. It could be a father or a grandmother. Whoever is their primary caregiver.

Carolyn Ross: and you can see that well, actually, I think the numbers are about 6. 60% of people have secure attachment.

Carolyn Ross: And then there is avoidant attachment where children show up as we withdrawn, quite, and anxious, ambivalent attachment where they can be anxious, have trouble focusing, very insecure, always asking a lot of questions, and then disorganized attachment.

Carolyn Ross: where kids are angry, depressed, unable to follow directions, have a short fuse, and trouble making friends.

Carolyn Ross: I'm sure every one of you listening knows somebody in one of these categories, or knows a child in one of these categories.

Carolyn Ross: So another important. So this is an important in impact on brain development. Attachment is. And we've known for a long time that babies who have secure attachment relationships do better in life. They have a better chance of succeeding in life.

Carolyn Ross: Studies show that sensitive, affectionate, responsive parenting protects children from toxic stress.

Carolyn Ross: Insecure attachment in infancy is associated with maladaptation in preschool and younger children.

Carolyn Ross: So healthy attachment improves the child's ability to cope with stress, with new experiences, and also with resilience, which is another protective factor.

Carolyn Ross: So number 4 is that trauma can be passed from one generation to another.

Carolyn Ross: This little video I'll show you here is showing kind of a demonstration of what we call epigenetic changes.

Carolyn Ross: Imagine those little black balls is on the experience of a child growing up, and the child goes out into life. And then you see the balls light up, and those are the experiences they have, whether they're negative or positive.

Carolyn Ross: And those different experiences then lead them on to different pathways, some of which may not be the best for them.

Carolyn Ross: So we know that trauma can induce epigenetic changes, and, according to the CDC, epigenetics is the study of how your behaviors and environment can cause changes that affect the way your genes work.

Carolyn Ross: So that, for example, the gene for an eating disorder can be turned on by trauma, or the gene for addiction can be turned on, or for depression can be turned on. So trauma does not change our DNA, but it changes how the DNA is expressed.

Carolyn Ross: Oops.

Carolyn Ross: And finally, the impact of trauma can be overcome. The brain has the ability to heal itself, and that's something called plasticity. And there are opportunities at every stage in life to change or remedy the negative effects of trauma, and to heal from trauma.

Carolyn Ross: We also know that while trauma can be passed from one generation to another, so can resilience. So when you ways of coping, overcoming traumatic stress and ways of sustaining your culture despite oppression, can be also be passed down.

Carolyn Ross: So, for example, if your parents or if a child's parents saw a overcome a natural disaster, and their child witnessed that, they might be able to recall the strength that their parents possess to persevere and overcome a problem in the past, and they can use that in their own lives.

Carolyn Ross: So the strategies that help the brain heal include mindfulness, physical activity, creative expression, and routine.

Carolyn Ross: And I think this is something that we often don't focus on in raising children, teaching them these different strategies.

Carolyn Ross: So let's now switch and talk about intergenerational trauma. In other words, trauma that's passed from one generation to another through epigenetics.

Carolyn Ross: So the core of intergenerational or historical trauma is the ripple effect of victimization “where the systemic effect of personal trauma often extends beyond the actual victim and can have profound effect on the lives of significant others, particularly spouses and offspring.”

Carolyn Ross: So, even though your children have not been traumatized. The fact that you have has an effect on your children.

Carolyn Ross: So intergenerational trauma is the legacy of pain that results from a family members' personal trauma left unhealed.

Carolyn Ross: So here's the definition of intergenerational trauma. It's a psychological term which is asserts that trauma can be passed from one generation to another. It refers to specific experiences of trauma across generations of family, not necessarily shared group trauma which is more historical trauma.

Carolyn Ross: Historical trauma, then is multi-generational trauma, so trauma over multiple generations. The trauma still is there.

Carolyn Ross: and it's experienced by specific, cultural, racial, or ethnic groups and related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans.

