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**To cite this article:** Elmas Aybike Yilmaz, Seyda Eruyar, Sadiyya Haffejee, Sajida Hassan, Michelle O'Reilly & Panos Vostanis (2023): Learning from Older adults' Trauma Exposure and Resilience: Children's Perspectives from Five Majority World Countries, Journal of Intergenerational Relationships, DOI: [10.1080/15350770.2023.2248116](https://doi.org/10.1080/15350770.2023.2248116)

**To link to this article:** <https://doi.org/10.1080/15350770.2023.2248116>



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Published online: 19 Aug 2023.



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# Learning from Older adults' Trauma Exposure and Resilience: Children's Perspectives from Five Majority World Countries

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## ABSTRACT

There is limited evidence on how intergenerational trauma and resilience are perceived by children, especially in Majority World Countries (MWC). We established such perspectives among 73 children and youth in Brazil, Kenya, South Africa, Pakistan and Turkey. Children interviewed older adults, kept diary fieldnotes, and shared learning in focus groups. Data were integrated through a thematic codebook. Four themes reflected deprivation of safety needs and family challenges, especially for girls, which shaped older adults' resilience. Children related accounts to their experiences, to generate intergenerational learning. Implications of the findings are considered in the context of intercultural shared trauma and resilience.

## KEYWORDS



Child; youth; mental health; intergenerational; resilience; Majority World Countries

## Contributions to the intergenerational field

- Children can draw strength from intergenerational narratives to build their resilience in the face of future adversity.
- The emotional impact of intergenerational narratives can have more impact on children than conveying information or advice.
- A multi-method approach can be adapted for different age groups to elicit intergenerational perspectives.
- Children can make an important contribution as co-researchers in intergenerational research.

## Introduction

The impact of intergenerational trauma on children's wellbeing has been established following war conflict, family and community violence, discrimination and other maladaptive processes (Betancourt et al., 2020). These can involve recurrent exposure or indirect vulnerability through socioeconomic

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inequalities, displacement, loss and disruption of supports. Several biological, socioeconomic, cultural and relational factors have been shown to be inter-linked in the intergenerational transmission of trauma (Ali et al., 2021). This transmission can be particularly difficult to break in Majority World Countries (MWC), because of compounding conflicts and socioeconomic disadvantage. These are risk factors for gender-based and community violence, impaired parenting capacity, drug abuse and education dropout (Lentz, 2018).

In recent years, there has also been increasing evidence on how protective factors can be passed down through generations. These include adaptive coping strategies, forming secure relationships and socioeconomic stability (Kazlauskas et al., 2017). As collective adversity affects the wellbeing of the whole family unit, children's capacity to bounce back will be inter-linked with those of other family members and their connections (Thang & Engel, 2020). Grandparents and extended families play an especially important role in children's upbringing in MWC, where older adults serve as role models by transmitting values, often through oral history, and offering support, nurturing and guidance (Foster, 2010).

Evidence on the intergenerational transmission of trauma and resilience-building strategies is largely based on adult informants. Children are, however, increasingly viewed as key stakeholders in research and interventions that impact on their lives (Skaug et al., 2021). Despite children's engagement and participation in research related to their wellbeing, there is methodological paucity on their participation in intergenerational studies; or on how intergenerational research methods could involve children of different age groups (e.g., younger children vs older adolescents). It is thus important to understand how children in different collective societal contexts of disadvantage develop intergenerational knowledge and expertise in responding to traumatic exposure; and to what extent intergenerational knowledge is shared within and across collective societies. This research gap provided the rationale for this study.

## **Methodology**

The overarching aim was to explore whether children in MWC could relate their experiences of the COVID-19 pandemic to how older adults had responded to previous traumatic events. The design was informed by the following research question: What can children living in MWC learn about strengthening their resilience following trauma exposure from older adults' past experiences?

