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Development of the Intergenerational Narcissistic Family Trauma Scale (IFTS): A Conceptual Review and Framework for Psychometric Assessment

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Abstract
Intergenerational trauma has gained increasing attention in psychological research due to its profound impact on personality development, emotional functioning, attachment patterns, and family relationships. While numerous studies have examined childhood trauma, adverse childhood experiences, and family dysfunction, limited attention has been given to the specific mechanisms through which narcissistic family systems transmit trauma across generations. Existing instruments assess trauma exposure, attachment difficulties, and family dysfunction separately, yet no comprehensive measure specifically evaluates the intergenerational transmission of narcissistic family trauma. The present review examines theoretical and empirical literature related to narcissistic family dynamics, emotional neglect, attachment disruptions, family systems theory, and intergenerational trauma. Based on the synthesis of these findings, the Intergenerational Narcissistic Family Trauma Scale (INFTS) was conceptualized to assess patterns of emotional neglect, conditional love, manipulation and control, family image maintenance, and the repetition of dysfunctional relational patterns across generations. The paper outlines the theoretical foundation, conceptual framework, item development process, and proposed psychometric validation procedures for the INFTS. The proposed instrument aims to provide researchers and clinicians with a specialized tool for assessing trauma transmission and intervention within family environments.

Keywords: family systems, intergenerational narcissistic trauma, emotional neglect, family dysfunction, narcissistic abuse, psychometric scale development.

1. Introduction

Trauma rarely exists in isolation; psychological research suggests that emotional wounds experienced by one generation can influence the functioning of subsequent generations through complex interpersonal, emotional, and relational mechanisms. This phenomenon, commonly referred to as intergenerational trauma transmission, has been observed in families affected by war, abuse, neglect, addiction, mental illness, and dysfunctional parenting patterns. Trauma is rarely confined to one generation. Emotional wounds often ripple forward, shaping the lives of children and grandchildren through learned behaviours, attachment disruptions, and relational patterns (Bowen, 1978; Yehuda et al., 2016). Families affected by war, abuse, addiction, or neglect have long been studied in this context. Yet, narcissistic family systems

where the emotional needs of caregivers eclipse the authentic development of children remain underrepresented in trauma research (McBride, 2008; Brown, 2021). Among these family environments, narcissistic family systems represent a particularly understudied context of trauma transmission. Narcissistic family structures are characterized by emotional invalidation, conditional affection, rigid role assignments, manipulation, control, perfectionistic expectations, and an excessive focus on maintaining family image. Children raised in such environments frequently internalize conditional worth, perfectionistic expectations, and relational mistrust, which persist into adulthood and are replicated in their own parenting practices (Campbell & Miller, 2011). Thus, narcissistic family trauma is not only intrapsychic but also systemic, perpetuating dysfunction across generations.

Trauma transmission across generations is a well-documented phenomenon, with research showing that unresolved emotional wounds influence subsequent generations through learned interaction patterns and attachment disruptions (Bowen, 1978; Yehuda et al., 2016). Narcissistic family systems represent a particularly understudied context, despite their prevalence in clinical practice. These families often prioritize the emotional needs of narcissistic caregivers over the authentic development of children, leading to chronic emotional neglect and identity disturbances (McBride, 2008).

Over time, these experiences may shape attachment styles, self-esteem, emotional regulation capacities, interpersonal relationships, and personality development. Furthermore, unresolved wounds often contribute to the repetition of dysfunctional patterns across generations, resulting in the continued transmission of trauma. Children raised in such environments often experience chronic emotional neglect, conditional affection, and rigid role assignments. Over time, these experiences shape attachment styles, self-esteem, and emotional regulation, perpetuating dysfunction across generations (Campbell & Miller, 2011). Despite increasing awareness of narcissistic abuse and narcissistic family systems, no standardized instrument currently exists that specifically assesses the intergenerational transmission of trauma within these family structures. The present review addresses this gap and introduces the conceptual development of the Intergenerational Narcissistic Family Trauma Scale (INFTS).

2. Theoretical Underpinnings & Literature Review

2.1 The Architecture of Narcissistic Family Systems

The conceptual architecture of the narcissistic family system is rooted in the organization of the domestic unit around the ego demands, emotional volatility, and validation requirements of one or more narcissistic parental figures. Based on contemporary clinical frameworks, these systems operate via explicit behavioral and relational abnormalities:

- **Systemic Emotional Invalidation:** The systematic dismissal, minimization, or punishment of a child's authentic emotional expressions when they do not align with parental expectations.
- **Rigid Familial Hierarchies & Role Assignment:** The structural deployment of rigid roles, specifically the polarization of offspring into the "Golden Child" (the idealized extension of parental grandiosity) and the "Scapegoat" (the target for projected familial shame and perceived failures) (McBride, 2008; Brown, 2021).
- **Chronic Boundary Violations and Parentification:** The blurring of generational boundaries, where children are forced to act as emotional regulators or psychological caretakers for their parents.