Carolyn Ross: Race-based traumatic stress is racial trauma, and it refers to mental and emotional injury caused by encounters with racial bias, discrimination, racism, and hate crimes

Carolyn Ross: And for many by BIPOC individuals, that's a daily experience.

Carolyn Ross: So some of the mechanisms we talked about talked about epigenetics as a mechanism for intergenerational trauma. Some people have pointed to dissociative identity disorder as a mechanism, not knowing who is safe for whom they belong to, they may be intensely affectionate with strangers, or may trust nobody.

Carolyn Ross: So that's one another. Unhealed trauma in the parent is transmitted to the child in the attachment bond as we talked about, and also via messaging about the self, the world, safety and danger.

Carolyn Ross: So these kind of messages could be things like never trust the police, or don't go to that neighborhood after dark, or don't trust this particular racial group. Those kinds of messages also are passed down to generations

Carolyn Ross: And treatment. We need to really focus, not just on children, which we want to, you know, prevent ACEs, but also on the parents or the caregivers, and also teaching resilience to heal the brain.

Carolyn Ross: So the internal family systems theory offers four strategies. One is the use of culture informed treatment, and that's particularly important in BIPOC populations.

Carolyn Ross: Second, is the interruption of unhealthy family communication patterns, you know, communication patterns that really don't enhance connection.

Carolyn Ross: They break connection, whether it be rage or negative messages passed on to children, etc.,

Carolyn Ross: and then being able to give trauma a voice within the family, and helping parents offer children the permission to dissociate or to to heal. So

Carolyn Ross: There are many theories on how to heal trauma. I'm just presenting some of them, but I think what I, my takeaway is that trauma can hijack a child's life and the sooner we can address it in the caregivers and in the children, the less likely they are to suffer the consequences.

Carolyn Ross: So giving trauma a voice may mean learning about traumas in previous generation, you know, having those conversations within the family about what happened to grandma and grandpa. What happened to your parents, etc., and we'll talk more about that in a moment.

Carolyn Ross: So, so intergenerational trauma is associated also with post-traumatic stress disorder. And and that's, you know, usually linked to one person experiencing trauma. But some of the studies on twins have estimated that that PTSD can be inherited and that is about 30-70% say that.

Carolyn Ross: Also it's important to note that prenatal stress, stress during pregnancy, can include metabolic changes, like during famine times, immune changes, such as when you have an illness, and perceived psychological threats like emotional distress or social distress.

Carolyn Ross: So in an animal study, stress can be imparted, use it, using these psychological and or physical changes, and can affect the fetus, increasing the risk for attention deficit hyperactivity disorder, schizophrenia, autism spectrum disorder, and so on.

Carolyn Ross: Here are some of the common symptoms that might show up in people who are experiencing intergenerational trauma. One is irrational, intense fears, lack of trust that can't be explained.

Carolyn Ross: Risky health, behaviors, anxiety and shame, food, hoarding, or overeating, authoritarian parenting styles, it's my way, or the highway; high emotional neediness on the part of parents, and living in survival mode.

Carolyn Ross: So I'm going to switch and talk a little just a little bit about historical trauma, because that historical trauma can be passed from one generation to another.

Carolyn Ross: There are 3 basic constructs of historical trauma experience.

Carolyn Ross: Historical trauma it concepts are number one, mass trauma: is deliberately and systematically inflicted on a target population by a subjugating dominant population.

Carolyn Ross: Number 2, trauma is not limited to a single catastrophic event, but continues over an extended period of time.

Carolyn Ross: Number 3, traumatic events reverberate throughout the population, creating a universal experience of trauma; and number 4, the magnitude of the trauma derails the population from its natural projected course.

Carolyn Ross: I think that's the the big one.

Carolyn Ross: I'm gonna just quickly go through this, please. Don't freak out when you see this complicated looking diagram, but it gives you an understanding of how historical trauma can be transmitted generationally. So let's take a dominant group, say settlers in the New World who came from Europe.

Carolyn Ross: And look at how they subjugated the popular, the native population here in America, just as an example. How did that happen?

