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## Trauma and Memory: Challenges to Settler Solidarity

Elaine L. Enns\*

*The Remembearers... [are] those who have the traumatic event registered in their consciousness without actually having experienced it themselves: the second circle of witnesses to the violent experience.*

-- Lotem Giladi and Terece Bell<sup>1</sup>

All four of my grandparents fled Ukraine and Russia in the 1920s and came to Saskatchewan with some 22,000 other Mennonite immigrants. During the Russian Revolution and civil war (1917-21) these people survived “a continuous climate of violence, plundering, rape, mass killing and extensive bloodbaths with mutilations that were gruesome and mindless.”<sup>2</sup>

As a child, I knew that something unspeakable had happened in Russia. But when I inquired, my grandparents spoke only about the good times, the vast abundance and beauty of the land, no doubt appropriately shielding me from their pain. But in my grade twelve year at Rosthern Junior College, a Mennonite high school in Saskatchewan, our drama teacher had us perform a reader’s theatre rendition of Barbara Claassen Smucker’s young adult novel *Days of Terror*.<sup>3</sup> She brought in survivors of the *Zerrissenheit* (a German term loosely translated as “a time of being torn apart”) to speak with us about their experience. This is when I first began to realize what my grandparents’ *Russländer* generation had endured in Russia. Seeds of a call to become a “rembearer” in my community were planted in me then, which have grown for thirty years.

*Russländer* Mennonites settling on the Canadian Prairies became neighbors to Cree communities over the last century. The Cree communities were still experiencing the ravages of colonization, cultural genocide in Indian Residential schools, land displacement, broken treaties and the resulting epidemic of intergenerational substance abuse, family fragmentation, cultural loss and socio-economic marginalization. I believe it is important to explore connections and contrasts between these two communities’ experiences of trauma and resilience, for the purpose of working for justice and healing. While First Nations have endured a virtually unbroken history of dispossession, Settler Mennonites have experienced a complicated mix of persecution and displacement on one hand, but of assimilation and

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privilege on the other. A goal of my work is to identify, explore and transform the barriers within my Settler Mennonite community that prevent us from living into deeper relationships and building solidarity with our Indigenous neighbors.

The conflict and brokenness that continues to characterize Indigenous-Settler relations in Canada arise from a complex matrix of issues and factors inhibiting authentic, just relations. My recent doctoral research focused on three issues of critical self-awareness in the Settler Mennonite community: impacts of intergenerational trauma; revising our communal narratives; and taking historical “response-ability.” My hope is that if we “do our own work” (Audre Lorde) around these three issues we Mennonites will engage and respond more deeply to the Truth and Reconciliation Commission report and its Calls to Action.

## I. Post-Traumatic Stress Disorder and its Transmission

Trauma studies is a dynamic, emerging field. While a common current approach examines trauma as the underwriter of victimhood, I will look at it here as one heritable factor that prevents historically victimized but now privileged communities from seeing *other* people as victims and responding in solidarity.

Theologian David Carr offers the following definition: “Trauma is an overwhelming, haunting experience of disaster so explosive in its impact that it cannot be directly encountered, and influences an individual and group’s behavior and memory in indirect ways.”<sup>4</sup> Trauma often has a life beyond the initial experience. Post-traumatic Stress Disorder (PTSD) describes a syndrome in which trauma survivors are unable to get violent event(s) out of their mind and soul. Rachel Yehuda, professor of Psychiatry and Neuroscience at New York’s Mount Sinai Hospital, has been studying the biology of PTSD since the late 1980s. She notes the following symptoms: nightmares, flashbacks, panic attacks, heart palpitations, severe physiologic disturbances, and avoiding certain persons, places or events that trigger memories.<sup>5</sup>

