

Aging Holocaust Child Survivors in Los Angeles and the Transgenerational Transmission of Extreme Trauma: Key Findings from a Needs Assessment

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“On the one hand, what happened in the camps appears to the survivors as the only true thing and, as such, absolutely unforgettable; on the other hand, this truth is to the same degree unimaginable...such is the aporia of Auschwitz.”

Giorgio Agamben

*Remnants of Auschwitz: The Witness and the Archive*¹

Overview

The Holocaust ended in 1945, but survivors have spent the last 70 years trying to cope with the extreme trauma that shattered their lives and dismantled their families. Soon after the Holocaust, survivors were found to suffer from specific mental health disorders related to their traumatic experiences.² Later research documented that these disorders could be transmitted to future generations.³

Holocaust child survivors who were born between 1930–1945 are advancing in age and there has been a lack of focus on their unique needs as well as those of their families. Holocaust child survivors tend to have distinctive unresolved problems because of the traumatic suffering that they faced at an early stage in their biopsychosocial development. As they were growing up and through their adult years, they frequently felt ignored—often holding the sentiment that “I was the only child survivor” and, at the same time, experiencing disruptions in multiple life domains through the pervasive influence of stigma.⁴

All U.S. Survivors are 65+



Source: “Jewish Survivors of the Holocaust Residing in the United States: Estimates & Projections: 2010–2030”

Holocaust Survivors in the United States



Source: “Jewish Survivors of the Holocaust Residing in the United States: Estimates & Projections: 2010–2030”

Holocaust Survivors in Southern California



Source: “Holocaust survivor needs assessment findings 2014–2015”

In the 1980s, psychologists Florabel Kinsler and Sarah Moskowitz developed one of the first therapeutic groups for child survivors to address the problems they struggled with in daily life.^{5,6} Child survivors in Los Angeles credit the project for changing their lives by addressing their long-term, trauma-formed behavior. These maladapted behaviors included a wide range of psychosocial problems, such as eating and buying more food than necessary, which was related to the fear of never having enough to eat as they did in the camps during the Holocaust. Other characteristic psychosocial problems include having a difficult time trusting others.

Despite the declining number of living Holocaust child survivors, there is an advancing need for research on this population to identify the key factors from their experiences and the lessons learned from attempts to care for their trauma-related needs and the accumulated harm caused by the continuing stigma of surviving. In their older years, these survivors are facing

serious transgenerational problems involving struggles with their children and grandchildren. As one child survivor explained, growing up without parents or a model of appropriate parenting made it difficult for her to understand how to parent and show affection. She had become an overprotective mother to her children and this strained her familial relationships. This is not an isolated case. Many children of child survivors feel resentment toward their parents, which is a cause of familial tensions.

In order to respond to these unresolved family psychosocial problems in this understudied population, Jewish Family Service of Los Angeles (JFS) conducted a needs assessment targeting different segments of the Holocaust child survivor population that reside in Los Angeles.⁷ Findings from the needs assessment highlight psychosocial and familial problems that require highly specialized services including home healthcare, counseling, transportation, socialization, nutrition and emergency services. The design and implementation of such specialized services will allow these survivors to age with dignity and provide models for translation to other special populations of aging child survivors of war and genocide. The normal aging process can be challenging for many older adults, but for these specific populations that have experienced extreme trauma, the aging process can be even more complicated.

Data Collection

JFS engaged in a strategic partnership with the USC Edward R. Roybal Institute on Aging to get a better understanding of the unresolved problems affecting Holocaust child survivors, services currently offered and used by the population and potential services that could better meet their needs. Participants in the needs assessment included Polish, French, Hungarian and Former Soviet Union (FSU) child survivors. A mixed qualitative methodology was applied to collect data that included: 1) ten individual interviews; 2) two focus groups (one with survivors of FSUs and the other with child survivors of a different origin); 3) participant observation. The ten individual interviews consisted of 14 questions focusing on topics related to JFS services that they or their friends and family use, what services they foresee their child survivor community needing in the next 5–10 years and the problems affecting the child survivor community today. The focus group questions were more open and conversational and were tailored

to fit FSU and other child survivor group participants' culturally specific experiences and perspectives. Field notes were taken by the researcher, who participated in the functions and activities that child survivors attended.

Key Findings

Childhood Trauma

Child survivors report that they are often plagued with guilt and embarrassment for having survived the Holocaust while their families and friends died. To escape the realities of their experiences, some survivors have spent their lives in silence—seldom speaking about their traumatic experiences in an attempt to disassociate and block the experiences from their memory. As these survivors age, many are increasingly expressing the desire to explore the trauma experienced as a result of the Holocaust. They are now more open to attending therapy and support groups to talk about their experiences and reflect about how it has affected their lives.