Carolyn Ross: So they came here, they found Native Americans, Alaskan Natives and try to subjugate them number one through segregation and displacement, so putting them on reservations, sending them to boarding schools.

Carolyn Ross: The second way that they were subjugated was through physical and psychological violence, and that would be the wars. You know that where they fought against the Native Americans, and then economic destruction moving them from their ancestral homes led to loss of resources and legal rights, and then cultural dispossession.

Carolyn Ross: in the boarding schools, the children were, they were not able to continue speaking their language, practicing their culture or religion, and so on. So that's what happens to the first generation.

Carolyn Ross: and you could put in here of the population of enslaved Africans who were brought to the United States, etc.

Carolyn Ross: Now the trauma response can be mitigated by resilience and other protective factors that you see here. But the usual responses include a physical response. So nutritional stress affects the immune system.

Carolyn Ross: There can be biochemical changes, hormonal changes, changes in the stress response system, and then the expression of genes changes, and this all leads to malnutrition, diabetes, high blood, sugar, infectious disease, heart disease, high blood, pressure, and cancer.

Carolyn Ross: The other response is a social one. Where there's a higher suicide rate, domestic violence, unemployment, substance abuse, child maltreatment, and poverty.

Carolyn Ross: And that is what we are seeing. But both of those in the native populations that were violently colonized.

Carolyn Ross: And then psychological responses include PTSD, depression, panic, and anxiety which leads to anger and aggression, social isolation, shame, loss of self-worth and so on.

Carolyn Ross: So this is what happens to the second generation. And then that changes the expression of the genes for the things we've been talking about, and that change, then, is passed on to the third generation.

Carolyn Ross: So just briefly, it's not just trauma that can change the expression of genes. But all of these things can have epigenetic effects, and it's important to understand that epigenetics and understanding epigenetics can take the focus off of the in and the blame on the individual like.

Carolyn Ross: You know, we always hear if you're living a larger body, people say, "Well why don't, you just eat less and exercise more." So that blame being placed can can be mitigated by understanding this may be the historical trauma.

Carolyn Ross: and it may make acceptance easier, easier, with less shame and guilt and stigma.

Carolyn Ross: So next is an example of a patient that I had.

Carolyn Ross: Whose mother was a Holocaust survivor, and she had 2 children, and my patient is the girl, and you can see here that the mother raised them in in in such a way that she, well let me go back.

Carolyn Ross: The mother's adaptation to the Holocaust was to parent, using kind of an authoritarian set a style or a psychic numbing, which is you know, having difficulty expressing emotions.

Carolyn Ross: And my patient, the mother, in this slide perceived that parenting style as emotionally abusive and neglectful; and she developed obesity and alcoholism.

Carolyn Ross: And then her children were also showing some effects of the trauma.

Carolyn Ross: So we know in general the study of offspring of holocaust survivors is how we first started learning about epigenetics.

Carolyn Ross: And many of these offspring have, have things like anxiety, generalized fear, behavioral problems, and so on.

Carolyn Ross: So just again, in looking at the Holocaust survivors and their offspring, one study revealed that Holocaust survivors themselves reveal 6 main attitudes towards food because of being in the Holocaust.

Carolyn Ross: One was trouble throwing food away, even if it was spoiled; and we see that in in survivors also some other things like, you know, the hunger winter in Denmark.

Carolyn Ross: Number 2, chronically storing excess food; number 3, craving specific foods; number 4, difficulty standing in line for food; and number 5, experiencing anxiety when food is not readily available, and finally number 6, strong feelings of empathy towards others suffering from hunger.

Carolyn Ross: So many of the studies showed that adolescent girls, who were of European descent adolescent Jewish females, appeared to be at higher risk of developing abnormal attitudes and behaviors towards being towards eating compared to other groups.

Carolyn Ross: And there's a lot more on this, I mean, I think it's such a fascinating area to study.

Carolyn Ross: There's a lot of different conclusions that you can reach. But I think the biggest takeaway is that even when the offspring of Holocaust survivors never discussed their parents experience in the Holocaust. They showed signs of increased post-traumatic stress disorder, anxiety, depression, and other symptoms.

