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# The Intergenerational Healing Project: Community-Academic Partnerships to Evaluate Trauma Interventions within the African American Community

by

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University of Pittsburgh, 2020

## Abstract

Violence is a public health problem and evidence-based trauma interventions are needed. Through a community-academic partnership, a participatory evaluation of a Western Pennsylvania victim services agency's trauma programming was conducted. The evaluation had four components: development of an agency-wide comprehensive strategic planning process for research and evaluation, inventory of routine training and education programs, evaluation of a trauma-informed experiential learning exhibit, and evaluation of the Intergenerational Healing Project. This thesis will focus on the qualitative portions of the evaluation, including the staff interviews and Intergenerational Healing Project focus groups. Staff interviews revealed both opportunities and challenges in implementing evaluation within the agency. The focus groups resulted in four recommendations for Intergenerational Healing Project programming: the need for intergenerational programming, content related to grief and loss, content related to healing and well-being, and program accessibility. Future work should include expanding the Intergenerational Healing Project to both men and youth, as well as hosting groups in multiple locations throughout the city. Further, additional literature related to intergenerational trauma in the African American community is needed.

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## Preface

As a white woman, I am in no way an expert on the lived experiences of the African American/Black community. For the purpose of this thesis, the term African American will be used to align with how the agency describes their participants. The author acknowledges that there is a difference between the terms African American and Black and will use the language selected by the authors when citing other sources.

## Acknowledgements

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# 1.0 Introduction

Violence is a public health problem that often disproportionately affects minority and low-income families. The Centers for Disease Control and Prevention (CDC) identified risk and protective factors for experiencing or perpetrating violence and categorized them according to the social ecological model; protective and risk factors include income, peers, neighborhoods, and policies (Figure 1).[1] Among Blacks, the homicide rate is 12.9% higher than the rate among whites and homicide is the leading cause of death for Black males between the ages of 10 and 34.[2]

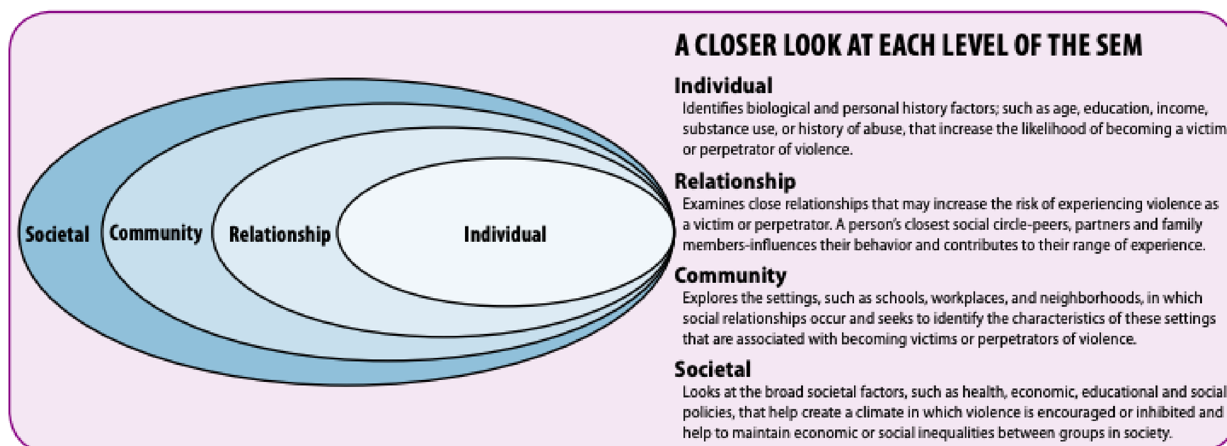


**Figure 1 Social Ecological Model: Violence**

While violence may disproportionately affect the African American community, interventions tailored for this population show promising results. The Robert Wood Johnson Foundation conducted a systematic review and made recommendations to reduce racial and ethnic disparities in health care; one theme found in the literature and included in their recommendations was the use of culturally tailored programs to better meet patients' needs.[3] An evaluation of a depression program for African American intimate partner violence survivors found that programming designed specifically for the African American community may be more effective for treating depression.[4]

A victim services agency in Western Pennsylvania developed the "Intergenerational Healing Project" (IHP), an educational support group primarily intended for African American women who had lost a loved one to violence. The University of Pittsburgh Division of Adolescent and Young Adult Medicine collaborated to conduct an agency-wide evaluation to understand how to further develop and expand their programming, including the IHP. During focus group sessions, participants openly shared their stories, ranging from programming and services they had received to their journey to healing and well-being after the experience of violent loss. With the incorporation of feedback from current participants, the program not only has the potential to expand to include more IHP groups, but also to develop groups appropriate for both men and youth who are also impacted by the loss of loved ones due to violence. This type of programming can serve as a model for other victim services agencies to better serve their clients.

The structure of this thesis is a one-paper option. It will begin with an introduction and an overview of the literature related to intergenerational trauma and participatory evaluation. The bulk of the paper is written in the form of a manuscript that can be submitted for publication. The thesis conclusion includes a summary of how of the current evaluation project fits into existing literature, as well as the author's reflections about this work.

# 2.0 Background

## 2.1 Intergenerational Trauma

Intergenerational trauma is defined as "the ways in which trauma experienced in one generation affects the health and well-being of descendants of future generations."[5] There are many terms that authors use to describe this psychological experience (historical trauma, transgenerational trauma, cultural trauma, etc.); however, for the purpose of this paper, the term intergenerational trauma will be used.