## **Context and participants**

We selected countries that were broadly representative of the socioeconomic spectrum across the Global South (Organization for Economic Co-operation and Development OECD, 2016), i.e., Pakistan, Turkey, Kenya, South Africa, and Brazil. Within each country, a non-governmental organization (NGO)

**Table 1.** Characteristics of participating children and data collection process.

	Brazil	Kenya	Pakistan	South Africa	Turkey
Children 8–10 years ( <i>n</i> = 36)	8	4	9	7	8
Youth 14–16 years ( <i>n</i> = 37)	7	7	10	7	6
Where/how data was collected	Online– Zoom	In-person at local meeting venue	In-person at NGO center	In person at community-based organization	In-person at educational institution

acted as project lead. These NGOs were identified through a global child mental health network (Vostanis, 2019). We selected areas of disadvantage with the following characteristics: In Rio de Janeiro, Brazil, Rocinha is the largest informal settlement (favela), with residents living in a tightly packed area, characterized by structural inequality, poverty, drug-related violence and trafficking. In Nakuru city, Kenya, Kiti is one of the poorest areas, with many residents facing deprivation of basic needs (food, shelter, and clothing), social amenities (housing, electricity) and access to services. In the Gauteng Province of Johannesburg, South Africa, Emandleni is made up of informal housing; and Wattville is an established township with a mix of informal and built houses, both with variable access to basic amenities. In Karachi, Pakistan, Manzoor Colony in Mehmoodabad is an underprivileged neighborhood, with high rates of domestic violence, street crime, cultural conflict and abuse. In Konya, Turkey, Karatay is resource-constrained, with informal dwellings and apartments, and high crime rates; whilst Selcuklu is more affluent, with families of mixed socioeconomic status.

At the next stage, we adopted a purposive sampling strategy. Each host agency, through their local networks, invited children aged 8–10-years and youth of 13–17-years through their parents. These two age groups were considered representative of the developmental stages of childhood and adolescence, in order to explore how differences in cognitive, emotional and social development might influence perceptions of trauma exposure and resilience. In total, 36 children and 37 youth took part in the study (Table 1). Participants are referred to as “children,” with distinction between children and youth in the excerpts below. Ethics approval was obtained from the University of Leicester Psychology Research Ethics Committee in the UK. Written consent was provided by parents and additional verbal assent from children. The NGO leads acted as gatekeepers, taking into consideration local ethics and child protection jurisdictions.

### **Data collection**

We captured children’s perspectives through three integrated approaches, using a mixed qualitative methods approach of multiple data collection under a single methodological design:

### **Interviews**

Children had some autonomy over the direction of the research by facilitating their role as interviewers (Cuevas-Parra, 2020). They were prompted to interview older adults (grandparents, within extended family, or neighbors) on their experiences of responding to traumatic events. Children thus had some responsibility for generating knowledge, directing the research agenda and influencing data collection. Simple instructions were provided by the local researcher. Each child was asked to “interview” the closest older adult in their immediate context for 10–15 minutes, by broadly exploring the following topics:

- When you were my age, what was the most difficult problem/event you faced?
- How did you try to manage/respond to this problem?
- What have you learnt from this experience?

Children wrote their impressions of the interview as fieldnotes in a diary.

### **Research diaries**

Children kept a diary over one month on how they were spending their days during the pandemic. This technique provided a space for them to capture and reflect on their experiences, through writing and/or drawing. This approach also allowed those who were not confident or comfortable talking, to contribute in a way to the research process (Gauntlett, 2007).

### **Focus groups**

Children subsequently attended a focus group to share their experiences with peers. Focus groups are particularly important in capturing the voices of seldom heard and marginalized groups (Onwuegbuzie et al., 2009). One focus group of 6–8 participants was conducted with children and one with youth in each country (total 10 focus groups). These were facilitated by a researcher according to health and safety guidelines at the time, mostly face-to-face, except for Brazil, where children met remotely (Table 1). Space was provided for children to reflect on their experience as interviewers and share issues that had been raised by older adults. All discussions were audio-recorded. Our analysis of these three data sources focused on the content of children’s interviews, as reflected through diaries and discussed during the focus groups.