According to Yehuda, trauma caused by intensely personal violations (such as sexual assault, torture or military combat) is far more likely to cause PTSD than, for example, a natural disaster.<sup>6</sup> She has also tried to understand why “most exposed persons do not develop PTSD, or if they do... recover from it quickly.”<sup>7</sup> Yehuda found that the offspring of Holocaust survivors with PTSD were more likely also to develop PTSD when exposed to their *own* traumas; these adult children displayed an unusually high rate of psychiatric disorders.<sup>8</sup> Similarly, Pamela Sugiman, a child of Japanese Canadians who were dispossessed and interned in reaction to the bombing of Pearl Harbor, claims: “The pain of that experience...is etched in my memory. It has become an integral part of my existence, as well as the defining moment in my own family’s history.”<sup>9</sup>

Over the last two decades, much research has focused on the intergenerational transmission of trauma in a wide range of cultural groups and communities who have experienced war, slavery, genocide and other political oppression. These studies have found

that trauma can be passed down through both nurture and nature: biologically and epigenetically as well as through family systems and communal narratives. Here I note three current trajectories of research concerning how trauma symptoms transmit across generations.

The first examines the role of cortisol. A common factor among Holocaust descendants was a low level of cortisol.<sup>10</sup> Exposure to stress triggers concurrent and instantaneous biological responses. The amygdala is the part of the brain that assesses whether a situation is a threat. When a threat is perceived, there is an immediate cascade of biological responses, as the hypothalamic-pituitary-adrenal (HPA) axis is activated and the adrenal gland releases cortisol.<sup>11</sup> These are normal biological responses to trauma that give the body the resources to enact the famous “fight or flight” responses.<sup>12</sup> If the body is not able to successfully shut down these reactions after the threat has passed, however, the HPA axis becomes over-sensitized, resulting in lower cortisol levels.<sup>13</sup> An inability to produce cortisol in sufficient amounts may lead to the development of PTSD when faced with another stressor.<sup>14</sup> One of Yehuda’s studies looked at women in their third trimester of pregnancy who were exposed to the 2001 World Trade Tower attacks, and found that both mothers and their infants had lower cortisol levels (babies’ cortisol levels were thus likely altered *in utero*).<sup>15</sup>

A second trajectory of inquiry is epigenetics, a relatively new field of study that looks at heritable changes in gene function.<sup>16</sup> Alterations to the chemical coating of chromosomes (though not to gene structure) have been found in survivors of life-threatening experiences such as war, torture or famine.<sup>17</sup> This coating becomes a sort of cell “memory,” and is passed on, like other genetic characteristics, intergenerationally. Progeny thus can carry a kind of physiological “footprint” of the trauma.

A third trajectory of study explores how trauma is transmitted through non-biological avenues such as parenting styles and family systems. For example, a study of survivors of the Khmer Rouge regime in Cambodia found that role-reversed parenting was a recurring symptom.<sup>18</sup> When a parent looks to a child to meet the adult’s needs of intimacy, comfort or play, and the child attempts to meet those needs, this can lead to anxiety in the child. Yehuda found that the offspring of Holocaust survivors may be more vulnerable to developing PTSD just by witnessing their parents’ chronic PTSD; some experienced symptoms just from *hearing* about Holocaust-related events.<sup>19</sup> In my interviews, some *Russländer* descendants described how their mothers were unable to bond with their children because of the trauma they experienced.<sup>20</sup> Conversely, a study of Kosovar survivors of war and ethnic cleansing found that children’s depressive symptoms were significantly related to their *fathers*.<sup>21</sup> These studies indicate that there are a variety of ways in which trauma can pass from generation to generation.