To understand the existing literature about intergenerational trauma, a search was conducted in Scopus, the largest database for peer-reviewed literature. Results were limited to journal articles written in English, with the terms "intergenerational trauma," "historical trauma," "transgenerational trauma," and "cultural trauma" in the title, abstract or keywords. The search returned 889 journal articles. Of these articles, 56 articles were relevant to the current study. Intergenerational trauma has been most extensively studied in survivors of the Holocaust and their descendants[6–11] and American Indians.[12–22] Several studies were conducted in African American/Black populations[23–36] including those that discuss Post Traumatic Slave Syndrome (PTSS).[28,33] Additional studies were conducted with Asian,[37,38] refugee/migrant,[5,39–42], Latinx,[43] and military[26,32] populations. Articles also identify how intergenerational trauma contributes to substance use.[12–15] Others focus on mother-child relationships[44,45] and how gender impacts intergenerational trauma.[16] Articles present theories,[35,46] measures,[17–19,29,47] and interventions.[20–22,30,33,48,49]

### 2.1.1 Intergenerational Trauma in African Americans/Blacks

Practices such as redlining ("discriminating against poor and minority neighborhoods in the provisions of bank lending and consumer services"[50]) have incited intergenerational trauma within the Black community, leading to disparities in health, income and education. In "Restoring Optimal Black Mental Health and Reversing Intergenerational Trauma in an Era of Black Lives Matter," Barlow discusses her family's personal experiences with intergenerational trauma as well as a support group that was conducted with college students to help them work through their own experiences with trauma. To understand the causes of trauma in the Black community and share their personal stories, the college students participated in Emotional Emancipation Circles. Participants recognized the need for this type of support system. With only 25% of Blacks seeking mental health care, there is a significant need for services within the community. Hosting support group sessions within communities may help connect community members with mental health professionals to address their trauma.[25]

Another author discusses the absence of slavery in trauma literature, despite its similarities to the Holocaust, which is frequently referenced. The loss of culture and family are just some of the ways that slavery is traumatic. For the Black community, the trauma of slavery was followed by Jim Crow laws ("legal separation by race of Americans"[51]), unfair economic and educational systems, and continued brutalization through lynching and hanging. Today, these effects are still noticeable in the prison system and drug prosecution, as well as poverty and unemployment. These experiences have impacted the parenting practices of Black families. Even if one generation does not discuss their trauma with their children, it can still affect the next generation. Toxic stress can affect children for life and slavery and its aftereffects contribute to this toxic stress in the Black community.[34]

In order to measure the impact of trauma in the African American community, Williams-Washington and Mills tested the African American Historical Trauma questionnaire. Two measures existed to assess historical trauma in Native Americans, the Historical Loss Scale and the Historical Loss Associated Symptoms Scale; however, the authors did not find an existing measure for the African American community. The African American Historical Trauma questionnaire was designed to explore the relationship between personal experiences of discrimination, memories of negative experiences of previous generations, and current levels of historical trauma. Three hundred and forty-two participants answered questions related to four factors including "How often do you feel angry when African Americans say racism doesn't exist?," "How often do you think about breakdown of African American families?," "How often do you believe African Americans' experiences have enriched them in ways others lack?," and "How often do you believe life is an uphill battle?" This resulted in 30 items with a Cronbach's α = .91.[29]

Several authors reference DeGruy's work on PTSS in relation to intergenerational trauma in the African American/Black community.[25,33] Another article, "African American Health and Posttraumatic Slave Syndrome: A Terror Management Theory Account," specifically discusses how PTSS has affected the social, psychological, and physical health of African Americans. Halloran notes disparities in physical health, including increased rates of diabetes (11.3 to 6.8%) and hypertension (41.3% to 28.6%) compared to whites.[28] In terms of psychological health, African Americans have significantly higher stress leading to depressive symptoms and poor self-rated health. Further, African Americans experience chronic depression more frequently than whites (57% to 39%), have more severe anxiety symptoms, and are more likely to be diagnosed with Post traumatic stress disorder (PTSD) and experience symptoms for a longer time. For social

health, homicide rates are higher among African Americans than whites (23.1 to 2.7 per 100,000), African American men are five times more likely to be incarcerated, and African American families have higher rates of intimate partner violence.[28]

Several theories seek to explain how these effects are passed down from generation to generation within the African American community. In epigenetics, children do not experience the same challenges as their parents, but still express the effects of their parents' environmental challenges. PTSS is considered to be passed through social processes in the family, community, and society and is associated with a "lack of meaning, a fragmented identity, and compromised values,"[28] causing individuals to be susceptible to anxiety and negative coping strategies, as well as poor health or social outcomes. These effects can be worsened by dominant groups undermining differing world views from minority groups. African American narratives support the ideas of PTSS. For example:

> The greatest curse of slavery is its hereditary character. The father leaves to his son an inheritance of toil and misery, and his place on the fetid straw in the miserable corner, with no hope or possibility of anything better. And the son in his turn transmits the same to his offspring and thus forever. [28]

