

# Intergenerational Trauma in the Occupied Palestinian Territories: Effect on Children and Promotion of Healing

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**Abstract** Addressing a gap in the trauma recovery literature, the current study seeks to deepen understanding and encourage discussion of intergenerational trauma for Palestinian children living under military occupation. Differing definitions of intergenerational trauma and the plethora of terms used to describe children's traumatic experiences are explored. A historico-political and social context analysis is applied to understanding the creation and maintenance of intergenerational trauma in the occupied Palestinian territories. The cumulative impact of historical and collective trauma and loss, and daily humiliation on children's symptoms are analyzed using a developmental trauma framework. Effective healing of intergenerational trauma is then set within cultural beliefs and the formation of identity. Finally, a framework for shaping future research is proposed.

**Keywords** Intergenerational trauma · Collective trauma · Children · Palestine

Intergenerational trauma is a concept that has been around for some time and applied to the transmission of child maltreatment across generations (Seng et al. 2013) and to a wide variety of communities in adversity across the world. Some of the most disturbing examples include the subjugation of indigenous peoples. Brave Heart and DeBruyn (1998) explored the nature of intergenerational trauma of American Indians; Hirshberg and Sharp (2005) studied Aboriginal abuse and assimilation into the

dominant culture in Canadian boarding schools; DeGruy (2005) identified post-traumatic slave syndrome in children from Black families; and Klain and Pavic (2002) assessed the re-activation of childhood trauma in war-torn Croatia. A more hidden example of intergenerational trauma relates to the children of Nazis. Hardtmann (1998) described how children struggled to cope with parental denial and the repressed feelings projected onto them. Finally, much has been written on the holocaust and intergenerational trauma within Jewish societies. Kahane-Nissebaum (2011), for example, studied third generation holocaust survivors and found ongoing negative psychological, cultural, and social consequences. With regards to the last example, inter- as well as intra-community dynamics have developed within a context of threat, e.g., children and families living near Gaza experience the unpredictability of missiles and for many Israelis there is a threat of war from different Arab countries at different times (Dovidio et al. 2009).

The current study, while recognizing Israel's precarious situation in the Middle East and the intergenerational trauma experienced within Jewish families, focuses instead on intergenerational trauma for Palestinian children living under military occupation that includes violence. Addressing a gap in the literature, this paper seeks to develop the conceptual foundations for the empirical exploration of intergenerational trauma for children living in the occupied Palestinian territories. To achieve this, seven factors are explored: (i) differing definitions of intergenerational trauma and the plethora of terms used to describe children's traumatic experiences; (ii) theoretical perspectives of intergenerational trauma; (iii) the political and military context in which intergenerational trauma is created and sustained (iv) historic and collective trauma and loss; (v) the cumulative impact of daily humiliation; (vi) children's resultant symptoms from a developmental trauma perspective; and finally (vii) the implications for culturally-sensitive approaches to trauma recovery. These factors are presented within a

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framework (see Table 1) to summarize the analysis and to provide a structure for future research into intergenerational trauma within contexts of military occupation, or oppression.

### Definition and Language

Ongoing trauma within any community impacts at a variety of levels, e.g., historical trauma narratives, cultural beliefs about oppression, political and military aggression, the extent of mental illness in the community and the undermining of trust within social contexts (Bombay et al. 2009). Intergenerational trauma, the transmission of trauma from one generation to the next, has attracted a range of terms, e.g., multi-generational trauma, trans-generational trauma, historic trauma and collective trauma (Quinn 2007). Mass trauma, another associated concept, has been defined as “a trauma that occurs as a result of a frightening, potentially life-threatening event that is experienced by a large number of people simultaneously” (Webb 2004, p. 4). The ongoing military occupation of the West Bank and the blockade of Gaza, however, only partly fit this definition. Evans-Campbell’s definition of intergenerational trauma goes beyond the focus of single events to recognize these more pervasive aspects of trauma over time, i.e., “a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation - ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events” (2008, p. 320).