Many of these symptoms can be observed in my Mennonite community. Lynda Klassen Reynolds has investigated the psychological effects of trauma on *Russländer* immigrants to Canada and their descendants (see footnote 2). After having endured the fear

and uncertainty of World War I, Mennonites in Ukraine and Russia were subjected to more brutal violence during the Russian Revolution in 1917, which continued through the famine of 1921-23 and into the Stalinist era. A significant percentage of Reynolds' first generation immigrant respondents spoke about witnessing the arrest or murder of a family member or loved one; seeing their home destroyed; and/or living in fear under the security apparatus of the Soviet Union. She also interviewed second and third generation subjects, and compared their scores against the norms of the Minnesota Multiphasic Personality Inventory-II. She found that each generation exhibited significantly higher than normal levels of anxiety, depression and other mental illness such as psychasthenia (a psychological disorder characterized by phobias, obsessions, compulsions, or excessive paranoia).<sup>22</sup> There is also sociological evidence for the effects of trauma in the wake of the *Zerrissenheit*. Frank H. Epp notes that *Russländers* had to pay “a 5-cent-a-month-per immigrant fee for the care of mental patients to prevent their deportation”; in 1931 there were 61 *Russländers* “sick with the nerves” in public mental institutions.<sup>23</sup>

## II. Trauma and Communal Narratives among *Russländer* Settler Mennonites

A fourth trajectory for understanding how trauma can be passed down is to look for “footprints” in a group’s communal narratives—both what is related and what is absent. To illustrate this I will focus here on one consequential silence in our received Mennonite narrative of history: the marginalization of women’s victimization, which inhibits the processing of pain and complicates its intergenerational impact.

The Mennonite community, like much of society, continues to struggle with a patriarchal culture that tends to discount women’s experiences; this is particularly acute regarding experiences of gendered violence. Our popular communal narratives tend to relate a heroic story of a hardworking, faithful, resilient people, which include some kinds of violence that Mennonite endured (e.g. murder, disappearance, or robbery), but leave out (or allude to only obliquely) contradictory or shameful experiences such as rape and sexual assault.

Marlene Epp’s groundbreaking *Women without Men* brings to light the staggering stories of Soviet Mennonite women who survived the arduous journey out of Russia during World War II, enduring relentless hardship and violence, including rape, to bring their children to safety.<sup>24</sup> But these stories have received little attention in our community, both because women’s voices have not been central to our communal narrative, and because of the shame regarding sexual assault. In light of this silencing, Epp points out that we have to “decode” testimonies to exhume fragmented stories of sexual violence, looking for whispers and indirect communication and even “untrustworthy” sources.<sup>25</sup>

Reynolds’ study of 67 *Russländer* immigrants found that while a significant percentage of her respondents spoke about experiences of arrest, murder, displacement and

fear during the *Zerrissenheit*, no one admitted to being raped—although half of the respondents indicated they knew someone who was.<sup>26</sup> The stigma associated with sexual violence and the pain of recounting that horror undoubtedly caused some to deny their experience. Alternatively, some survivors made generalized statements like, ““Virtually every girl fell victim to the ruthless hands of these devils.”<sup>27</sup> In my interviews with children and grandchildren of *Russländers*, one reflected, “Rape never came up because it wasn’t appropriate to talk about. It was a hidden thing, but there were certainly children who were the result of rape.”<sup>28</sup> Another speculated that incidents of sexual assault were “pretty high in the 1920s; imagine the Eichenfeld massacre and what was never told.”<sup>29</sup> In fact, we do not know how many children were born of rape, as there has been no academic research on the incidences of sexual violence during this period.

In one of my focus groups, a participant extrapolated that her mother must have been raped based on her behavior and attitude towards sex; another heard her father speculate about his mother’s rape. Four others acknowledged that rape was widespread, and gave anecdotes of girls being hidden in an attic or hayloft, or crawling out of a window to get away from soldiers. One woman wondered why her father’s skin was so dark, inferring either a forbidden sexual liaison or rape. Two others called their mothers’ experiences “too awful to talk about.” Another added: “My grandparents were reticent to speak of things, but my Dad’s older brother managed to get some information. But ... a lot of people don’t want to hear him talk about what he learned. These stories are somehow shameful or secret.”<sup>30</sup> Still another told me:

My mom said she knows that women were raped, but that none of my great aunts or my grandmothers were...at least not that she knows of... The oldest child in a friend’s family is a half sibling, but their mom has never talked about why or how that came about. My friend believes her mother was raped.”<sup>31</sup>