### 2.1.2 Intergenerational Trauma in Women

Other articles address the relationship between being a woman and experiencing intergenerational trauma. In one study, the interaction between a mother's Adverse Childhood Experiences (ACEs) and their children's development is investigated. Mothers were asked about ACEs, depressive symptoms and health status, and their children's developmental risk. Over half of mothers (56.7%) reported at least one ACE and 20.4% reported concerns for their child's

developmental risk. Mothers' ACEs were associated with an increase in developmental concerns for their child. Addressing trauma for mothers has the potential to decrease developmental concerns for their children and promote child development.[44]

Another study investigated the relationship between maternal ACEs and a child's behavior. Parents with a child welfare case participated in telephone surveys. Interview questions included ACEs and the Child Behavior Checklist, as well as demographic information. Without controlling for demographic information, one increase in ACEs score for a caregiver was associated with a moderate increase in internalizing and externalizing behaviors on the Child Behavior Checklist. Similar increases in both internalizing and externalizing behaviors persisted when controlling for certain demographic information. An increased understanding of intergenerational trauma would allow for better identification of risk and better targeted interventions.[45]

One author, Brave Heart, has extensively studied historical trauma in the Lakota, a group of American Indians. The Lakota have endured many traumas, including the assassination of Sitting Bull and their children being forced to attend boarding school. In the article, an intervention to help work through this historical trauma is discussed. Participants were given the opportunity to process traumatic memories in both small and large groups. There were significant differences in how men and women responded to the programming. Key findings included a decrease in women's overall grief score from 2.99 to 2.64, compared to an increase in men's grief score from 2.88 to 2.94. In addition, while women's survivor guilt decreased over time (44.0% to 28.5%), men's survivor guilt increased (56.3% to 84.7%).[16]

### 2.1.3 Intergenerational Trauma Interventions

One program utilized dance/movement therapy (DMT) as an intergenerational trauma intervention. PTSS theory informed the development of the Healing in Motion program, a program for African American teenagers in Chicago. Topics in the 10 modules of the intervention include self-esteem and self-awareness, education, employment, health, and crime, with the final two modules focusing on artistic expression, allowing the youth to express themselves through storytelling, paintings and other forms. While a formal evaluation was not conducted, the author notes that DMT has been used within the African American community in the past and suggests that the youth's artwork is a sign of program outputs. Future work would include multiple repetitions of the program and expanding the program in additional communities.[33]

Another article also focused on the use of DMT with intergenerational trauma. Stanek discusses the experiences of wartime sexual violence in Germany during World War II. While there are few studies of wartime sexual violence, survivors experienced both short-term and long-term mental health consequences, similar to other types of sexual violence. Due to shame and guilt, many women remained silent about their experiences of rape. Nonetheless, these experiences were still passed on to the next generation. The use of DMT can allow an individual to make sense of their ancestors' experiences and how those manifest in their body while learning new ways to work through trauma.[48]

Another art-based intervention for intergenerational trauma was developed for Black women in Washington, DC. The program consisted of 90-minute sessions over 10 weeks with topics including secrecy, shame, and trust. There were three iterations of the program, with the first two iterations being formatted as discussions followed by an art project and the third iteration was formatted as holding the discussion and art experience on alternating weeks. The use of art

gave the women the opportunity to express themselves and share some of the stereotypes they faced as Black women. Another theme explored through art was hope. The groups were positively received, and many group members felt seen and heard as a result of the experience. The authors plan to continue to offer the group to help members of their community explore race, gender and intergenerational trauma.[30]

While not taking place within the African American community, a psychoeducational group intervention was designed for use with the Lakota, who have experienced many traumatic events including the Wounded Knee Massacre. The group was implemented with service providers to increase awareness of trauma and promote healing. The intervention consisted of material on Lakota trauma, a review of grief and trauma, small group exercises and opportunities for sharing, and a traditional Lakota ceremony. The process was evaluated using the Lakota Grief Experience Questionnaire as a pre- and post- test, a self-report evaluation after the intervention, and a follow up questionnaire after six weeks. All those who responded to the evaluation reported an increase in awareness of historical trauma and feeling better about themselves after the intervention.[20]

## 2.2 Participatory Evaluation

Stakeholder involvement in evaluation has been called empowerment evaluation, participatory evaluation or participatory action research evaluation, community-based evaluation, inclusive evaluation and stakeholder-collaborative evaluation.[52] This paper will refer to these approaches as participatory evaluation (PE). PE has been used in overburdened and under-resourced communities as well as with a variety of violence-related programs, frequently relying on academic partnerships to make the work possible. Fawcett and colleagues developed a

framework for PE with the following steps: (1) naming and framing the problem/goal, (2) developing a logic model for achieving success, (3) identifying research questions and methods, (4) documenting the intervention and its effects, (5) making sense of the data, and (6) using information to celebrate and make adjustments.[53] PE literature may focus on participant involvement during evaluation implementation, but their involvement should begin with framework design.[52]

A key component of PE is relationship building, which creates meaningful indicators, better data quality, more usable evaluation results, and learning experiences for both the participants and the evaluator.[52] Researchers may prefer methods that allow them more control over the process (e.g., randomized control trials); however, in PE, an evaluator must be willing to share responsibilities of the evaluation with participants early on.[52,53] While the evaluator may provide insight into methodology and the ability to communicate results to funders, participants provide insight into their community and can help design an evaluation that fits into the context of local needs and experiences.[53] PE increases community capacity[53] and involves participants gaining evaluation skills and choosing both the processes and outcomes that are most important to them.[52] The evaluator must work to make evaluation components understandable to participants and value participants as experts in their own experiences.[52] The participatory process has the potential to change participants' perspectives about researchers[53] and evaluation.[52]