Carolyn Ross: So that's a pretty clear cut indication that you don't have to experience trauma to experience the effects of trauma that are intergenerational.

Carolyn Ross: So I want to show you the next video. Oh, let me start here.

Carolyn Ross: Historical trauma and native populations, while the main researcher in this area is Dr. Maria Yellow Horse Brave Heart, and she, she defines historical trauma as “The cumulative, emotional, and psychological wounding over the lifespan and across generations emanating from massive group trauma experience.”

Carolyn Ross: Before I start this, the first part of the video shows people in native people in America. The second part of the video, shows native Canadians or first people of Canada.

Carolyn Ross: just want you to look for the intergenerational effects of trauma.

Begin Video

When Yvonne Walker Kesheck steps foot on what was once Holy Childhood of Jesus boarding School in Harbor Springs, painful memories come flooding back.

“Everything that was Native American. They tried to destroy.”

Yvonne was one of thousands of Native American kids, many of them Odawa children, sent to this Catholic boarding school between 1829 and 1983.

"I often wondered. You know how other people, other kids who went to the school, how did they deal with it, and I know some of them didn't. Some of them became alcoholics. Drug addicts, committed suicide."

"You know, a lot of them just couldn't make it so it was, it was pretty tough. Students couldn't speak their language or practice traditions."

Yvonne says she was beaten by nuns as she struggled to learn.

"I spent a lot of afternoon lunch hours staring at the blackboard because I couldn't do the problem on the board. And one nun she'd come back, and she'd find me still standing there, and a problem is not done, she would take my, grab me by my hair and use me for an eraser, dragged me back and forth across the blackboard, you know, until she erased the numbers."

In the nineteenth and twentieth centuries, the United States funded more than 350 boarding schools, with the goal of assimilating and separating the tribes.

Holy Childhood was one of the longest running. Students often describe themselves as survivors of physical and even sexual abuse.

"What do you think the legacy of this place is going to be?"

"For those of us who went there? It's kind of like a, it's a bad history in the history of native people."

Children ended up at these schools a number of ways. For some families, it was the only way to keep their children fed and with a roof over their heads.

Others were forcibly removed from their homes. Yvonne and her 4 siblings were taken after her single father was charged with child neglect.

"The judge told him that he had to put his us in this boarding school or put us up for an adoption. But he didn't want us taken away from him so he put us in this school."

"What happened to your identity here at the school?"

“It kind of made us ashamed of who we were. It made us feel bad because of who we were. It would be being called names all the time, and and being put down all the time. And we noticed, too, that they paid more attention to the lighter-haired kids and their lighter- skinned kids.”

“I grew up, not knowing my language, and, in fact, I kind of felt a bit ashamed about our language and our identity, because it seemed like they were, meaning my parents and my aunts and uncles, were ashamed too in some way, because they didn't want to talk about it, and they didn't want to share with us about who we were.”

“There was a lot of fear, I think the fear, the fear that they put in him, the terror that they put in him. He, he he managed to bring that with him. It went into our family, you know and I learned terror and fear, and all that as well, as a child.”

End Video

Carolyn Ross: Okay, so one of the issues with native population it is that food insecure also contributes to a higher risk for binge-eating disorder.

Carolyn Ross: Okay, this is Dr. Joy DeGruy, who talks about the effects of slavery today.

Begin Video, “The Effects of Slavery Today”

Post-traumatic slave syndrome is an explanatory theory that really looks at multi-generational trauma.

One of the things that's difficult for people is their first response is, “Oh, my God! That happened so long ago!” We're talking about people being captured, shipped, sold, beaten, raped, experimented on, and then you have to ask the question: Did the trauma continue? Yes, so 300 years of trauma? No help freed, no help more trauma.

If it's a sustained trauma, then the the impact of that is also sustained. When we look at multi-generational trauma, we're looking at people who are maybe victims of natural disasters and their families and their children and generations of folks who have experienced war. And we know that there are residual, mental emotional traumatic impact.