Such reluctance to depart from the received communal narratives surely indicates a psychological distancing from pain, but these patterns of silencing can be damaging, and function to exacerbate trauma. Among the reasons why women’s stories of victimization are silenced, dismissed and contorted are:

- *Lack of safe space*: Stories of sexual assault or rape are often self-censored by victims because there is no place safe enough to recount painful (or shameful) experiences.
- *Power dynamics*: How social power is distributed within a tight-knit family, community or church has dramatic impact on what stories or perspectives are vocalized, “recognized, valued, dismissed, or damned.” Similarly, how the community responds to a particular narrative shapes how an individual will redefine their place within the community.<sup>32</sup>

- *Ambiguity or Manipulation of Memory*: In narratives of trauma, victims often have memory gaps when trying to describe what happened during the violation, and many have difficulty recalling details of how they first disclosed their experience of abuse. Their stories can become more “muddled” if listeners reconstruct the story from their own perspectives.<sup>33</sup>

Communal narratives are not static; they are continually revised and retold, and often in the process, “cleaned up.” But social power dynamics within a community can strip the victim of her ability to hold on to her narrative. When traumatized people are not allowed to tell and process their experiences in safe settings, it only deepens the trauma, and forces it to fester within. Silencing re-traumatizes and re-victimizes, but also negatively effects the community as a whole from generation to generation.

### III. Historical Response-ability

Another consequential silence in Settler Mennonite versions of our history regards Indigenous peoples. Unlike many European Settlers, many Mennonites take a keen interest in history; my extended clan, for example, has produced multiple family history books. Typically these books highlight how Catherine the Great invited Mennonites to settle the steppes of Russia/Ukraine in the late eighteenth century. However no mention is made of the Nogai and Cossack peoples (traditional inhabitants of the Ukrainian steppes) being forcibly removed by the Tsarina just prior to my ancestors arriving.<sup>34</sup>

Similarly, a century later and half a world away, Mennonite settlers from Manitoba and the U.S. procured land in Saskatchewan that had just been taken from the Young Chippewyan tribe without consultation or compensation by the Canadian government. But there is not a whisper of this in our family books. In most cases Indigenous peoples are simply not a part of our Settler Mennonite narrative. Such silence functions to perpetuate the dangerous fantasy that the land upon which we settled was uninhabited. This destructive myth dates back to the *terra nullius* aspect of the medieval Doctrine of Discovery, which *still* undergirds rationalizations of the European conquest and colonization of the Americas.<sup>35</sup> Perhaps we think that it just doesn’t matter who preceded us in this place. But, as a Canadian TRC slogan put it, it *should* “matter to me.”

Critical literacy in a community’s lived story can nurture understanding of, and accountability for, both exemplary and problematic aspects of past and present. This is especially true in regard to issues of our complicity in social patterns of injustice and unacknowledged privilege. One of my research participants noted that most Mennonites believe “we purchased our land through fair and square deals,” and prospered only due to “hard work.”<sup>36</sup> But this conveniently overlooks how our farming enterprises were made much more viable and successful by subsidies of granted or cheap land, governmental incentives, tax breaks, preferential markets, assumed water rights, access to transportation and technology, etc. One interviewee told me:

Mennonites were given all kinds of special privileges in Russia. Some became very wealthy there, partly because they were hard working, but also because they received significant benefits—they were even called *privilegia*. We went through a period of trauma, but then we came here, where the Canadian government wanted us and gave us breaks based upon the color of our skin or work ethic. Before long we were back in positions of privilege; we don't tell *that* side of the story very often!<sup>37</sup>

Our communal narrative must no longer ignore these parts of the story.<sup>38</sup> Working towards historical response-ability will involve acknowledging honestly the ways in which racial privileges trumped ethnic differences to advantage Mennonite recovery from marginalization.