Often, marginalized communities are excluded from research and PE gives them the opportunity to engage in the process.[54] Recently, researchers from the Australian National University engaged with Aboriginal communities in Australia through PE of the 'Invisible Hurdles project'; this project aimed to improve partnerships between legal and non-legal services to better serve young people experiencing family violence. Engaging stakeholders during the design phase

of the process increased community buy-in of the project. In addition, the authors noted that it ensured the evaluation measures were "relevant, useable, culturally and age appropriate, respectful, realistic and practicable" and helped them to "deliver quality, effective and relevant human services."[54]

In an evaluation of Missouri's child welfare system, university partnerships were leveraged to conduct a PE. In order to improve outcomes for families, seven statewide conversations were held with approximately 40 participants at each session; these conversations identified shared values including "well-being, family, whole people, strengths, partnerships, and change."[55] Based on these values, new practice models were selected and first implemented in 2015. Students from University of Missouri-Kansas City School of Social Work conducted an implementation evaluation in the first three months of training and implementation of the new models at both public and private child welfare programs.[55]

### 2.2.1 Participatory Evaluation and Violence-Related Programs

Most of the literature about PE and violence is related to family violence.[56–58] The Greenbook Initiative, a project to serve families affected by both domestic violence and child maltreatment, was evaluated in one study.[56] Domestic violence service organizations (DVSOs) are one of the main systems responsible for coordinating services for families experiencing this overlap. As part of this initiative, domestic violence agencies contacted women identified as needing help connecting to services rather than waiting for the women to contact them. Interviews and surveys were used to collect data about this project. Data collection tools were designed in collaboration with community participants to ensure that they were relevant to their work. Twenty-seven interviewees were associated with DVSOs. A key takeaway from this project was the need

for equal power between stakeholders; many individuals from DVSOs felt that those from the court system had greater influence on the project. Additionally, the limited resources of DVSOs was repeatedly mentioned as a barrier.[56]

Another study evaluated Safe from the Start, a program that collected intervention materials for children affected by domestic violence.[57] Individuals who experience domestic violence as a child are more likely to experience both homelessness and violence as adults, highlighting a need for appropriate interventions for this population. The research group consisted of family violence refuges, transitional accommodation agencies, and support providers. To gather qualitative data about this project, 17 interviews were conducted. The Safe from the Start resources can be used in one-on-one therapy with children, as well as a tool with parents; all staff members who had seen the resources used were satisfied with them. The evaluation showed that interventions with children can be provided by both parents and unspecialized workers if they receive appropriate guidance.[57]

A third study evaluated a family violence initiative that took place in a densely populated northeastern city with high rates of poverty.[58] Each year, approximately 10 million children in the United States witness or experience violence at home or in their communities; long term effects of family violence exposure can include being violent towards others from adolescence and through adulthood. The goal of the Safe Start initiative was to decrease the number of children who experience violence and its effects. Various stakeholders contributed to this initiative by participating in workgroups, focus groups, collaborative surveys, and advisory committees.[58]

The authors identified five strategies for PE: (1) showing up at community events, (2) assisting programs and projects even when it was not part of their contract, (3) reporting data to community stakeholders, (4) building community capacity, and (5) attending meetings with the

project leadership team. It was noted that these strategies were time consuming; however, it was made possible by interns and post-doctoral fellows who were interested in assisting community organizations. This was the first time that the programs were asked to provide the amount of data required for this initiative, which led them to rely on an outside evaluator; overall, there was an increase in the community's capacity to conduct evaluations and utilize the results throughout the process.[58]

Community-based participatory methods are effective for engaging stakeholders in violence prevention spanning multiple levels of the social ecological model. One study evaluated a community violence prevention program in Kansas City.[59] The goal of the Aim4Peace program was to decrease firearm related homicides and assaults through the use of primary, secondary, and tertiary prevention efforts across the social ecological model.[59] This project utilized Fawcett and colleagues' PE framework described above.[53] In addition to collecting community data such as homicide rates, interviews were conducted with project stakeholders. Key takeaways from this project include affirming the benefits of utilizing PE for violence prevention initiatives and the need for commitment to the time, resources, and collaboration necessary to conduct a PE. The investment in PE is worthwhile because it increases program, partner, and community capacity to continue work towards outcome improvements.[59]

## 3.0 Manuscript

Public health problems often burden minority and low-income families, ranging from infant mortality rates to heart disease and cancer.[60] The American Medical Association has referred to gun violence as a public health crisis.[61] In four major cities, 40.7% of those who identified as Black non-Latinx knew someone who had died from gun violence compared to 14.8% of those who identified as white non-Latinx.[62] In Pittsburgh, Pennsylvania, between 2010 and 2014, 85% of homicide victims were African American despite making up only 26% of the population;[63] in the 2015 report, the homicide rate for Blacks was 22 times greater than the homicide rate for whites.[64] Cycles of violence within the African American/Black community can contribute to trauma being passed down through generations.

Intergenerational trauma, also referred to as historical trauma, transgenerational trauma or cultural trauma, is "the ways in which trauma experienced in one generation affects the health and well-being of descendants of future generations."[5] Children of Holocaust survivors,[65] refugees,[5] and Indigenous people[66] have all been identified as experiencing intergenerational trauma. A Western Pennsylvania victim services agency developed programming for individuals who have experienced cycles of violence. The "Intergenerational Healing Project" (IHP) engages participants in psycho-education sessions and healing dialogues, working especially with African American women and their families who have been impacted by violence, including homicide. For the program to best reflect the lived experiences of crime victims and their communities, the victim services agency sought to learn more about help-seeking after trauma as part of an agency-wide participatory evaluation project.