And what I did was I started to look at the African-American experience starting with slavery as a real, clear, long, enduring traumas. I started to see that there were clear

connections between that survival behavior and contemporary living in African American experience. I started to see common behaviors that I took for granted as well. Cultural. There's adaptive behaviors, survival behaviors. Well, what are they?

Let's just say 2019, you have a Black mother and a White mother. The sons go to school together. They find themselves at a meeting. The Black mother leans over to the White mother and says, "I just wanted to mention to you that I noticed that your son is really doing quite well."

and the White mother's response is, "oh, thank you." She begins to go on and on about he won the science fair, his uncle's an astronaut. She's just oozing. She realizes the Black mother's son

is actually excelling her son, and she says, "Wait a minute, your son's the one that's really coming along." And the Black Mother responded: "Oh, my God! He's a handful! But oh, he just works my nerves."

Now, when I'm working with African American people, it doesn't matter what the audience is, it doesn't matter what class. If I were to ask, is she very proud while she's saying those denigrating things; and everybody laughs and goes 'Of course there's a secret because everybody Black knows it, even though the Black mother is going 'uh, my God' She's really proud!

So now let's roll that scene back 300 years, and let's say, this Black mother is working in the fields and a White slave owner comes through and says, 'Wow, that boy is really coming along!' What is she going to say?

"No, he's not. He's, he's stupid, he's, he's shiftless. He can't work because I don't want you to sell him. So I denigrate them to protect them. That is called appropriate adaptation when living in a hostile environment.

The little white boy say, Timmy. You know he feels really comfortable and happy about what his mom just said about him; and Trey looks at his mom and wonders, 'Why can't you be proud of me?'

Because he doesn't understand the secret yet? And by the time he learns the secret, he will have already been injured by it.

Carolyn Ross: And so she has a book by the same name, and I highly recommend it. I think this slide, the takeaway really is that eating disorders are just as prevalent in African Americans as in other populations across the board, including other BIPOC populations.

Carolyn Ross: I think we struggle because there's a lack of individualization on some of the measures and treatment, the lack of cultural competency, and so on.

Carolyn Ross: So I. This book is incredible and amazing ([Fearing the Black Body: The Racial Origins of Fat Phobia](#) by Sabrina Strings). She outlines the history of body standards, and the way in which thinness was used to uphold White superiority as recent as the twentieth century. The denigration of Black women for their bodies may have served as a driver for the creation of the thin ideal and comparison between this, you know, integrated Black body and the elite White Christian women.

Carolyn Ross: So the fear of the Black body was integral to the creation of the slender aesthetic in American women.

Carolyn Ross: Another factor is that BMI is not a good measure for Black women, because they may have higher BMIs than White women, but lower mortality rates and this uh, makes it a very not useful measure.

Carolyn Ross: So one of the things that we see is that in areas of the country of the United States, where there was a high degree of enslaved Black Americans.

Carolyn Ross: You also see high incidence of diabetes, high blood pressure, premature death from heart disease, prostate cancer, and so on. And that is a manifestation of historical and intergenerational trauma.

Carolyn Ross: Okay, I I'm: sorry, but I'm not gonna have really enough time to do a case. But hopefully, if you have questions about the case, I'm happy to answer them.

Carolyn Ross: But let's move on because I want you to have time for questions. So in this study by NEDA they presented 3 different 3 identical case studies, demonstrating disorder eating symptoms in White Hispanic and Black women

Carolyn Ross: 44% of clinicians identified White women's behavior as problematic. 41 identified Hispanic women as problematic, but only 17% identified the Black woman's problem as problematic.

Carolyn Ross: Since, you know, over the past few years we've seen a lot of change starting and hopefully continuing.

Carolyn Ross: But there is a refusal to remember, denial, disassociation and disavowal are all echoed in the absence of slavery from the trauma literature.

Carolyn Ross: I know the American Psychological Association has come out with a number of papers to address that. And hopefully, that will change.