### **Data analysis**

Visual and textual data from the diaries, children’s diary notes from interviews with older adults and verbatim transcripts from focus group discussions constituted the dataset. We utilized thematic analysis to attend to interview, diary and

focus group data (Braun & Clarke, 2006). Verbal and textual data were integrated in the coding process. We engaged with a codebook form of thematic analysis to allow for conflation of inductive and deductive coding processes, and to ensure analyst collaboration and dialogue through a multiple coder process (Braun & Clarke, 2022). Data were initially coded by one researcher in relation to the research question and were independently coded by a second coder. A third researcher helped resolve any discrepancies. A child advisory group provided child-centric supplemental checks throughout the research process.

## Results

The four identified themes equally addressed intergenerational trauma exposure and resilience-building responses (Table 2). Children often shared their own reactions to the narratives, and related or contrasted these to challenges they were facing. Most participants' perceptions appeared to be that their challenges were less than what older adults had faced and survived. Themes 1–3 are based on intergenerational accounts, whilst Theme 4 reflects children's intergenerational learning and its process. Themes were linked but also overlapping, for example in terms of socioeconomic and gender inequalities. Although there were no notable differences in child and youth data in relation to the research questions, children generally gave shorter and more literal statements, whilst youth provided more abstract interpretations of older adults' experiences and positioned those more within a wider societal context.

### Theme 1. Deprivation of safety needs

Some difficulties experienced in childhood by the older adults continued to persist, mainly access to resources and poverty. There were also notable improvements, particularly in relation to better opportunities to access education and more gender equality. These latter shifts appeared to make the most impact on children.

**Table 2.** Emerging themes and subthemes.

Themes	Subthemes
Deprivation of safety needs	Poverty Malnutrition Physical ecology Not accessing education
Familial challenges	Loss Early responsibilities Gender inequality
Resilience-building strategies	Determination Preparedness Family and social support Faith
Intergenerational learning	Seeking experience-sharing Processing past experiences Learning through interaction

I interviewed my grandmother, because when she was very little, my age, she had very little money. She went to school with just a pencil and a notebook. She didn't even have sandals, she took her sister's big sandals, cut it back to fit her foot and went to school. And she had to work in the fields every day and take care of her siblings. (Child, Brazil)

She wanted to study more but her mother denied, as they had financial issues. (Young person, Pakistan)

Food insecurity was prominent in older adults' upbringing and life. These were often caused or compounded by climatic conditions, mainly droughts, across most countries. Other factors were closely reported as compounding availability and quality of food, like overcrowding and unemployment. Children reported:

She told me that they used to cook chapati once ... and people used to come and overcrowd where there was food, which was never enough. (Child, Kenya)

She said that back then it never rained in (name of area), and so there was no food. She didn't have a lot of clothes, and she was much busier with work than with school. (Young person diary, Brazil)

Environmental hazards, predominantly poor sanitation, posed health risks. Intermittent rise in diseases and infections were disproportionately affected by inequalities and high rates of mortality appeared in older adults' accounts. Across generations, health care was not easily available or free, especially for disadvantaged communities. Through their own experience of COVID-19, children were able to identify with these experiences.

I interviewed my neighbour. Me, my mother, my grandmother, we've known her ever since I was a little girl ... she told me how she got through these difficult things. In (name) state, where she lived, she faced a lot of need such as not having water near the house and not having food. She was sent to a house in Brasilia, she had to clean everything, she couldn't study, she couldn't play. She thought the solution would be to get married, but she was not treated very well by her husband. She had two children in (name of first area) and both died when they were babies, because it was a small town and there was no health centre nearby. The public hospital was not good. The two died as a result of doctors' negligence. She had another daughter who died at the age of 20, also in the public hospital. She died choking on her own vomit, she was unable to get up. And her husband died of tuberculosis. There was a doctor, actually, but there was no nurse there at the time, she asked for help, but she died due to a lack of assistance. (Child, Brazil)

In addition, older adults' recollection was marked by natural disasters and their longstanding consequences on communities. As with previously reported hazards, natural disasters disproportionately affected those living in poverty, because of lack of infrastructure, regulations and housing conditions.