Participatory evaluation involves "participants in learning evaluation logic and skills, selecting processes and outcomes that participants consider important, ensuring all aspects are understandable and meaningful to participants, and having the evaluation consultant act as a facilitator and collaborator who recognizes and values participants' views and expertise."[52] The victim services agency had partnered with the Division of Adolescent and Young Adult Medicine at the University of Pittsburgh in the past and continued their partnership to conduct the evaluation using participatory methods.

The evaluation consisted of four components: (1) development of an agency wide comprehensive strategic planning process for research and evaluation, (2) inventory of routine training and education programs, (3) evaluation of a trauma-informed experiential learning exhibit, and (4) an evaluation of the IHP. To inform the development of the strategic plan, seven members of agency leadership were interviewed by a member of the research team to understand perceived benefits and challenges to implementing research and evaluation. To guide the evaluation of the agency's routine training and education programs, a logic model was developed (Appendix A) and a basic participant survey was created. An additional survey was developed for visitors to the trauma-informed experiential learning exhibit, and questions about the exhibit were included in the focus groups conducted with IHP participants who utilize the exhibit as part of their sessions. The aim of this project was to evaluate programming at a victim services agency, including the IHP, through a community-academic partnership.

## 3.1 Methods

A member of the research team worked with staff at the victim services agency to develop a focus group guide with questions covering content of the sessions and thoughts about the structure of the sessions and implementation, as well as ideas for program improvement. The development of the focus group guide was an iterative process. First, agency staff informed the research team of topics that they were interested in learning more about through the focus groups: intergenerational programming, improving services for victims of crime, violent loss, and healing and well-being. The research team presented agency staff with potential questions and they identified those that they were most interested in and the research team made changes where requested. After several discussions, six main prompts were identified: (1) Tell me about your experiences with seeking services after experiencing trauma, (2) How has violent crime impacted your family?, (3) How has violent crime impacted you individually?, (4) What has been most important to your healing?, (5) What is [agency] doing well?, and (6) What could [agency] improve on?" Additional probes were developed to help guide the conversation if necessary. This paper will focus on responses related to questions about program evaluation, questions 4, 5, and 6 above.

To be eligible to participate in the focus group, participants must have attended at least two IHP sessions. Focus groups were held approximately six months after the start of the program. Participants were provided with lunch and a $50 gift card for participating in the focus group session. Two members of the research team, a Doctorate in Social Work candidate and a Master of Public Health candidate, co-facilitated the focus groups. The sessions were recorded to ensure accuracy and the recordings were transcribed by members of the research team so that participants could not be identified by their voice and their stories would remain anonymous. A member of the research team with prior qualitative coding experience used Dedoose, an online qualitative coding

software, to analyze the transcripts for information relating to program evaluation. As the project was exploratory, inductive coding was used. An initial round of coding was completed to identify broad codes. A second round of coding was conducted to identify more specific codes. After the two rounds of coding were completed, the codes were arranged into six categories: trauma services, family impact, individual impact, healing, agency strengths, and agency opportunities (Table 1). As noted above, this paper will focus on themes related to program evaluation: the need for intergenerational programming, content related to grief and loss, content related to healing and wellbeing, and program accessibility. This study was approved by the University of Pittsburgh Institutional Review Board.

**Table 1 Qualitative Codes**

| Code | # of References | Quote | Child Codes |
| --- | --- | --- | --- |
| Trauma services | 13 | "I immediately needed to be around people who go through the same thing. Nobody could tell me anything except the people who experience it, so I reached out." | Accessibility, intergenerational programming |
| Family impact | 14 | "And we're not supposed to talk about it. My family don't allow us to talk about it." | |
| Individual impact | 10 | "I'm gonna need help for the rest of my life 'cause I'm bitter, I'm bitter and angry about it." | |
| Healing | 7 | "So, knowing the help and advice and a crying shoulder is out there for me, that's what heals me." | |
| Agency strengths | 10 | "I wanna say that I think this program is very helpful." | |
| Agency opportunities | 8 | "More opportunity for conversation." | Program content (grief and loss, healing and wellbeing) |

As the focus group guide was being developed, seven interviews with agency leadership were conducted to learn more about current evaluation methods, perceived benefits and barriers to

the evaluation process, and outcomes that were of interest. One member of the research team conducted the interviews either in person or by phone with interviews lasting between 15 minutes and one hour. Interviews were recorded and transcribed by a transcription service to maintain integrity of the information shared by agency leadership. A member of the research team used the coding software to analyze the transcripts for excerpts pertaining to evaluation implementation (e.g., benefits, barriers, outcomes).

## 3.2 Results

### 3.2.1 Staff Interviews

The seven members of agency leadership who participated in interviews make up a majority of the leadership team at the victim services agency, all of whom were women with various educational experiences and time with the agency. The interviews were anonymous to prevent quotes from being attributed to specific members within the agency and ensure that they felt comfortable sharing their honest opinions about evaluation. Overall, there was consistency among staff about the positives and challenges of implementing evaluation in the agency. One member of agency leadership shared:

> I guess time constraints would be a big issue. We're all so busy. Clients are often transient, so it's hard to sometimes follow up. Sometimes, it's hard to—we get a referral, and we try calling them, and already the number's changed. It's hard to reach them, so that's always a challenge. It's the nature of the population that we work with oftentimes.