In addition to this definition, Whitbeck et al. (2004) emphasized the persistent and progressive nature of intergenerational trauma, which may predispose individuals to other traumas. When the trauma response occurs over extended periods of time, Anisman et al. (2008) highlight the risks of deteriorating physical as well as mental health, e.g., high blood pressure, strokes, and even neurodegenerative disorders. Bombay et al. (2009) conceptualized intergenerational trauma as a phased process in which the first generation experience trauma from domestic or military violence, resulting in PTSD, negative cognitive appraisals, emotional dys-regulation, and dysfunctional coping strategies. As a consequence of unresolved historical trauma and grief, subsequent generations experience impaired parenting including abuse and neglect. A myriad of terms have subsequently been used to describe children’s resultant traumatic experience, e.g., post-traumatic stress, complex trauma, developmental trauma, traumatic grief, traumatic loss and complicated grief (Perry 1994; van der Kolk et al. 2009; Barron et al., submitted). For many children, there is a heightened risk of further trauma along with an increased sensitivity and severity of response (van der Kolk et al. 2009).

### Theoretical Perspectives

Theoretically, a range of perspectives have been utilized to try and understand the transmission of trauma from one generation to the next. The term transmission however, is not without its critics; with a range of other terms proposed, e.g., multi; inter; and cross-generational trauma process (Albeck 1993). Regardless of the term used, Kahane-Nissenbaum (2011) outlined five main models that seek to explain how trauma is passed from one generation to the next. Psychodynamic theory emphasizes the unconscious absorption by children of repressed and unresolved parental traumas (e.g., Rowland-Klein and Dunlop 1998); socio-cultural and socialization perspectives focus more on the passing down of cultural beliefs and norms (e.g., Kellerman 2001); and family systems theory seeks to understand the transmission of intergenerational trauma through analysis of interactive family dynamics and communication (e.g., Seifter-Abrams 1999). This includes parental emotional dysregulation and children’s attempts at shielding traumatized parents from painful experiences. Genetic and biological explanations tend to look for genetically-based predispositions or vulnerabilities created by trauma-induced neurobiological change and, finally, existential understandings seek to uncover the meaning of experience for individual children, such as the belief ‘there’s something wrong with me’ (e.g., Perry 1999). In addition to these five theories, the concept of disenfranchised grief has also been applied to the transmission of intergenerational trauma. Within this theory, children’s grief is seen to be inhibited by overwhelming traumatic loss and/or the loss of ancestral traditions and subsequent feelings of shame. Children for example, feel they are to blame or have no right to grieve (Doka 2002). As a consequence, unresolved grief presents more akin to post-traumatic stress symptoms than the natural grieving process (Dyregrov and Dyregrov 2012).

### Political and Military Context

The above theories seek to explain the bio-psycho-social transmission of intergenerational trauma, however, they fail to take account of the political and militarized context in which intergenerational trauma is often created, transmitted, and sustained. This section, therefore, seeks to identify the political and military factors that are related to intergenerational trauma in occupied Palestine. Within occupied Palestine children from a young age are the witnesses and recipients of the activities of political and military violence. Activities include psychological and cultural dispossession, economic and physical oppression, and the breakdown of families and communities (Barron and Abdallah 2014).

The timing and nature of these experiences across childhood is significant. Many of the experiences of occupation

begin in pregnancy, are severe and chronic in nature, and result in ruptured attachments between parents and children (Seng et al. 2013). Catani et al. (2008) highlighted that collective trauma throughout the life course can have a pervasive impact, creating vulnerability and dysfunction at individual, family and community levels, i.e., trust, values, social norms, and the capacity to cope with future events can all be undermined.

The vulnerability created by the interaction of early life collective and cumulative trauma, developmental immaturity, and parental traumatization has yet to be fully understood for children in the occupied Palestine. Table 1 provides a framework that aims to understand the multiplicity of factors involved in the creation and maintenance of intergenerational trauma for children, families, and communities. The framework identifies situational, familial and child factors both past and present: i.e., extended community subjugation; recurring war; geographical divisions; traumatic loss; micro-aggression (discrimination and humiliation); parental traumatization; child development, temperament and coping styles; and children’s resultant symptoms. Factors for effective healing and recovery of intergenerational trauma are also included.