She told me that there used to be a locust invasion in the community. They would come and eat everything. They could eat all the crops, including the vegetation. The areas which were green would turn out to be so brown and dry. This made it difficult to enjoy the green and fresh environment with fresh air. (Young person, Kenya)

My grandparent told me that there was an earthquake when she was young. And she had a girl who died in that. When she was telling this to me, I felt really . . . (Child, Pakistan)

He remembered how problems occurred, like floods, which could destroy property, animals, houses, crops and finally cause disease. He mentioned especially the disease called cholera. He said this was a serious disaster that controlling it was a problem. Hospitals were far and many people died at home or on the way. (*Young person, Kenya*)

Children found that lack of access to education, related to socio-economic and cultural factors, was common. In the past, work and care responsibilities were prioritized. Women, in particular, had to forfeit education and, in some cases, were actively discouraged from attending school or discriminated against.

They used to wake up early and go to school, and then after they come back you go with a mutungi (water container) you put it on the head. . . when you come from school you go to roche (river). (Child, Kenya)

I interviewed my neighbour. He told me that he worked in places like fields and barns. This was a challenge for him. He wanted to go to school but could not. Even if he went to primary school, he could not get his diploma. He was very upset about this, he could not go to secondary school, because he did not have a diploma. He was sick most of the times, and he looked after their siblings at my age. He said they even could not go to see a doctor by then. There was a severe conflict between his mother and father, so they were divorced. That was his biggest trouble. (*Young person, Turkey*)

I asked my grandmother and my mother. The teachers used to be rude back then. My grandmother was the top student in mathematics. But one day, my grandmother had a headache and she could not answer the question the teacher asked her, so the teacher beat her. He would beat her more if she cried. I asked my grandmother: “Didn’t you tell your parents when you got home?” She told her mother, but her mother had work in the garden. Her mother was old anyway, so she was sleeping till the morning, and when she woke up, she was doing works again. Until she got home, the scar on her cheek has already passed. (Child, Turkey)

## Theme 2. Familial challenges

A range of family-related challenges appeared inter-linked, i.e., gender roles and expectations, disruption of family relationships and caring duties. Untimely deaths and family reconstitutions were not uncommon and were often underpinned by the previous theme on socioeconomic and health causes.

When she (grandmother) was a young adult, her mother left this world, and after this her father made her marry at very young age, which was really difficult. (Child diary, Pakistan)

I want to tell my grandmother’s story too. She lost her mother very early, she was 11 years, her father drank a lot, she had to work for food, cleaning houses here and there. She had my mum when she was young. My grandfather also worked, they saved a little money and managed to buy a house and have a better life, but she went through a lot of hardship. (*Young person, Brazil*)



Adults' reduced capacity to earn a family income commonly resulted in older children looking after younger siblings, undertaking household chores and working. This diminished further opportunities for learning and child-related activities. Children processing these experiences appeared surprised and upset, despite themselves living in disadvantage. They particularly noted care responsibilities by previous generations when at their age.

(verbatim report of grandmother's statement) *"When my parents died, that time was difficult for me, being eldest amongst all. It was difficult to take care of my siblings."* (Child diary, Pakistan)

I interviewed my mother. I was shocked, because I didn't even know how difficult it was for her, I was surprised at how much she has overcome. She lost her mother at the age of 11, and at the age of 16 she had to live on her own, she was a student and did not have a job yet. She endured hardships and often did not have anything to eat. Whenever she could find a job, taking care of a child, washing clothes, cleaning someone's house, she would use the money to buy food. (Young person, Brazil)

As highlighted in previous subthemes, gender inequalities were a cross-cutting feature. Girls and young women often reported that they had to take on additional duties from an early age, whilst they had little autonomy in terms of marriage, studying or working. Gender inequality, social isolation and societal acceptance increased women's vulnerability.