Carolyn Ross: So what do we do? First step?

Carolyn Ross: I really strongly recommend universal screening at the in your practices, in medical offices and pediatric offices of trauma. Universal screening, using the ACE quiz.

Carolyn Ross: Secondly, taking a detailed history, including relationship dynamics, trends in the family, what patterns are showing up what types of trauma did your ancestors experience, and what traumatic events affected them?

Carolyn Ross: You can do a family tree, you know, looking for a genogram looking for these events.

Carolyn Ross: This is my family tree, and you can see, and I talk about this in my Tedx Pleasant Grove talk that when I did this genogram I was shocked that there was trauma that riddled my family tree.

Carolyn Ross: You could see it in every generation, and this led me to want to help my family to interrupt the transmission of intergeneration trauma.

Carolyn Ross: So the trauma-informed approach really focuses on safety, trustworthiness and transparency, peer support, collaboration, empowerment, and cultural competency.

Carolyn Ross: So using the ACE quiz also you can help, you can work on identifying when the trauma occurred, and how that might affect brain development and then teach stress management and emotional regulation skills.

Carolyn Ross: So I I'm going to stop here.

Carolyn Ross: and if there well, these are the shameless plugs for my books, [Treating Black Women with Eating Disorders](#).

Carolyn Ross: I have a chapter in there, and these are books written by myself.

Carolyn Ross: And then, if we have questions, I'm happy to go there and talk to you.

la-shell_johnson@med.unc.edu: Thank you so much. We do have a lot of questions coming in.

la-shell_johnson@med.unc.edu: Just as a quick reminder, following today's presentation, you will receive the slides from today's presentation as well as a link to the evaluation.

la-shell_johnson@med.unc.edu: and any questions we do not get to answer, we will send out an email with responses from Dr. Ross. Usually in about a week or so we can get those back to you.

la-shell_johnson@med.unc.edu: So the first question is: racism as an ACE is addressed in CA Pearls part 2. So it is addressed with every pediatric, patient family and California clinics. Is this done in other places?

Carolyn Ross: Not uniformly. And that's why I'm, you know, sounding the horn and saying the universal screening is the first step, because we need we can't address what we don't know. But no, it's not mandated in other States. As you know, the United States hasn't mandated as a, a Federal issue, it's more state by state.

la-shell_johnson@med.unc.edu: Okay. Next question reads: do you think that the White population is accurately reporting ACEs? And does the economic demographic skew results for reporting?

Carolyn Ross: Yeah, I think ACEs are pretty accurately reported. I mean, most of the studies are based on this group of 17,000 people who started with the study at Kaiser Permanente in San Diego, where I live. So most of the studies are done on that population. But newer studies are also being done.

Carolyn Ross: And no, I I don't think you know, when you're doing survey. It's pretty anonymous, so there's no real reason to not report. There may be underreporting, though, like you know, some people who don't recognize certain types of adverse childhood experiences.

Carolyn Ross: And I forgot the second part. What was the second part of the question?

la-shell_johnson@med.unc.edu: Does the economic demographic skew results or reporting?

Carolyn Ross: Yeah, because when you look at adverse community experiences, that tree that I showed you, you know things like poverty, our source of trauma so definitely. If you have adverse community experiences. Then you will have a higher levels of ACEs.

la-shell_johnson@med.unc.edu: If a child grows up in a loving and nurturing environment. But then experiences a traumatic event of losing a parent to a sudden death, does that trauma equal that of growing up in an abusive or traumatic environment, as it relates to developing an eating disorder?

Carolyn Ross: Well, I don't think we have that level of research around this. I mean, that's really drilling down to fine details. But loss of a parent, for example, is one of is one of the traumas that my family experienced with my father passing away before most of my siblings had reached 18, and so I think it's you know it's something important to look at.

Carolyn Ross: But at this point, the traumas or the ACEs, are all considered equal, and it's the number of aces that changes things. Now we may have research down the line that reveals more, but it's really the number of aces that makes the risk higher, and it's.