### Historic and Collective Trauma and Loss

Intergenerational trauma for children in occupied Palestine cannot be understood without grasping the significance of military violence in the region. The reader is referred to Tessler (2009) for a detailed history that illuminates the frequency, duration, intensity and unpredictable nature of military violence for children and families in occupied Palestine and Israel. It is suggested that the nature of such recurrent war and an extended period of occupation may form historic and collective trauma for families in occupied Palestine. Literature on historic trauma, however, tends to be qualitative in nature with few empirical studies to test the validity and reliability of concepts. Brave Heart (2003) in discussing the trauma of native Americans, refers to a ‘wounded soul’ as a result of extended persecution over the life course and across generations. A wide range of community dysfunction and individual symptomology are encapsulated in the proposed concept of a Historical Trauma Response (HTR). Symptoms include substance misuse, suicide, depression, PTSD, anxiety difficulties and identity difficulties.

Literature on the interaction of historic and collective trauma is even scarcer. Audergeron (2004) argued that, although traumatization is experienced by individuals, the impact of the interaction of historical and collective trauma occurs at communal and political levels. Eyerman (2001) identified collective narratives and memories that form and lead to shifts in communal identity. Narratives of slavery, for example, have had a major impact on African American

**Table 1** Occupation and intergenerational trauma framework

Extended subjugation	Recurring war	Geographical division	Traumatic Loss	Daily micro-aggression
Psychological/cultural dispossession; Economic/ physical oppression; Breakdown families/ communities; Restrictions food, electricity, water, travel.	NAKBA; Suez crisis; Six day and Yom Kippor wars South Lebanon; 1st and 2nd Intifada; Operations cast lead and iron dome.	West Bank fragmentation; Separation West Bank/ Gaza; Refugees in OPT, Jordan, Lebanon, Syria, Egypt; Separation wall.	Checkpoint and electricity deaths; Parenting capacity; Unified identity; Significant others, homes and schooling.	Humiliations (Permits and checkpoints; Denied identity (forced Hebrew speaking); Discrimination (lower wages); Settlers’ behaviour.
Parental trauma across generations Adversity, abuse/domestic violence and neglect Emotional dysregulation; Reduced parenting capacity and coping strategies; Mental health problems; and Drug misuse				
Child factors Period of development; Temperament; Coping style and strategies				
Resultant child symptoms PTSD/DTD; Depression; Complicated grief; Drug misuse; Self-harm; Suicide; Dissociation; Dropout rates; Violent resistance; Identity difficulties; and Somatization.				
Effective healing and recovery Belonging; Self-sufficiency; Individual agency; Collective efficacy; Home/community support; Education; Faith; Working for future hope; Cultural world views (self-determination and autonomy); Ownership of change; Identity affirming treatments; and Trauma-specific interventions				

identity. Wessel and Moulds (2008) made the distinction between collectivistic memories compared to individual social memory. The former represents memories owned by a group, for example, shared group narratives about the horrors and injustices of slavery done to a people. In contrast, individual social memories are owned by individuals set within a social group context, for example, latter would include an individual's memory of being beaten along with others as a 'slave'. The authors argued that the narratives that emerge from these two types of memory, although painful, have the potential to facilitate healing, e.g., shared and thus validating stories about experiences of injustice can lead to collective approaches to seeking human rights and societal change. Evans-Campbell and Walters (2006) referred to a Colonial Trauma Response (CTR), which integrates historic trauma with ongoing collective discrimination and racism. The latter especially is seen to exacerbate long term health difficulties. As with HTR, a wide range of symptoms are identified for families and communities across generations.

The concept of intergenerational trauma also includes exposure to traumatic loss across generations as well as to traumatic events. Traumatic loss in the occupied Palestine can take many forms including death of family, friends and associates as well as the dispossession of place and identity (UNWRA 2007). The geographical separation, for example, between the West Bank and Gaza has also contributed to political, religious, and cultural divisions resulting in the development of two distinct communities.

In summary, regardless of the terms used, intergenerational trauma in occupied Palestine needs to be understood as a consequence of historic and collective trauma and loss, occurring within an extended period of subjugation and impacting at child, family and community levels. Such a focus would be a new development for trauma research in occupied Palestine.

