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Unravelling the threads: Exploring Transgenerational Trauma and Gender differences in Trauma perception among the Kashmiri Pandit Community

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Abstract

The study aimed to understand the level of trauma and prevalence of Post-Traumatic Stress Disorder (PTSD) symptoms in the Kashmiri pandit population due to the persecution and exodus in 1990. The study addressed the generational effect of trauma and understood the gender differences in perception of trauma. Kashmiri pandits who suffered in the exodus of 1990 and their children (n = 100) participated in the study. There was no significant difference in trauma scores between the generations, along with high prevalence of trauma in both generations. This hinted at generational transmission of trauma. The results found that there was significant difference between the genders in the level of trauma with men showing higher level of trauma. The study suggested generational transmission of trauma and gender

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differences in trauma in Kashmiri pandit community due to their persecution in Kashmir and being forced out with the exodus of 1990. The study shows how the community has been affected psychologically with the trauma of leaving their home.

Keywords: Trauma, Generational trauma, Gender, Post Traumatic Stress Disorder

Introduction

Kashmiri pandit History

The Kashmiri pandits are a Saraswat brahman community from Kashmir with a history of over 5000 years (Mondal, 2022). The persecution of Kashmiri pandits began in 1339 and over the next 650 years they faced persecution, destruction of temples, forced conversions and seven mass exoduses, the last one being in 1990 (Dixit, 2021). Pandita (2013) in his book depicts the socio-political state at that time, how anti-Hindu slogans were raised and Kashmiri pandits were forced out of Kashmir in 1990s. Guha (2019) concludes that the greatest tragedy of Kashmiri pandits was that they were forced to flee their homes, while their own people were the people doing this to them or looking the other way as the idea of jihad and Islamic fundamentalism targeted them.

Understanding Trauma and Post Traumatic Stress Disorder

Trauma is defined as “disturbing experience that has led to fear, helplessness and disruptive feelings intense as to leave a long-lasting effect on attitudes, behaviours and functioning” (APA Dictionary of Psychology, n.d.). Posttraumatic Stress Disorder (PTSD) on the other hand is a mental health disorder that includes “individuals who had exposure to actual or threatened death, serious injury, or sexual violence, which could be through direct experience, witnessing

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events, or learning about them." It is marked by intrusion symptoms; distressing memories, dreams, dissociative reactions. There is also psychological distress along with physiological reactions triggered by reminders. There is persistent avoidance of trauma-related stimuli and negative alterations in mood and cognition with marked alterations in arousal and reactivity: irritability, hypervigilance, sleep disturbances (DSM-5, 2013). It would be fair to say that trauma leads to PTSD and both are in fact a part of each other to a great extent.

Several experts over the years tried to understand trauma and PTSD. Herman (1992) connected PTSD to a person's adaptive response as well as feelings of terror and helplessness. One of the most influential people on the subject Van der Kolk (2015) laid emphasis on the negative nature of flashbacks, explaining how the event might happen in a place and time but the flashbacks can cause distress beyond the event. Additionally, the author explained how people with trauma often felt unsafe in their own body expecting threat at all times. The cognitive model explained PTSD as the result of perceiving trauma in a manner that it felt like current and serious threat (Ehlers & Clark, 2000). Chemtob et al. (1988) explained trauma by mental structures acquired during threatening situations, which led to inappropriate responses in non-threatening situations. This interpretation intensified the perceived threat when there was none, leading to the symptoms of PTSD. Beck (1976) in his cognitive theory believed that trauma led to the formation of negative schemas about oneself, the world, and the future, which led to the perception of threat even after the traumatic event had passed, leading to symptoms of PTSD. Psychoanalytic theory by Freud (1896) argued that unresolved trauma was repressed in the unconscious and manifested as symptoms like anxiety and flashbacks. Watson and Rayner (1920) demonstrated the conditioning of fearful responses by traumatic events with Little Albert.

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Generational Trauma and Historical Trauma

Brave Heart (2003) defined historical trauma as "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences." According to Alexander (2016), cultural trauma takes place when members of a community feel they had been subjected to injustice, leaving a mark on their group consciousness. This is true in the context of Kashmiri pandits as they also have suffered historically at the hands of invaders and were pushed out of their own home. Atkinson (2002) also demonstrated the intergenerational transmission of trauma within Aboriginal communities, illustrating this through a "trauma gram" linking historical events to ongoing traumatic experiences. Atkinson (2002) studied six family generations and observed a pattern where events like violence and substance abuse persisted, suggesting that unresolved trauma continued to affect subsequent generations.