As noted in the quote, some concerns included time constraints and difficulty getting responses from clients. Other concerns included limited funding, hard to measure outcomes, and maintaining client confidentiality through the evaluation process. In terms of benefits of evaluation, staff mentioned consistent evaluation across departments rather than individual initiatives and the ability to track what resources are being offered to clients over time. In addition, a key interest was to learn which services are helping clients and what services should be added. This point was expressed by another member of agency leadership:

> I don't wanna be part of a unit that says, "This is what we're gonna give family members." I wanna be the one that says, "This is what family members need. How do we get that for them?" How do we make those connections? How do we build those bridges? I want evaluations to be able to tell me how can I improve on this unit so that we are hearing the voice of our clients and growing from there.

### 3.2.2 Participant Focus Groups

The two focus groups were between one hour and 30 minutes and two hours long with a total of nine participants (n=5, n=4). Most were African American, and all were women who had experienced a traumatic loss of a child or another family member. The focus groups were conducted without collecting or recording any identifying data, including names, to protect the identities of the participants. Focus group participants discussed content of IHP sessions and thoughts about the structure of the sessions and implementation, as well as ideas for program improvement. Their feedback about IHP programming resulted in four recommendations for future iterations and adaptations of the program including the need for intergenerational programming and content related to grief and loss and healing and well-being, as well as program

accessibility. Participants recognized the benefits of having a support system of people who had similar experiences of violent loss and the complex nature of their trauma. They also expressed a desire to share the group with a greater number of people through increased accessibility. Each of these recommendations is presented in more detail below.

#### 3.2.2.1 The Need for Intergenerational Programming

Participants discussed the need for programs like the IHP for individuals who had experienced violent loss. They often found themselves feeling isolated from friends and family and found it difficult to discuss what they were going through with people who had not also experienced it. Participant 8 shared what is was like to have an advocate from the agency reach out to her after her loss: "[Staff] reached out to me and explained who she was…and when I met her, it was like, she was, she was an angel. She shared with me her story and let me know that she…was gonna be with me every step of the way and I swear she was." In addition to staff support, participants recognized the benefit of making friends with the other participants in the group who they felt they could share their stories with without "burdening" them. As Participant 9 said, "One thing that helped me is having someone willing to listen."

#### 3.2.2.2 Content Related to Grief and Loss

Violent loss has greatly impacted the lives of all IHP participants. The trauma that they experienced by losing their loved ones was felt in many areas of their lives and was frequently difficult for them to separate from other traumas that they had experienced (i.e., rape, domestic violence). They also discussed the connection between the loss of their loved one to violence and the loss of others due to natural causes. For the participants, these losses were all connected and contributed to the trauma that they experienced. Participant 6 shared, "For me, it's like connected

like a magnet…It seemed like when I started thinking about one, all of 'em even though my brothers didn't die of violence or my mother or my father, but it was such an impact of trauma."

### 3.2.2.3 Content Related to Healing and Well-being

While participants had experienced profound loss and trauma, they acknowledged their progress towards healing and wellness. The women attributed some of their healing to the IHP, while other aspects were external to the program. Participant 2 shared, "That's what definitely hits – listening to our experiences, that helps me more than anything because like I said, knowing what you've been through, knowing what you've been through, you, you, you – that is what's going to heal each other." When asked to share what has helped the most in their journey to well-being, participants included faith, knowing that help is out there, listening to other people's stories, having someone to listen, thinking about memories, and friends and family.

### 3.2.2.4 Program Accessibility

The participants expressed difficulty with accessing services outside of the neighborhoods in which they live. Many participants must travel a far distance to attend sessions. This can be challenging for those who do not have a car or have limited mobility. Participant 2 shared, "I don't mind coming down here, but what about the people who can't make it?" For all participants, the need for someone to watch their children or grandchildren during the session was a challenge. Participants also expressed having difficulty finding services for their children and grandchildren after the traumatic event and suggested the creation of a family-oriented program that the entire family could attend. Participant 1 shared:

> So, any more stuff like this in the communities, and I feel like every community needs their own like, this is on the South Side. Maybe it's hard for her – if she lives

in McKeesport – to get over here, or, if she lives on the Hill and she don't have a car. I swear all of us are connected by a loss of a family member who meant something to us dearly. There should be more resources in each community.

## 3.3 Discussion

The IHP participants often feel separated from their friends and family members who have not been directly impacted by experiences of violent loss. As a result, the support system of women in the IHP was a valuable resource to be able to talk openly about their experiences. Barlow and colleagues noted a need for mental health services in the community as few members of the Black community (25%) pursue mental health care.[25] IHP participants can also be connected with therapists at the victim services agency to receive additional support to work through their trauma. Similarly, the aforementioned article found that holding sessions in the community can connect community members with practitioners to help them work through their trauma.[25]

The IHP participants expressed a need for more content related to grief and loss and healing and well-being. As women discussed their experiences with violent loss, many other traumatic events surfaced for them. Many discussed the loss of their parents and it seemed there was a need for resources to help them work through these experiences. Based on previous research,[16] support groups can help women to lessen these feelings of grief. In a study of historical trauma with the Lakota, a group of Native Americans, a program was created that allowed the participants to process their memories in small groups and large groups. Women responded better to the programming than men in regards to grief score (decrease from 2.99 to 2.64 vs. an increase from