Collective experiences of trauma have adverse consequences that are communal, long-lasting and cross-generational.<sup>39</sup> Significant work regarding communal, inter-generational trauma has been conducted within Canadian Indigenous communities, arguing traumatic events occurring across generations build synergistically and are understood as part of a single trajectory.<sup>40</sup> These studies insist that Aboriginal mental health can only properly be understood and addressed by acknowledging the impact of colonization, particularly the devastation resulting from the Indian Act, the Child Welfare Act and Indian Residential Schools. Poverty, addiction and abuse on reservations today are a direct result of the synergistic traumas of colonization, which was also noted poignantly by many survivors' testimonies at the TRC hearings, two of which I attended.

My work is to promote historical response-ability among Mennonites in order that we can better understand the impact of intergenerational trauma not only for our own healing, but that of our Indigenous neighbors. For example, I led a workshop in Saskatoon with Mennonite leaders where we unearthed our own stories of gendered violence, but also patterns of White privilege. We concluded our time with a field trip to Wanuskewin Heritage Park, which was hosting an exhibit commemorating missing and murdered Indigenous women called "Walking with our Sisters." There we encountered contemporary stories of violence against Indigenous women: "1,181 Native women and girls have been reported as missing or have been murdered in the last 30 years."<sup>41</sup> In Saskatchewan, "55 per cent of all homicides [have been] Aboriginal women. Police have reported this is the highest percentage among all Canadian provinces."<sup>42</sup>

The exhibit features 1,800 colorful, beaded moccasin tops (or vamps), including 118 pairs of children's vamps created by survivors of residential schools or their descendants to honor the lives of children who didn't return home from the schools. The vamps were created by more than 1,400 artists, both Aboriginal and non-Aboriginal, each with a unique pattern sewn on to it. The moccasins are unfinished, representing the lives of woman who were cut short; the traveling exhibit is curated by grandmothers and "process-keepers." This was an amazing gift to our group in its efforts to un-silence our suppressed history, challenging us



to overcome our ignorance concerning traumas endured by our Indigenous neighbors. Most importantly, we witnessed how painful stories can be told in a way that honors and respects the victims while transforming devastating realities into wisdom and beauty.

#### IV. Factors of Resilience

The good news is that there are many tools to promote healing and resilience in the wake of victimization and intergenerational trauma. One strategy is to create more safe spaces for stories to be told and reclaimed. Obviously, Mennonite sexual assault survivors from Ukraine-Russia could not recover until they reached the safety of Canada—but even then, their stories were often silenced. Similarly, Indigenous women today need security against further assaults, while being empowered to testify to their experiences. Najdowski and Ullman's study of how women assess their recovery after sexual assault point out that while self-blame is predictive of more PTSD symptoms and slower recovery, perceived control over recovery is associated with less distress.<sup>43</sup>

Open family communication and higher levels of differentiation within family systems have also been found to be protective factors among offspring of traumatized people.<sup>44</sup> Importantly for my work, Brewer-Smyth and Koenig have found that religious communities can promote resilience in a variety of ways.<sup>45</sup> Practices of prayer, scripture study and altruism may help preserve healthy cortisol levels. Receiving and offering social support are also vital factors in promoting resilience. Faith communities can provide spaces for lament and joy, inviting members to consider forgiveness when they are ready. For victims who struggle with making sense of the violence they have experienced, a religious community can help reinterpret or make meaning out of trauma, and nurture consciousness that promotes resilience. Indigenous groups across North America, too, use their religious practices, teachings and ceremonies to provide places for healing and strength.