### Cumulative Impact of Daily Micro-Aggression

In addition to traumatic loss from war events, daily accidental deaths due to the occupation and the loss of land and identity, children in occupied Palestine experience trauma embedded within the fabric of daily life (see Table 1). Set within the Colonial Trauma Response, Walters (1999) referred to these experiences as micro-aggressions. Evans-Campbell (2008) defines micro-aggressions as ongoing acts of racism, discrimination and daily harassments. While acts of micro-aggression can appear small, the impact on those receiving such acts may be significant, e.g. anxiety and fear. Micro-aggressions can be chronic in nature and involve subtle rather than overt acts of violence. Indeed the offender can even perceive such action (or words) as neutral or benevolent. Within occupied Palestine, children walking to school, can experience the micro-aggression of derogatory comments from groups of

youths. These can be experienced as intimidating, especially when these have on occasion led to overt violence (UN OCHA 2011). Another micro-aggression could be to hear a political discourse from Israel and other international countries denying the existence of Palestine. In this regard, it is argued, children can become disenfranchised, on a day to day basis, from national identity. The experience of daily, weekly, or monthly discrimination is significant for intergenerational trauma, in that both can lead to increased cumulative physical and mental health difficulties (Whitbeck et al. 2002).

### Children's Resultant Symptoms

The impact on children of daily life humiliations, violence, traumatic loss, and traumatized parents fails to be captured by the concept of post-traumatic stress. While the symptoms of intrusion, hyper-arousal, and avoidance are experienced by a high proportion of the child population, children's symptom clusters appear to be more complex (Barron et al. 2013). To understand the symptoms of children in a context of intergenerational trauma, the current study utilizes van der Kolk's more pervasive model of developmental trauma disorder (DTD) proposed for DSM V (van der Kolk et al. 2009).

Developmental trauma as defined by van der Kolk (2005) includes multiple exposure to a range of interpersonal trauma, e.g. experiencing and/or witnessing physical, sexual, emotional abuse, betrayal, abandonment and neglect. The impact of developmental trauma is pervasive and often predictable covering a wide range of functioning. "These experiences engender (i) intense affects such as rage, betrayal, fear, resignation, defeat and shame and (ii) efforts to ward off the recurrence of those emotions, including the avoidance of experiences that precipitate them or engaging in behaviors that convey a subjective sense of control in the face of potential threats" (2005, p 384). The developmental trauma includes 5 main elements with regards to cause and consequence: i.e., multiple and chronic exposure; a triggered pattern of repeated dysregulation in response to trauma cues that are not reduced by conscious awareness (e.g., somatic, affective, cognitive, behavioral, relational and self-blame/hate); persistently altered attributions and expectancies (e.g., negative self-attributions, distrust of others, inevitability of future victimization); and functional impairment (e.g., education, relationships, employment and criminality). As currently, evidence to support such a concept is in its infancy (van der Kolk et al. 2009), the application of developmental trauma for children living in occupied Palestine is experimental.

The symptoms of developmental trauma, although rarely labelled as such, are increasingly being reported in children in occupied Palestine. Psychological symptoms reported include post-traumatic stress disorder, depression, anxiety, and complicated grief (Barron et al. 2013). Because of recurring

violence and the increasing enwalling of communities, many children are unable to envisage a better future (Punamaki et al. 2010). Not surprisingly perhaps children are reported by teachers as displaying reduced levels of motivation and concentration in school (Barron et al. 2013). Behavioral difficulties are on the increase, including violent assaults among young people; substance misuse, self-harm, suicide, and higher school/college drop-out rates (PCBS 2010). Some young people become dissociated from their feelings and engage in violent resistance. This however, further serves to reduce their self-esteem (Punamaki et al. 2001). Children also tend to report high somatization levels (Barron et al. 2013). One possible reason for this may be the cultural taboo on mental illness which acts to suppress the expression of distress through behavior. Instead, children report headaches and other body pains.

As referred to earlier, children in occupied Palestine may be experiencing a range of identity difficulties. Some may become pre-occupied with death, including a loyalty to ancestral suffering, such as the death of martyrs. Others may see themselves as ‘victim’ (a generalized response to on-going adversity) and orient their lives around the trauma, while others may internalize the oppressor, becoming abusive in familial and community contexts. Other children may experience ‘survivor guilt’ when friends are killed. Kira (2009) emphasized that identity difficulties can be collective in nature, e.g., fear of group annihilation.