She (grandmother) faced a lot of difficulties after her marriage, because she was so young and, all of a sudden, a lot of responsibilities were on her. She shared that the main difficulty she faced was that her husband used to go to work and she alone used to take children to school daily, while crossing the main road 2-3 times a day. One day she slipped on the road and lost her consciousness. (Child, diary, Pakistan)

(verbatim report of grandmother's statement) *"When I was young, there was no school in our village. Only boys were allowed to go to school till grade III. They also had to go to town for higher studies. There were no schools for girls. And when we came here, the situation was tough and we were not able to understand the town life."* (Child diary, Pakistan)

I learnt that women could not buy their own houses. Only men could buy houses, and sometimes in those houses they used women as slaves or sometimes abused them. (Young person, South Africa)

### **Theme 3. Resilience-building strategies**

In spite of, or maybe because of, this range of traumatic experiences, older adults reported a range of coping responses that saw them through adversity. These included individual strategies, family and community resources, and faith. Children communicated these accounts with a sense of pride for older adults' perseverance, determination and readiness to work hard through challenges. They

seemed to distinguish between values and material necessities, some of which they may have previously taken for granted.

My grandmother suffered a lot of bullying at home and on the streets, she had no clothes or sandals, she had to take care of her younger brothers and sisters. She only had an 8-sheet notebook and a pencil to use the entire year, but she never really gave up. In spite of her problems, she studied a lot and today she is a writer. (Child diary, Brazil)

I interviewed my grandfather. In the past, the distance between his home and school was quite far, the winter seasons were very harsh, it was difficult to walk with a bag in hand. But he knew he had to study. There was no electricity in his house, he came to this day by working with a gas lamp. (Child, Turkey)

Children reflected on which individual characteristics were important when faced with recurrent trauma exposure. Anticipating challenges and being patient in working through those was repeatedly mentioned by children from different countries. Interestingly, they sometimes considered and contrasted how they might have dealt with similar circumstances.

We have difficulties even with small things, then the geographical conditions were tough and they were patient with many things. We, too, should not give up immediately, we need to chase after our goals. (Child, Kenya)

My mum told me that they used herbal medicine to cure diseases like HIV/AIDS, typhoid and malaria. They were going at a place somewhere; it was a garden. They were going early in the morning before the sun was rising. And then they go picking leaves one by one, and then they go and sit in the sun. And then zinakauka halafu (they dry and then) they drink it as obosaro (medication in the form of powder). (Child, Kenya)

Support from siblings, peers and community had been experienced as compensating for adversity, even if this related to their own family, for example, loss of a parent. Strong connections and support systems were highlighted by older adults, which occasionally contrasted with children's current perceptions of communities.

What helped her to feel stronger at that time were her brothers and sisters and her school friends, who entertained her. Also, the photos she had of her mother and the good memories of things she and her mother had experienced. (Child diary, Brazil)

Togetherness as seen in the old times is very important . . . they had problems which were solved together. When they had a problem, the whole community was behind the person. (Young person, Kenya)

Myself, I was impressed with the stories that I was explained by grandfather. I learnt how they did solve issues in the past. They dealt with diseases using traditional medicines. They had those who were specialized in healing, who were accorded the community's respect. (Young Person, Kenya)

Previous generations drew strength from faith and religion. These were not necessarily mutually exclusive with local cultural beliefs, which were often held at community level.