Faith communities among Settlers need to create safe spaces to give testimony about intergenerational trauma, but also provide opportunities for privileged people to face our culpability, and build courage and skill to engage in justice-work. Over the last year I have engaged a variety of groups to do this work. In several Settler workshops I have facilitated a timeline exercise, in which we construct a parallel chronology of our migration stories on one line and Indigenous history on the other. Some participants know in great detail their family and community's history, but can only plot a few events on the Indigenous line. To complexify our histories, I invite people to engage questions like: What are the Settler narratives *your* family and social group tell? How do people talk about first acquiring or losing their land? What are the stories told about the first immigrants in your family? Can you detect any masks or half-truths? In other settings, I have invited participants to wrestle with the untold stories in their family or communal narrative, probing questions of why and how these stories were silenced, by whom and the impact of that marginalization. We also investigated questions of trauma asking what stories of violence were passed on in family,

church or local neighborhood narratives; and how trauma is encoded in these stories. It is my hope that in helping to facilitate my and other Settler faith communities to engage all three themes of this paper (intergenerational trauma, communal narratives and historical response-ability) we can better nurture our capacity to stand with Indigenous communities and their struggles for justice.

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## Endnotes

- <sup>1</sup> "Protective Factors for Intergenerational Transmission of Trauma Among Second and Third Generation Holocaust Survivors," *Psychological Trauma: Theory, Research, Practice, and Policy* 5, No. 4 (2013): 150.
- <sup>2</sup> Lynda Klassen Reynolds, *The aftermath of trauma and immigration detections of multigenerational effects on Mennonites who emigrated from Russia to Canada in the 1920s*, unpublished PhD thesis (Fresno, CA, 1997), 1.
- <sup>3</sup> Barbara Claassen Smucker, *Days of Terror* (Toronto: Penguin Global, 2008).
- <sup>4</sup> David Carr, *Holy Resilience: The Bible's Traumatic Origins* (New Haven: Yale University Press, 2014), 7.
- <sup>5</sup> Rachel Yehuda, "Clinical Relevance of Biologic Findings in PTSD," *Psychiatric Quarterly* 73, No. 2 (Summer 2002): 123-133.
- <sup>6</sup> Rachel Yehuda, "Biological factors associated with susceptibility to posttraumatic stress disorder," *Canadian Journal of Psychiatry* 44, no. 1 (1999): 34-39.
- <sup>7</sup> Rachel Yehuda, "Clinical Relevance of Biologic Findings in PTSD," *Psychiatric Quarterly* 73, no. 2, (Summer 2002): 124.
- <sup>8</sup> Yehuda, *Canadian Journal of Psychiatry*, 34-39.
- <sup>9</sup> Pamela Sugiman, "Passing Time, Moving Memories: Interpreting Wartime Narratives of Japanese Canadian Women," *Histoire Sociale/Social History* 36, no. 73 (2004): 52.
- <sup>10</sup> Rachel Yehuda, James Schmeidler, Earl L. Giller, Larry J. Siever, and Karen Binder-Brynes, "Relationship between Posttraumatic Stress Disorder Characteristics of Holocaust Survivors and Their Adult Offspring," *American Journal Psychiatry* 155, no. 6 (June 1998): 841-843.
- <sup>11</sup> Yehuda, *Psychiatric Quarterly*, 124.
- <sup>12</sup> Researchers have identified a third response to trauma: "freeze." Cathy Carter Snell found an immobility response in approximately half of the sexual assault victims she encountered ("Psychological Effects of Trauma," webinar for Center for Rural Community Leadership and Ministry, Saskatoon Theological Union, May 22, 2014). According to marriage and family counselor Carolyn Yoder, the freeze response "traps the intense trauma energy in the nervous system. If it is not discharged or integrated within a few days or weeks, this constriction of energy is believed to be what produces common trauma reactions later" (*The Little Book of Trauma Healing: When Violence Strikes and Community Security is Threatened*, Intercourse, PA: Good Books, 2005, 20). Moreover, up until about twenty years ago, "fight or flight" studies had been conducted only on men; it was simply assumed that women responded in these same ways. Current research, however, shows that women react differently to trauma, related to the release of oxytocin. Researches are calling this "tend and befriend": women, when faced with trauma will look after their young and befriend each other, as well as come together to support, protect and love one another. (Shelley E. Taylor, Laura Cousino Klein, Brian P Lewis, Tara L. Gruenewald, Regan A. R Gurung and John A. Updegraff, "Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight," *Psychological Review*, Vol 107, no. 3, (Jul 2000): 411-429.
- <sup>13</sup> Rachel Yehuda, "Biology of posttraumatic stress disorder," *Journal of Clinical Psychiatry* 62 no.17 (2001): 41-46.
- <sup>14</sup> Yehuda, *Canadian Journal of Psychiatry*, 34-39.