Carolyn Ross: You know it's sequential. So if you have one ace, it's not as much. If you have 5 aces, it's a lot.

la-shell_johnson@med.unc.edu: Okay, next question, what is your suggestion on helping adult children navigate effects of intergenerational trauma and navigate the relationships with their parents?

Carolyn Ross: Oh, my goodness, that's a tough one if you're aware of intergenerational trauma, I mean what I did. And

Carolyn Ross: you know I encourage you to look at my Tedx talk because I talk about that process a little bit, but I think the most important thing you can do is start a dialogue in your family.

Carolyn Ross: and just talking about your experiences if your parents are open.

Carolyn Ross: If they're not open to talking about it, then work on yourself because you you can be the point person that changes the transmission to the next generation and the next in the next.

Carolyn Ross: So I I went to my family and sent out the ace quiz, and encouraged them to discuss it with me, and also encourage them to look at within their own lives, and you know, find resources for healing.

la-shell_johnson@med.unc.edu: And that was kind of a 2 part question it said, you know, particularly if their parents are not open, willing, or capable to acknowledge the trauma is still driving their life and impairing relationships with their adult children,

Carolyn Ross: Work on yourself, you know. You can't change your parents all the time. You just work on yourself.

Carolyn Ross: I think it's really important that we not try to fix the past, but just work on healing the present.

Carolyn Ross: You know my my parents, you know my mother was not open to those discussions, so I I focused on myself and my children, and moved on from there.

la-shell_johnson@med.unc.edu: Okay, would the ongoing war on terror count as historical trauma for the millennial generation and their subsequent children?

Carolyn Ross: I think time will tell on that I'm not exactly sure. I don't think the war on terror would be considered a, a historical trauma.

Carolyn Ross: Not unless, perhaps you're a Muslim, and you know we've had that war on terror since 911. And a lot of Muslim Americans have the experience. You know, ethnic based or religious-based trauma.

la-shell_johnson@med.unc.edu: How many boarding schools still exist or convert to other use in the US?

Carolyn Ross: Yeah. The the last boarding schools went away in the 1960's, so we still had them up to the 1960s. There are no more boarding schools now anywhere. Not in in the US. Not in Canada.

la-shell_johnson@med.unc.edu: Okay? Next question is the 2004 study on eating disorders and trauma and the holocaust survivors. What are the 6 main attitudes towards food as a result of their experiences?

Carolyn Ross: Well, I did cover that in the presentation.

Carolyn Ross: I I don't know that I can get back to that at this point. If you want to email me, I'm happy to email you the results. I don't remember them off the top of my head. But I did list those I know.

Carolyn Ross: One was anxiety around standing in line for food, hoarding food, empathy with people who are experiencing hunger. Those are 3 of them.

la-shell_johnson@med.unc.edu: Okay and hopefully, we have time for one last question here. African American parents use physical punishment as a way to protect harm, protect from harm in the community...relived slavery, punishment on children. Any comments on this?

Carolyn Ross: I don't think all African-American parents use corporal punishment so that may be an older understanding. But if in your family corporal punishment was used.

Carolyn Ross: I think the work that Joy DeGruy has done illuminate some of that. And you can see from the short video that I showed you. Why, that might be as a protective manner, mechanism for

Carolyn Ross: enslaved parents to keep their kids in line. But I think that's going by the way side generally.

la-shell_johnson@med.unc.edu: Okay. And I know we are out of time. Thank you all so much for attending. And Dr. Ross, thank you for a wonderful presentation. I will email the remaining questions to Dr. Ross for her to provide responses, and then I will email those out to all attendees within the next week or so.

la-shell_johnson@med.unc.edu: Dr. Ross. I don't know if there's anything else you'd like to, to say?

Carolyn Ross: No, thank you for listening. It's been really fun, and I'm sorry I wasn't able to cover every single slide. But hope you got the message overall.

la-shell_johnson@med.unc.edu: Thank you so much, and I hope everyone has a great day.

Carolyn Ross: Bye.