As well as traumatic events shaping identity, political and military messages may also impact children’s sense of self. For example, what are children to think of themselves when Israeli military identify children as terrorists or when they experience the world’s inaction to the plight of Palestinian families? Even in the Arab, world messages are mixed, e.g., the dirty Arabs. The confusion of identity is particularly apparent for Palestinians living in the State of Israel where children have found themselves re-named as Israeli Arabs. The consequence of such acculturation, i.e., the adoption of Israeli culture, values, and practices, can lead to a sense of separateness and betrayal of indigenous identity (Evans-Campbell 2008). Some Palestinian children are mistaken for Israeli Jews because of their similar appearance, which may heighten a sense of invisibility (Bombay et al. 2009). Finally, children do not experience the above symptoms in isolation. The nature and impact of the co-morbidity of such symptoms have yet to be examined.

In summary, children in occupied Palestine are at risk of developing a wide range of developmental trauma symptoms as a consequence of intergenerational trauma within a context of violent military occupation. While some studies are beginning to identify a wider range of symptoms, it is argued, there is a need for a more systematic approach to assessing what appears to be a profound impact on children’s sense of self. Bessel van der Kolk’s proposed for model of developmental

trauma disorder for DSM V appears to provide a helpful framework to guide this exploration of symptomology for future research.

## Healing of Intergenerational Trauma

The consequences of intergenerational trauma, ongoing military conflict, cumulative losses, daily traumas, and micro-aggressions appear to be substantial in terms of symptoms for children. Yet, despite an increasing awareness of the context and nature and extent of symptoms, trauma recovery programs have failed to incorporate an understanding of the dynamics of intergenerational trauma into program design and evaluation. Global humanitarian organizations have implemented well-meaning initiatives including play, music and game-based activities as well as the setting up of summer camps in the West Bank and Gaza. None of these initiatives, however, have been robustly evaluated and may bring unintended negative consequences, including the triggering of trauma (Barron et al. 2013). Although not specifically addressing intergenerational trauma, a small number of evidence-based trauma-specific interventions have been implemented and evaluated. The aims of programs, such as the Children and War Foundation’s Teaching Recovery Techniques (Smith et al. 2008) or the indigenous Healing Trauma Combating Hatred program (Abdallah 2009) have focused on resolving the symptoms of PTSD. A number of therapeutic trauma recovery centers have also been established for PTSD as a result of particular types of traumatic event, e.g., the treatment and rehabilitation center for victims of torture. Given the complexity and pervasiveness of intergenerational trauma within a context of adversity, programs and centers may be too narrowly focused.

A report in the Palestine Chronicle however suggests some mental health practitioners in occupied Palestine, are seeking to understand trauma recovery from a wider intergenerational trauma perspective (Jabr 2014). Although this is not evidenced within academic literature, there are reports of psychiatrists addressing children’s experience of self-hatred and the internalized oppressor. Exposing and naming these feelings may reduce the likelihood of them being projected onto others (Pyke 2010). This would be an important area for future research to explore.

Perhaps surprisingly from a western perspective, clues to the way ahead may come from Palestinian communal traditional healing practices (see Table 1). Compared to trauma-specific recovery programs, these can be more attuned to the impact of cumulative tragedy over many generations (Walters and Simoni 2002). Ungar (2004), however, cautions that some traditional healing cultures may be more resilience-promoting than others. Positive examples include the use of prayer and ceremonial grief rituals which recognize the experience of the

‘wounded soul’ (Duran and Duran 1995). Communal spiritual healing in Palestine also incorporates a belief system that emphasizes the importance of tribal identity and family strength in recovery. Both are important aspects for resiliency (Punamaki et al. 2001). Even in the death of loved ones, Palestinian beliefs may provide a context for healing intergenerational trauma, e.g., martyrdom enshrines the concept of heroism in keeping the memory of the loved one alive. The Palestinian communitarian aim here is not simply to cope with the loss but to thrive as family and community (Cutler 2006).