- <sup>15</sup> Rachel Yehuda, S.M. Engel, S.R. Brand, J. Seckl, S.M. Marcus, and G.S. Berkowitz, "Transgenerational Effects of Posttraumatic Stress Disorder in Babies of Mothers Exposed to the World Trade Center Attacks during Pregnancy," *Journal of Clinical Endocrinology & Metabolism* 90, no. 7 (2005): 4115-8.
- <sup>16</sup> Rachel Yehuda and Linda Bierer. "The relevance of epigenetics to PTSD: Implications for the DSM-V," *Journal of Traumatic Stress*, Special Issue: Highlights of the ISTSS 2008 Annual Meeting 22, no. 5 (2009): 427-434.
- <sup>17</sup> Natan P.F. Kellermann, "Epigenetic Transmission of Holocaust Trauma: Can Nightmares Be Inherited?," *The Israel Journal of Psychiatry and Related Science* 50, no. 1 (2013): 33-39.
- <sup>18</sup> N.P. Field, S. Muong, & V. Sochanvimean, "Parental styles in the intergenerational transmission of trauma stemming from the Khmer Rouge regime in Cambodia," *The American Journal of Orthopsychiatry* 83, no. 4 (2013): 483-494.
- <sup>19</sup> Rachel Yehuda, Jim Schmeidler, Abbie Elkin, Elizabeth Houshmand, Larry Siever, Karen Binder-Brynes, Milton Wainberg, Dan Aferiot, Alan Lehman, Ling Song Guo, and Ren Kwei Yang, "Phenomenology & Psychobiology of the Intergenerational Response to Trauma," in *Intergenerational Handbook of Multigenerational Legacies of Trauma*, edited by Yael Danieli (New York: Plenum Press, 1997), 639-656.
- <sup>20</sup> *Russländer* Focus Group, June 25, 2014.
- <sup>21</sup> Matthies Schick, Naser Morina, Richard Klaghofer, Ulrich Schnyder, and Julia Müller, "Trauma, Mental health, and Intergenerational Associations in Kosovar Families 11 years after the War," *European Journal of Psychotraumatology*, Volume 4 (2013) DOI: 10.3402/ejpt.v4i0.21060. Accessed 29.03.2016.
- <sup>22</sup> Reynolds, *The aftermath of trauma*, 67, 70, 76.
- <sup>23</sup> Epp, Frank H., *Mennonites in Canada 1920-1940: A People's Struggle for Survival* (Toronto, ON: Macmillan of Canada, 1982), 384.
- <sup>24</sup> Marlene Epp, *Women without Men: Mennonite Refugees of the Second World War* (Toronto: University of Toronto Press, 2000).
- <sup>25</sup> Marlene Epp, *Women without Men*, 59. Common storytelling devices that women used to evade speaking directly about rape include denial, depersonalized or third person narrative, or referring only to the consequences of rape.
- <sup>26</sup> Reynolds, *The aftermath of trauma*, 68-69.
- <sup>27</sup> Harvey Dyck, John Staples and John B. Toews. *Nestor Makhno and the Eichenfeld massacre: a civil war tragedy in a Ukrainian Mennonite Village* (Kitchener: Pandora Press, 2004), 46.
- <sup>28</sup> Interview 1, June 16, 2014.
- <sup>29</sup> Interview 5, July 10, 2014.
- <sup>30</sup> *Russländer* Focus Group, June 25, 2014.
- <sup>31</sup> Interview 6, July 17, 2014.
- <sup>32</sup> Erin E. Seaton, "Common Knowledge: Reflections on Narratives in Community," *Qualitative Research* 2008; no. 8: 295.
- <sup>33</sup> A victim's story can take on new meaning when it is reconstructed by peers and others in the community based on their own reactions to the traumatic story; they often "contradict, cover over, dismiss or challenge" the victim's account (Seaton, *Qualitative Research*, 303). Even those meaning to be advocates and allies sometimes begin to claim the victim's story, often unconsciously imposing *their* version over the victims.
- <sup>34</sup> James Urry, *None but the Saints: The Transformation of Mennonite Life in Russia 1789-1889* (Kitchener: Pandora Press, 1989), 96.
- <sup>35</sup> Robert J. Miller et al., *Discovering Indigenous Lands: The Doctrine of Discovery in the English Colonies* (New York: Oxford University Press, 2010).
- <sup>36</sup> Annual General Meeting, MCC Canada workshop, September 18, 2014.
- <sup>37</sup> TRC Focus Group, June 26, 2014.