My mum told me that pandemics used to there in the old times but they were rare. They never used to have hospitals where they could go. They had people who were known as healers. They could use some supernatural powers to understand the cause and treatment of the problem. Once there was a problem, it was believed that the gods were angry with the people for not doing what was right. The medicine man or the healer could come and call the whole community to congress their problems and ask for forgiveness. (Young person, Kenya)

However, her faith in God was what kept her strong at that time. (Young person diary, Brazil)

#### **Theme 4. Intergenerational learning**

Previous themes were based on children's communication of older adults' accounts. Occasionally, children added their own comments, and either noted their responses such as surprise or "shock"; or, contrasted older adults' experiences on issues like access to education, state communities or technology. This theme reports children's distinct contribution to understanding intergenerational trauma and resilience, in particular their attempts to learn from the past through actively seeking knowledge, making sense of accounts, and observing or interacting with adults. The interview process stimulated children's curiosity to find out more and learn from older adults' response to trauma exposure.

I will ask that how they would have kept themselves safe if this pandemic hit them in their time, because there were no masks, sanitizers, and all. (Young person, Pakistan)

I would ask them how they used to deal with diseases, because my parents told me that there were many diseases back. (Child, Kenya)

I know what I would ask: "what they did before the internet?" Because of this pandemic we can't go outside and we end up relying too much on the internet to take online classes, make friends, chat . . . (Young person 1, Brazil)

Openness and curiosity appeared to drive children in trying to make sense of previous contexts of trauma and resilience and relate those to their current life challenges, notably the COVID-19 pandemic during the time of data collection.

I had some good time with my mum to talk me through how they solved problems in their time. It was interesting to learn a lot. (Young person, diary, Kenya)

In pandemic my parents supported me. They used to tell me stories of their past that made me feel good. They shared their childhood stories. (Young person, Pakistan)

Children subsequently selected aspects of their narratives – not all positive – and “translated” them to strategies that they could use when faced with present or future trauma. The distinct element that past experiences added was anticipating adversity.

It will encourage me in the future, and it will remind me of what happened in the past.  
(Young person, South Africa)

We shouldn't make the mistakes they made, we can learn from their mistakes. (Young person, Turkey)

From my grandparent interview, I learned that we should make some savings for the future, so that, when we encounter such events like the recent pandemic, we would be able to bear the expenses such as if we get ill, we can bear the expenses for the treatment.  
(Child, Pakistan)

Finally, children expressed feelings of safety, learning and resilience from interacting with all generations within their family. Although this aspect of the data indirectly addresses the research question (as children did not make an explicit link with intergenerational experiences), it can be interpreted in the context of accounts presented above. In particular, children identified the family unit as a safe place of responding to adversity.

People who help in difficult times: My Mother – Aunt (name) – Aunt (name) – My Grandmother (Child diary, Turkey)

Being with the family, and eating healthy food with them, while virus is out. (Child diary, Turkey)

Children's perceptions of what helped them to overcome their anxieties during family interactions was a sense of forming an intergenerational identity and continuity. Interestingly, they came up with a similar notion from interviewing older adults.

My father made me like this because he does the same. He buys story books and newspapers. (Young person, Kenya)

I chose some people and my guitar. My guitar because it was my mother who gave it to me. (Young person, Brazil)

## Discussion

In this study we explored how children from disadvantaged communities in five Majority World Countries processed exposure to collective trauma and building resilience through the lessons they learnt talking to older adults. Acknowledging children's capacity to actively contribute as co-researchers (Cuevas-Parra, 2020), they identified and interviewed older adults, kept extensive diary notes from their daily lives, and explored and shared their perspectives with their peers through

focus group discussions. By adopting such a multi-method approach under a single methodological design, we captured children's views of intergenerational experiences within and across sociocultural contexts.

The four identified themes appeared dynamically linked. Children actively translated older adults' accounts into their own learning by drawing parallels with individual and collective trauma, namely the COVID-19 pandemic. They thus enriched the narratives of previous generations with their observations on how their families responded to current stressors, and identified ways in which these accounts were pertinent to their living situations. Interestingly, emotional impact appeared to play a part in their intergenerational interpretation and learning, as young participants often noted their surprise, curiosity, distress or admiration over what previous generations had been through and how they had coped. There was thus emotional consonance in processing past experiences, which could be a key factor in registering and learning – in contrast, for example, to description of material differences. This may explain why an intergenerational connection may have resonated more strongly than previous information and advice they had been given by adults such as parents and teachers.