Cultural beliefs can also contribute to healing through mediating children’s everyday experiences, including those that are terrifying, e.g., a ‘we can rebuild’ attitude to house demolition can support a child capacity to bounce back (Punamaki et al. 2001). Likewise, Palestinian refugees are helped to experience a sense of belonging through being seen as part of society to be welcomed home. Keys for example, hang on the walls of many displaced families. Another potentially significant mediating cultural belief for healing is the capacity to imagine a time beyond the current adversity (Dolan 1991). In this regard, some community leaders in Palestine are working, despite community fragmentation, to communicate a vision of a self-sufficient Palestine with the building of cultural centers (Raheb 2004). Coupled with the Palestinian belief of giving back to the community and counter to the context of dependency, this potentially fosters a sense of individual agency and collective community efficacy. Finally, the Palestinian cultural-narrative approach to community intergenerational history may also provide a way of mediating children’s experiences beyond current constraints. Stories are told of what Palestine once was and what she can become again, i.e., a place of peaceful interfaith co-existence. This may create for children and families, the opportunity to place their experiences within a long term perspective of community survival and development.

Cultural beliefs about the importance of family and education may also be factors that may support intergenerational trauma healing. The intergenerational structure of Palestinian families, for example, may reduce familial isolation, foster parenting capacity and be part of resiliency building for children (Goodluck 2002). Beyond family to community, schooling provides normality, predictability, and opportunities for new learning experiences.

Traditional cultural beliefs and healing practices, however, also have their down side. Indeed, some cultural beliefs are part of an abuse dynamic. Women and children have been marginalized and domestic violence has thrived within a patriarchal system that has affirmed masculine entitlement and encouraged physical chastisement (Daniel et al. 2010). Coupled with a context of denial of abuse and the stigmatization of mental illness, children have found themselves demonized and punished for showing their distress through

behavior. Other examples of the negative influence of cultural beliefs include child deaths resulting from enshrining martyrdom and for some; the refugee hanging of keys to walls may become intergenerational trauma reminders or triggers (Occupied Palestine 2010).

Despite these serious concerns, the best of cultural beliefs and healing practices may provide a facilitative ecology for the healing of intergenerational trauma, i.e., enabling children to see and experience: a sense of belonging; a vision of self-sufficiency; individual agency; collective efficacy; support and structure in home, school and community; faith in something more than this world; imagining a time beyond the current difficulties; and working towards a future personal and community hope. Barron and Abdallah (forthcoming) stressed the need to set any trauma-specific recovery programs within cultural world views that foster such protective factors. When this is done, programs empower rather than block the significant change factors of cultural identity, self-determination, and autonomy (Smith et al. 2005). In addition, Mohatt et al. (2008) highlighted the importance of the ownership of change in addressing intergenerational trauma and argued solutions need to come from the communities themselves. This often involves partnerships with professionals beyond communities who work to support community goals. Such practices can ensure social change and the delivery of trauma recovery programs occur in culturally-sensitive ways (AHF 2006). At the current time, studies in Palestine have yet to explore the impact of traditional cultural healing beliefs on children’s intergenerational trauma symptoms; the impact of the interaction of trauma-specific programs set within cultural beliefs; as well as the development and evaluation of broader based programs and interventions that address the wider historico-socio-political context of intergenerational trauma and oppression.

## Conclusions

The current study sought to deepen understanding and promote discussion of intergenerational trauma for Palestinian children living under military occupation involving violence. In order to begin to understand such a complex of interactive factors, the presented framework brought together the historical, social, and political dynamics of military occupation involving violence resulting in historical, collective, and intergenerational trauma. In addition, van der Kolk’s developmental trauma framework enabled a way of conceptualizing and identifying a complex of resultant symptoms in children. Addressing children’s intergenerational trauma symptoms within contexts of oppression appears to require multi-layered responses at individual, community, and societal levels. Such responses may need to be attuned to and build upon indigenous peoples cultural approaches to healing and ownership of change.

## Recommendations

It is proposed that the presented framework provides a map to guide the development of research on intergenerational trauma for children in occupied Palestine. Future research needs to focus more on the interactive impact of historical and collective traumas for children, parents, and their communities within a context of ongoing adversity. The framework is also applicable to other intergenerational trauma contexts characterized by oppression. More research is needed into children's resultant symptoms, including identity difficulties including internalized oppression and self-hatred and studies are needed that explore a wider range of individual, family, and community factors in identifying effective approaches to recovery. Finally, there is a need to develop longitudinal research designs that tease out the impact of historical and collective trauma, as well as micro-aggressions for children, their families, and communities over time.

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