<sup>38</sup> I explore these issues further in two recent publications: "Settler Responsibility," *Geez* (Fall 2015, pp. 34-37) and "Facing History with Courage: Towards 'Restorative Solidarity' with Our Indigenous Neighbours," *Canadian Mennonite* (Vol 19 Issue 5, March 2015, 4-9).

<sup>39</sup> On this see H. Karenian, M. Livaditis, S. Karenian, K. Zafiriadis, V. Bochtsou, & K. Xenitidis. "Collective trauma transmission and traumatic reactions among descendants of Armenian Refugees," *The International Journal of Social Psychiatry* 57, no. 4 (2011):327-337; and Rachel Lev-Wiesel, "Intergenerational Transmission of Trauma across Three Generations," *Qualitative Social Work* 6, no. 1(2007):75-94.

<sup>40</sup> A. Bombay, K. Matheson & H. Anisman, "Intergenerational trauma: Convergence of multiple processes among first nations peoples in Canada," *Journal of Aboriginal Health*, November, (2009): 6-47. See also Peter Menzies, "Intergenerational Trauma from a Mental Health Perspective," *Native Social Work Journal* 7, Promising Practices in Mental Health: Emerging Paradigms for Aboriginal Social Work Practices. (2010): 63-85; and D. Smith, C. Varcoe, & N. Edwards, "Turning around the intergenerational impact of residential schools on aboriginal people: Implications for health policy and practice," *Canadian Journal of Nursing Research* 37, no. 4 (2005): 38-60.

<sup>41</sup> <http://walkingwithoursisters.ca/about/>. Accessed 29.03.2016.

<sup>42</sup> Radford, Evan. "Memorial Honours Murdered Women, Builds Dialogue." *The StarPhoenix*, October 30, 2014.

<sup>43</sup> C.J. Najdowski and S.E. Ullman, "PTSD and self-rated recovery among adult sexual assault survivors: The effects of traumatic life events and psychosocial variables," *Psychology of Women Quarterly* 33 (2009):43-53. Another factor is identified by Sagi-Schwartz, *et al*, who argue that resiliency among Holocaust survivors may be explained partly by the fact that the violence was not inflicted by trusted care givers; thus survivors did not experience a traumatic break with their attachment figures, and were able to parent their children in healthy ways (Abraham Sagi-Schwartz, Marinus H. van IJzendoorn & Marian J. Bakermans- Kranenburg, "Does intergenerational transmission of trauma skip a generation? No metaanalytic evidence for tertiary traumatization with third generation of Holocaust survivors," *Attachment & Human Development* 10, no. 2, 2008: 105-121).

<sup>44</sup> Lotem Giladi and Terece S. Bell. "Protective Factors for Intergenerational Transmission of Trauma."

<sup>45</sup> K. Brewer-Smyth, & H.G. Koenig, "Could spirituality and religion promote stress resilience in survivors of childhood trauma?," *Issues in Mental Health Nursing*, 35, no. 4 (2014): 251-256.