The findings can be located within a social constructionism theory, which proposes that we develop meanings not individually but through others (e.g., Leeds-Hurwitz, 2009). How these cultural meanings are communicated by adults to children as agents rather than passive recipients can define their capacity to embrace their history, in order to develop individual and collective resilience (Alexander et al., 2014). As children's perspectives appeared to transcend the participating sites, intercultural communication can also equip them to deal with emerging challenges in an increasingly global context.

Intergenerational continuities in trauma exposure are particularly pronounced in MWC, because of the higher likelihood of economic hardships, environmental hazards and different types of conflict. Collectivist societies, however, also provide children with protective functions through extended families and community support networks. In this sociocultural context, Ali et al. (2021) proposed a framework of shared trauma, resilience and growth that takes into consideration the cumulative effect of and inter-linkage between individual, collective, historic and transgenerational factors influenced by culture. The findings of this study could be viewed within a shared trauma exposure and resilience model and inform the design of psychosocial interventions. Continuously evolving societal views and attitudes on children and gender roles exert additional influences for children to formulate their own adaptive strategies for the future.

It was particularly interesting to note that children as young as eight years began to anticipate how they might respond to further trauma exposure, which may not be expected according to their developmental – especially cognitive – capacity of functioning in the “here and now”. In that respect, connecting older adults' experiences with their collective exposure to the pandemic, may

have helped children formulate a lifespan understanding of trauma and resilience (Thang & Engel, 2020). Listening to and learning from oral narratives and history may thus facilitate intergenerational healing and resilience-building. Reinschmidt et al. (2016) put forward a Stories of Resilience Model based on findings from older adults sharing multi-faceted personal stories that demonstrated how traditional perspectives connected past and present along the socioecology (individuals, families and communities).

The methodological lessons from this study also have implications for future research. Involving children as co-researchers empowered them to generate knowledge and provided space for them to reflect on that experience and what they learned from their elders. This was facilitated by the combination of different modalities of data collection and ways of understanding the issues at stake. Of particular value was sharing learning with their peers through focus groups, as this highlighted commonalities beyond individual histories, which could thus help them develop a shared resilience narrative. The increasing involvement of children as peer- or co-researchers (Pope, 2020) could be extended to actively co-facilitate intergenerational research. Children could contribute a unique perspective often missing from such studies, by posing questions to adults driven by curiosity and spontaneity. The positive experience of intergenerational interviewing could be transferred to community-based programs by incorporating skilled interviewing by children and youth.

The findings should be interpreted by also considering certain limitations of the study. Although participating sites and communities shared characteristics of MWC disadvantage, they were not necessarily representative of their respective countries or MWC as a whole. We did not capture directly other generational perspectives from, e.g., parents and grandparents, or how they perceived the impact of trauma on children and required coping responses. Children did not receive formal training on interviewing. Interviews with older adults were relatively brief and were not recorded or transcribed. This may have introduced some bias on how their accounts were processed and understood, although the aim of this research was to capture children's perceived impact of these accounts.

To this effect, the findings provide a unique insight how children from two age groups, who lived in disadvantage in five Majority World Countries, made sense of older adults' past experiences of living throughout adversity. This was pertinent, as children were in the middle of collective exposure to a pandemic and its influence on their wellbeing across different life domains. Consequently, they appeared to integrate adult accounts with their own reflections, experiences, observations and sharing in beginning to formulate resilience-building strategies for the future.

## Acknowledgments

We are grateful to all children involved in this study. We thank the host organizations from five countries in facilitating this research.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding

The work was supported by the Leicester Institute for Advanced Studies.

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