Several studies highlight the impact of generational trauma, Vaage et al. (2011) showed how father's PTSD predicted the children's mental health. Yehuda et al. (1998) in their study found that adult offspring of Holocaust survivors had more PTSD prevalence than control. Braga et al. (2012) also found out how the perception of Holocaust experience and communication between generations led to transmission of trauma. The literature shows that the generational effect of historical trauma can lead PTSD and other disorders and how trauma can be passed down from one generation to the other.

Trauma and Refugees

It is estimated that 100,000-250,000 people fled Kashmir due to the terror by JKLF and sought refuge in several camps in places like Jammu, Delhi, Punjab and others (AI, 1993; Kadian, 1992; HRWAP, 1994, as cited in Immigration and Refugee Board of Canada, 1995). According

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to Kunz (1973) refugees were pushed out of their homeland due to threat and oppression, and without these conditions they might not have left their homeland. The author also categorized refugees as anticipatory refugees and acute refugees, those who anticipated threat and left and those who left in crisis. As Mondal (2022) put it "since Jammu and Kashmir was a centre of conflicts since decades and had experienced seven organized exoduses over the years, there were anticipatory as well as acute refugees."

Mondal (2022) in her study on Kashmiri pandits identified several themes and subthemes through thematic analysis of interviews of 20 Kashmiri pandits. The subthemes of oppression, insecurity and helplessness, uncertainty about future, discrimination, loss of trust, loss of honour, lack of belongingness and identity organized by historical trauma highlighted the role of exodus of 1990 and the traumatic effect on the people. There have been several studies showing the effect of trauma due to migration in refugee population." Steel et al. (2002) showed how exposure to trauma in refugees was the most important predictor of mental health in refugees. Banal et al. (2010) showed how Kashmiri pandits had higher psychiatric morbidity especially in PTSD when compared to the control. Another study showed that Cambodian refugees had very high level of PTSD (62%) 20 years after resettlement (Marshall et al., 2005). The literature shows how refugees have a higher risk and higher levels of PTSD.

Gender Differences in Perception of Trauma

There is extensive literature that shows the gender differences in the perception of trauma. Olff (2017) in the article states that the prevalence of PTSD between men and women is 5-6% and 10-12% respectively, while also mentioning how women score higher in the acute phase on subjective responses. Olff (2017) also points out that women and men handle stress differently. Christiansen and Hansen (2015) showed that post trauma women reported more symptoms of

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PTSD along with higher level of neuroticism, anxiety and helplessness. Valentine et al. (2019) also showed the gender differences in the perception of trauma.

Purpose of the Present Study

The purpose of the study was to understand the generational impact of trauma, prevalence of trauma, gender differences in perception of trauma and the effect of trauma on psychosocial functioning and maladaptive beliefs. The Kashmiri Pandit community has suffered for years and this historical oppression and trauma has displaced them internally in their own country. There is substantial amount of political and social research done but there was no major research done with a psychological perspective on trauma other than Mondal (2022) that the author could find. The objective of this study was to understand the impact of trauma on the community and the how it affects them after more than three decades. To understand the effect, it has had on the subsequent generations and how it has impacted their mental health. The study intended to further the discussion on trauma in refugees, especially Kashmiri pandits. The study was conducted to see how trauma in refugees affected people on an individual and community level.

Hypotheses

- Hypothesis 1: There will be no significant difference between trauma scores of first and second generation.
- Hypothesis 2: There will be significant difference between trauma scores of men and women.

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Methodology

Sample

The data was collected through a purposive and snowball sampling approach. The sample included Kashmiri Pandit people from the generation that saw the exodus of 1990 and the children of these people. The data was collected online and offline. The inclusion criteria included people above 16 years of age. The other criteria included was people who had suffered during the exodus of 1990 and their children. The safety and anonymity of the participant was prioritized and consent was taken before they participated in the study. The researcher had also taken all necessary permission and approvals from the review board and ethical committee. The sample consisted of 100 participants, with 59 from the first generation (who suffered due to the exodus) and 41 from the second generation (their children/grandchildren). The sample had 53 females and 47 males.

Instrument

Posttraumatic Stress Disorder Checklist for DSM-5: as developed by Weathers et al. (2013) and was used to evaluate the presence and severity of PTSD symptoms. It is a 20 item self-report measure with high internal consistency (Cronbach's alpha = .96) indicating high reliability. It also showed high test-retest reliability (r = .84) with good convergent and discriminant validity. The cutoff score of 31 was used as recommended (Bovin et al., 2016).

Design

The design of the study aligned with the hypotheses it wanted to test. The initial properties of the data showed that it was normally distributed so parametric tests were used for the study.