Economically Vulnerable

25% of U.S survivors live

below the poverty line



50% of Los Angeles survivors live

below the poverty line



Sources: "Helping Holocaust Survivors"; "Holocaust Survivors Justice Network: Honoring the memory of those who perished by helping those who survived"

It is estimated that about half of the Holocaust survivors in Los Angeles County live in poverty. The majority of Holocaust survivors live solely on government-funded programs such as Social Security Income (SSI) and Medi-Cal (Medicaid) or pensions with some receiving reparations. In the past, older Holocaust survivors would request monetary assistance from the Claims Conference Fund. Child survivors considered this form of assistance as "blood money" and refused to accept this type of aid. However, with the advancing age of child survivors, there has been an increase in the number of requests for Claims

Conference assistance from child survivors who are now confronted with an increase in financial need and services.

Lack of Trust

A lack of trust prevents many child survivors from asking for help or accessing social services. The reluctance to trust or communicate with others puts child survivors at a higher risk for problems stemming from a lack of social capital and sense of community. The majority of study respondents stated that they prefer to reach out to other child survivors who can understand the struggles and obstacles they face and who they consider their friends.

Social Isolation



Holocaust survivors are more reliant on social service programs than other 65+ people

Source: “Supporting the goal of ensuring that all Holocaust survivors in the United States are able to live with dignity, comfort, and security in their remaining years”

Child survivors tend to feel isolated and ignored and find it difficult to relate to older survivors. This sense of isolation stems from an age gap among survivors and differences in experiences during the Holocaust. Focus group participants reported that older Holocaust survivors often perceive their experiences as not being “real” and their memories as “inaccurate,” due to their age at the time of the Holocaust. Even though JFS offers the well-known Café Europa social club, child survivors reported that they were disinterested in attending these weekly social meetings because they associated the group with older Holocaust survivors.

Transgenerational Problems

Like many other Holocaust survivors, child survivors face an intergenerational struggle with their children (second generation) and grandchildren (third generation). Participants reported that they neither wanted to burden their children with the feeling of “being the child of a Holocaust survivor,” nor did they want their children to carry a similar burden. Despite their intent to protect their children, lack of disclosure strained family

relationships. Some “second generation” survivors became resentful and angry toward their parents for withholding vital information about their history.

Former Soviet Union Child Survivors

Holocaust child survivors from the Former Soviet Union (FSU) expressed similar problems and needs as all child survivors, but had additional concerns about access to essential services. FSU survivors struggled for years to be recognized as Holocaust survivors and only since 2012 have become eligible to receive Claims Conference reparations. Language barriers are a key challenge in accessing services because the majority of FSU survivors continue to largely speak Russian, Yiddish, Armenian and other non-English languages. Participants reported significant difficulty in communicating with service providers such as doctors and social service workers.

Discussion

The needs assessment of Holocaust child survivors who are now mostly in their mid to late 70s finds that survivors face unique problems and tend to have families characterized by transgenerational trauma extending across three generations. While genocide has been widely documented throughout history, the uniqueness of the experiences of Holocaust child survivors relates to how they were exposed at a young age to a genocide that exterminated their families and left them displaced and isolated. Since the Holocaust, recent examples in Cambodia, Rwanda and Bosnia serve as reminders of the extreme trauma resulting from the systematic extermination of ethnic, religious and political groups. Recent studies of African child soldiers—who have both survived the trauma of genocidal war as both conscripted perpetrators and victims—have identified a specific characteristic psychosocial problem of “learned silence” and a coping mechanism of “distrust” as these children grow older.⁸ The children of these child soldiers have more behavioral problems than children from other families.

In conclusion, this needs assessment provides in its findings the basis for “lessons learned” from the identification of unresolved problems related to the services provided for Holocaust child survivors as they age. These lessons can be used not only to provide direction for the design of services for Holocaust survivor families, but also may provide a useful model for the planning of specialized services for other

refugee groups and their families who have experienced similar genocidal traumas that have immigrated in increasing numbers to Los Angeles. The transmission of this specific type of extreme trauma across three generations of the families of Holocaust child survivors has great relevance for the public mental health and wellbeing of the aging population of Los Angeles. This needs assessment has identified both specific target areas for future research and service provision for the families of Holocaust child survivors that can be also be generalized to other refugee groups from traumatized societies. These areas include childhood trauma, economic vulnerability, social isolation, transgenerational problems of children and grandchildren. Partnerships between the university, social service agencies and affected communities can begin a concerted move to action as exemplified by this research brief.

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Jewish Family Service of Los Angeles (JFS) is a multi-service agency whose goals are to strengthen and preserve individual, family and community life by providing a wide range of needed human services to people in the community at every stage of the life cycle, especially those who are poor and disadvantaged.

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USC Edward R. Roybal Institute on Aging

The USC Edward R. Roybal Institute on Aging's mission is to advance research whose goal is to enhance optimal aging for persons in minority and low-income communities.

In-Text References

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