2.88 to 2.94) and survivor guilt (decrease from 44.0% to 28.5% vs. an increase from 56.3% to 84.7%); this shows the benefit of creating support group spaces for women.[16]

The IHP participants appreciated the space to share stories about their loss and their loved ones in a way that they were unable to in other places. For this reason, women desired more opportunities to share their stories and listen to other's stories during the sessions. In another historical trauma intervention with the Lakota, a psychosocial group intervention was designed to increase trauma awareness and encourage healing through materials about trauma, a review of grief, small group exercises and time to share.[20] All respondents reported an increase in historical trauma awareness and feeling better about themselves after the intervention.[20] One suggestion for the IHP is to allow more time for open dialogue during the sessions, rather than fully structuring the time.

As mentioned by agency leadership in their interviews, lack of resources is a large concern for victim services agencies. In an evaluation of an initiative to serve families affected by domestic violence and child maltreatment, staff from the domestic violence agencies also noted their limited resources as a barrier. These agencies are some of the main organizations responsible for serving families affected by both child maltreatment and domestic violence. Typically, women reach out to domestic violence agencies to request services; however, as part of their initiative, the agencies reached out to women who were identified to be in need first.[56] As mentioned by one of the women in the IHP focus group, a member from the victim services agency reached out to her first and it was helpful to getting her connected with services. More agencies should consider utilizing this method as a way to help those who are most in need of services.

### 3.3.1 Strengths and Limitations

There are both strengths and limitations to using a participatory evaluation approach. Strengths of this project include being able to engage communities previously excluded from research and valuing participants as experts in the own experiences. Further, as participants are able to select outcomes that are meaningful to them, it is more likely that evaluation results will be used to implement change. In addition, increasing agency capacity to conduct their own evaluations leads to continued evaluation efforts, ensuring that the project will be sustainable over time. In terms of limitations, as part of being flexible with the timeline of community partners, participatory projects may take longer than traditional methods. Additionally, participants self-selected to participate in the focus group and there could be differences between those who chose to participate in the focus groups and those who chose not to participate in the focus groups. Participants in focus groups may feel that there is a right answer to the questions being asked or that they should give similar answers to the others in the focus group which could also affect responses. Finally, the results from this project are not generalizable due to a small sample size and not reaching content saturation. While this project was exploratory, it is not a limitation; rather, it is appropriate for the early stages of this research.

## 3.4 Conclusion

Intergenerational trauma in the African American community is beginning to be further explored in the literature. Theories and measures of, and interventions for intergenerational trauma have been extensively studied in Holocaust survivors and Native Americans; however, there is a

need to continue to grow the body of research related to African Americans and other underserved populations. High rates of violence in the African American community have led to the experience of violent loss for many individuals within the community. For this reason, the IHP was developed to serve African American women in Pittsburgh, Pennsylvania, with the potential to expand to additional communities in need of intergenerational trauma programming. Focus groups revealed the need for intergenerational programming and content related to grief and loss and healing and well-being, as well as improved program accessibility. Future iterations and adaptations of this and similar intergenerational trauma programming can begin to mitigate the pain and suffering passed from generation to generation following the end of slavery and through continued discrimination towards the African American community.

The IHP has filled what was previously a gap in services for women who have experienced violent loss. Showing appreciation and need for the program, participants wanted the sessions to be accessible to additional people throughout the city. Accessibility is a primary concern when working within communities. Hosting sessions at locations throughout the city, providing transportation, and providing childcare can make it possible for a greater number of people to attend IHP sessions. Overall, the desire for expansion of programming shows a deep level of trust in the agency and the services it is providing within the community.

As evidenced from interviews with agency leadership, implementing evaluation within an agency is not without challenges. Future work should include expanding these support groups to both men and children. The IHP can serve as a model to organizations who plan to continue intergenerational trauma and participatory evaluation research. In order to decrease the burden of public health issues on the African American community, more culturally-relevant interventions should be developed, including those addressing violence.

# 4.0 Thesis Conclusions

Beginning with slavery, the African American community has lived through repeated traumas. These experiences of discrimination have been passed from generation to generation and has contributed to negative outcomes, such as increased rates of homicide and intimate partner violence and poor health within the African American community. Research institutions have contributed to the injustices faced by the African American community, ranging from the Tuskegee Syphilis Study to researchers who leave communities after they are finished collecting their data. There are promising results for interventions tailored for the African American community,[3,4] including those related to intergenerational trauma,[30,33,48] similar to the program discussed here.

Community-based participatory research (CBPR) is a method that can be used to engage historically marginalized communities in research. Similar to PE, key components of CBPR include involving community members as stakeholders in the research process and sharing data and results with the communities where it was collected. Other methods could have been used for this project. Surveys could have been utilized to gather quantitative data about the participants experiences and thoughts about the program; however, the richness of the qualitative data would have been lost. To that end, interviews could have been used in place of focus groups. Future evaluation efforts could benefit from a mixed-methods approach. Other considerations for future evaluations should include allowing time to establish an advisory board that includes participants in addition to agency staff. This would provide insight to the researchers about what questions are of interest to the participants, as well as the acceptability of the evaluation.