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The study incorporated four variables, this included two demographic variables; generation (first and second) and gender (male and female). The two psychological variables were trauma scores and if the score was high enough to get a provisional diagnosis for PTSD. The descriptive properties of the variables were used to understand them in a better manner. They descriptive properties told us how the data was distributed, it's mean, median and mode. It told us about the Standard deviation and other properties of the data. The distribution of scores high enough to be considered as a provisional diagnosis for were analysed. This was done using crosstabulation. To find if there was a significant difference between two categories (for example, trauma scores between men and women) the Independent Samples T Test was used. The test was used to see if there was a significant difference between the trauma scores in men and women as well as first and second generation. These methodological choices aligned with the characteristics of the data and objectives of the study.

Results

The sample consisted of 100 participants, with 59 from the first generation and 41 from the second generation. The sample had 53 females and 47 males. The data was not normally distributed.

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Table 1

Descriptive properties of PCL-5 (trauma) scores

Variable	Mean	SD	Median	Range
PCL-5 scores	**28.89**	**16.78**	**26**	**76**

Table 2

Distribution of scores of 31 and above (considered provisional diagnosis for PTSD) between generations

PCL-5 scores ≥ 31	Number	Percentage
1st Generation	**30**	**50.84%**
2nd Generation	**13**	**31.70%**
Total	**43**	**43%**

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Table 3

Distribution of scores of 31 and above (considered provisional diagnosis for PTSD) between genders

PCL-5 scores ≥ 31	**Number**	**Percentage**
Female	**19**	**35.84%**
Male	**24**	**51.06%**
Total	**43**	**43%**

Table 4

Group Statistics

PCL-5 (Male and Female)

	Sex	**N**	**Mean**	**SD**	**S.E. Mean**
PCL-5	Female	53	25.28	15.831	2.175
	Male	47	32.96	17.066	2.489

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Table 5

Independent Samples T Test (equal variances assumed as per Levene's Test) between genders

					95% C. I. of the diff.	
t	df	Sig. (2 t.)	Mean diff.	S. E. diff.	Lower	Upper
-2.332	98	0.022	-7.647	3.290	-14.204	-1.145

Table 6

Group Statistics

PCL-5 (First and second generation)

	Sex	N	Mean	SD	S.E. Mean
PCL-5	1st Gen.	59	30.97	17.304	2.253
	2nd Gen.	41	25.90	15.741	2.458

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Table 7

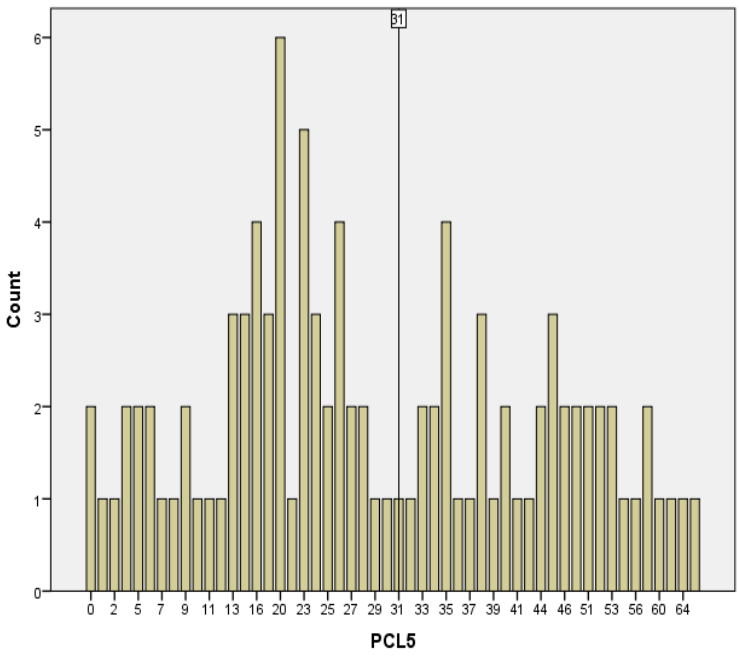
Independent Samples T Test (equal variances assumed as per Levene's Test) between generations

					95% C. I. of the diff.	
t	**df**	**Sig. (2 t.)**	**Mean diff.**	**S. E. diff.**	**Lower**	**Upper**
1.493	98	0.139	5.064	3.392	-1.668	-11.795

The data collected online (n = 57) had 53 (94.64%) had a score of 2 or higher on at least one item which is considered as a symptom endorsed.

Figure 1

Distribution of trauma scores (PCL-5)



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Discussion

The study was aimed at understanding the prevalence of trauma in Kashmiri pandit community and the gender differences in trauma. The sample for the study consisted of 100 participants from the Kashmiri pandit community who suffered during the 1990 exodus or the children of those people. The minimum age criteria was 16 years of age. The sample had 59 participants from the 1st generation and 41 from the 2nd while the distribution between men and women was 47 and 53 respectively.