As noted in other research, participatory processes can improve participants' perspectives of researchers[53] and evaluation[52] by giving community members the opportunity to engage in research processes from which they have previously been excluded.[54] In the case of the IHP, working with a community organization that had already built trust with community members allowed for confidence in the research team that facilitated this work; however, we learned throughout the process that research terminology, such as focus groups, made the participants uncomfortable. In future work, it will be beneficial to refer to the groups as listening sessions to alleviate concerns of the participants.

Participatory research and evaluation are not without challenges. Participatory research lacks the control that some researchers are accustomed to having over their studies and it is necessary to share responsibilities with participants early on.[52,53] It requires a strong commitment to learning how to communicate about research with community partners and be flexible with the research timeline; however, the results of studies conducted with community partners are much more meaningful and impactful. In the IHP evaluation, focus groups were delayed by four to five months, which required flexibility from the research team to adapt to the new timeline. In addition, the participants guided the conversation in the direction that they needed to go. This resulted in participants spending a significant portion of the sessions sharing their personal experiences of traumatic loss, which they felt was crucial to our understanding of how the program had affected them.

As noted by other researchers, participatory methods are useful for engaging stakeholders in violence prevention and the results are worth the commitment to the time, resources and collaboration needed to complete the project.[59] The current study was a learning process for both the participants and the evaluator of the IHP, as has been found in previous PE studies,[52] which

allows for community capacity building that will be useful to them in future projects.[59] PE literature focuses on stakeholder involvement during implementation, but they should be involved starting with framework design;[52] as noted in other research, it is important to design a framework that fits into the local context.[53] In future PE projects, it would be beneficial to bring participants in earlier in the process to ensure that the questions being asked and the outcomes being investigated are relevant to their community.

University partnerships can help to make community organization projects possible through sharing their resources. In another evaluation, students made it possible to complete an evaluation at all implementation sites within the first three months of the program;[55] similarly, the IHP evaluation was completed as part of a practicum experience. Other factors that made the IHP evaluation successful were that theories guided the work. For example, one of the six steps in Fawcett and colleagues' framework is developing a logic model for achieving success.[53] The process of creating a logic model for the agency-wide evaluation was a crucial step in identifying shared outcome goals between the research staff and victim services agency.

Another study noted the importance of designing violence-related programming that crosses multiple levels of the social ecological model.[59] As shown in Figure 1 (p1), the relationship level of the social ecological model is related to peers, friends and family and the community level is related to settings like schools or workplaces.[1] The IHP crosses both of these levels, by introducing the women in the program to peers with similar experiences to offer support and by being located within a community organization that can offer them additional resources and services. In addition, qualitative methods, such as interviews and focus groups, were commonly reported in the literature for other violence-related PEs.[56,57,59] The use of

qualitative methods allowed us to capture the stories of women who had been affected by a traumatic loss that would have been missed through quantitative measures.

For this reason, PE is particularly useful as it values participants as experts in their own experiences.[52] Trauma has greatly impacted the lives of the participants in this research, as well as many others in the African American community. Programming must be developed to serve these individuals, regardless of how long ago their or their family's trauma occurred. Next steps for this project should include expanding support groups to include men and children, as well as exploring the possibility of hosting support groups in additional neighborhoods. As discussed throughout this section, key takeaways from this project included: the necessity of using clear and shared language throughout the process, the need to give community members flexibility to direct the conversation where they need to go, and the importance of valuing participants as experts in their own experiences. Other agencies can use the IHP as a model for designing intergenerational trauma programming for their clients.

## Appendix Logic Model

**Program: Victim Services Agency**
**Situation: Evaluate the impact of trauma programming at a victim services agency.**

| Inputs | Outputs: Activities | Outputs: Participation | Outcomes -- Impact: Short | Outcomes -- Impact: Medium | Outcomes -- Impact: Long |
|---|---|---|---|---|---|
| • Funding from grants and donors<br>• Victim services agency staff<br>• Division of Adolescent and Young Adult Medicine research staff<br>• Healing Rivers Exhibit and training rooms at victim services agency | • Conduct interviews with agency leadership from across all departments<br>• Train staff to guide participants through the Healing Rivers Exhibit<br>• Create feedback forms for training or education programs, Healing Rivers Exhibit and Intergenerational Healing Project<br>• Create pre- and post-tests for the Healing Rivers Exhibit<br>• Host participants for the Healing Rivers Exhibit<br>• Host bi-monthly Intergenerational Healing Project groups<br>• Conduct focus groups with Intergenerational Healing Project participants | • Individuals from the Greater Pittsburgh Area who have experienced a traumatic event<br>• Groups from the Greater Pittsburgh Area that have an interest in trauma training | • Conduct 8 interviews with agency leadership from across all departments<br>• Train 10 staff to guide participants through the Healing Rivers Exhibit<br>• Host 400 visitors to the Healing Rivers Exhibit within the first 6 months<br>• Conduct 12 Intergenerational Healing groups within the first 6 months | • 60% of visitors commit to a self-care plan<br>• 20% of Healing Rivers Project participants request further services<br>• 25% of participants report an increase in knowledge from pre- to post-test | • Conduct 2 focus groups with Intergenerational Healing Project participants<br>• 50% of individuals who request further services attend at least one appointment |

**Assumptions**
Individuals who have experienced a traumatic event are interested in attending a support group.
Groups are interested in trauma training.

**External Factors**
Funding is available for the victim services agency to accommodate individuals and groups who need support or trauma training.

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