Trauma scores had a mean of 28.89 (SD = 16.78) that shows us that the mean score is very close to the cutoff for a provisional diagnosis. This highlights how affected the community is as a whole while the standard deviation being relatively high tells us that the perception of trauma within the community is diverse and different people perceive trauma differently. It also points out the presence of outliers. The mean being higher than the median shows there might be some people with significantly higher scores than the others. The range further shows the variability in the data as a whole. The distribution of scores on PCL-5 has been depicted in Figure 1 and the descriptive properties in Table 1.

The trauma score of 31 on PCL-5 was taken as cutoff as suggested by relevant literature. The number of participants having scores high enough to be considered a provisional diagnosis were as follows, 30 (50.84%) in the first generation along with 13 (31.70%) in the second generation. This is depicted in Table 2. This shows us how prevalent trauma is in the Kashmiri pandit community. The high number of people with trauma shows evidence supporting Atkinson (2002), Vaage et al. (2011) and Yehuda et al. (1998) showing the impact of historical trauma and generational trauma. Mondal (2022) and Banal et al. (2010) did studies on trauma in Kashmiri pandits, showing the themes behind trauma and higher prevalence of PTSD than control. This study aligns with both of their observations and conclusions. The study also aligns

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with Marshall et al. (2005) who showed higher levels of trauma in refugee population. The trauma levels observed are seen in both the generations also showing evidence for transmission of trauma.

In the first hypothesis we accepted the null hypothesis as predicted. The hypothesis states that there will be no significant difference between the trauma scores of 1st and 2nd generation. This was based on the literature showing evidence for transmission of trauma from one generation to the other in context of refugees with history of historical trauma. The difference was not statistically significant ($p > 0.05$) and the means of first and second generation were (30.97) and (25.90). This result aligned with of literature review and the hypothesis. The mean scores show that the 1st generation has a tendency toward slightly higher scores but not enough to be significantly different.

The second hypothesis stated that there will gender differences in perception of trauma. The author hypothesized that there will be differences in genders as shown by Christiansen and Hansen (2015) and Valentine et al. (2019). It is pointed that women have a higher prevalence and risk for PTSD and trauma. In females 19 people (35.84%) had scores above the cutoff to be considered a provisional diagnosis for PTSD. In males this number was 24 people (51.06%). This data is depicted in Table 3. Upon the first glance this difference seemed huge and went against the idea of women having higher trauma prevalence. The Independent Samples T-test comparing trauma scores between the two genders had a two-tailed p value of $p = 0.022$. The means for women and men were 25.28 and 32.96 respectively. The author accepted the alternate hypothesis. The difference between men and women was statistically significant as hypothesised by the difference in mean ranks and overall percentage indicated higher trauma in men. This went against what the literature suggested and is something that can be studied further, as it opens a new question for us.

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An interesting thing to note was that 53 (94.64%) out of 57 participants who participated online had a score of two or above in at least one item which is considered as a symptom endorsed. This level of analysis was not possible on the offline forms due to the expansive nature of the task.

Limitations

The study has several limitations and the results should be considered carefully under scrutiny. The sample size of 100 participants may be too small to generalize on the whole Kashmiri pandit population and demands further study in the area. The factor of voluntary participation may affect the representativeness of the study. The measure used are self-report measures and may lead to a biased self-report. There may also be a recall bias in the participants. These are several limitations of the but considering it is a pilot it does give us a direction for further and more comprehensive studies into the topic.

Future Implications

The study opens up several possibilities to understand trauma and its psychological effects in the Kashmiri pandit community. There can be longitudinal studies to track psychological wellbeing of people over time, but this needs to be done soon as the generation that faced the trauma are in their 40s to 60s and even older. There can be studies done to understand the narratives and themes related to exodus and its psychological impact on the community. Studies to understand resilience and how the community got back from refugee camps and made a life for themselves in the world. The change in family dynamics, culture and traditions can also be studied. The most important part is the higher score on men in trauma which goes against most literature. This is a phenomenon that can further studied to understand it’s causes.

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Conclusion

The paper was aimed at understanding the level of trauma, generational transmission of trauma and the gender differences in perception of trauma in the Kashmiri pandit community. The Kashmiri pandit community has historically suffered due to their persecution in Kashmir and being forced out of Kashmir. Their status of refugees/internally displaced people makes them more vulnerable to mental health disorders, especially PTSD. The study showed no significant difference between the trauma scores of generations hinting at transmission of trauma. The data also revealed that trauma prevalence was very high in both the generations. The genders had a significant difference with men having significantly higher scores which goes against what most literature states. This gives us a deeper understanding into the pain of Kashmiri pandits and opens up new avenues for research.

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