These dynamic conditions closely mimic the structural environments that generate Complex Post-Traumatic Stress Disorder (C-PTSD) (Herman, 1992). The trauma within these structures is unique because it is frequently covert; it is actively masked by a curated public façade of hyper-functionality,

wealth, or moral superiority, making objective clinical identification difficult without specialized psychometric measures.

2.2 Mechanisms of Intergenerational Transmission

The theoretical framework explaining how these narcissistic patterns transfer across generational lines draws heavily from two foundational psychological paradigms:

1. **Bowen's Family Systems Theory:** Bowen (1978) conceptualized the multigenerational transmission process, asserting that levels of self-differentiation are passed down from parents to children. In narcissistic systems, low levels of differentiation translate to high enmeshment, forcing offspring to replicate maladaptive coping patterns and projections in their adult families.
2. **Attachment Theory (Main & Hesse, 1990):** Caregivers with unresolved childhood emotional neglect display disorganized, anxious, or avoidant attachment behaviors. Unknowingly, they project these insecure attachment frames onto their offspring, enforcing conditional affection patterns that cause deep identity disturbances in the child (Campbell & Miller, 2011).

Within this environment, transmission happens through explicit modeling of transactional relationships, the institutionalization of family secrets, hyper-criticism, and the enforcement of perfectionistic compliance.

2.3 Understanding Narcissistic Family Systems

Narcissistic family structures are marked by emotional invalidation, lack of empathy, conditional acceptance, and manipulation through guilt and shame (Brown, 2021). These dynamics often result in role assignments such as the "golden child" or "scapegoat," which reinforce rigid family hierarchies and suppress authentic emotional expression (McBride, 2008).

Narcissistic families are characterised by emotional invalidation, lack of empathy, conditional acceptance, and manipulation through guilt and shame (Brown, 2021). Roles such as the "golden child" or "scapegoat" reinforce rigid hierarchies, suppressing authentic emotional expression (McBride, 2008). These dynamics often resemble complex trauma, producing chronic distress and attachment insecurity (Herman, 1992). Children in these systems learn that their worth depends on compliance and performance rather than authenticity. This conditionality fosters identity disturbances that persist into adulthood, often replicated in their own parenting practices.

Such environments mirror complex trauma conditions, producing chronic psychological distress, attachment insecurity, and difficulties in emotional regulation (Herman, 1992). Banerjee, Puri, and Bhatt (2025) emphasized the importance of inner child healing as a pathway to wholeness, highlighting how unresolved childhood trauma perpetuates maladaptive relational patterns. Banerjee, Puri, and colleagues (2018) documented the challenges faced by non-BPD spouses and families, showing how relational dysfunction creates secondary trauma in family members. Importantly, these dynamics are often hidden beneath a facade of family image maintenance, making them difficult to detect without specialized assessment tools. The concept of narcissistic family systems emerged from clinical observations of families organized around the emotional needs of one or more narcissistic caregivers. Such families often display characteristics including:

- Emotional invalidation
- Lack of empathy
- Conditional acceptance
- Excessive criticism
- Boundary violations

- Parentification
- Manipulation through guilt and shame
- Family secrecy
- Enmeshment

Children within these systems frequently learn that their worth depends on meeting parental expectations rather than developing an authentic sense of self. Researchers have suggested that these family environments may create developmental conditions similar to complex trauma, resulting in chronic psychological distress and identity disturbances that persist into adulthood.

2.4 Conceptual Review of Intergenerational Narcissistic Family Trauma

Intergenerational Narcissistic Family Trauma (INFT) has been conceptualized as the transmission of narcissistic traits, dysfunctional relational patterns, and unresolved trauma across generations. Early work by Barocas and Barocas (1979) demonstrated how Holocaust survivor families exhibited emotional neglect and narcissistic defenses in their children. Kohut (1977) and Millon (1981) provided psychoanalytic foundations, linking narcissistic personality structures to unmet parental needs, while Danieli (1988) emphasized silence and secrecy as mechanisms of trauma transmission. Expanding to broader sociocultural contexts, Cross (1998) and DeGruy-Leary (2005) examined African American families, connecting historical trauma to narcissistic adaptations in family hierarchies. Bombay, Matheson, and Anisman (2009) highlighted colonization-related trauma in Indigenous communities, showing how parental narcissistic defenses perpetuated impaired parenting. In refugee contexts, Sim, Bowes, and Gardner (2018) and Tay, Rees, and Silove (2019) revealed how parental rigidity and denial hindered children's emotional regulation. Clinical perspectives by Weinberg and Ronningstam (2012) further linked narcissistic personality disorder traits with intergenerational trauma, underscoring vulnerability beneath grandiosity. More recent integrative models, such as Isobel, Goodyear, and Foster (2019), emphasized cumulative trauma and maladaptive coping, while Starrs and Békés (2024) introduced the Historical Intergenerational Trauma Transmission (HITT) model, explicitly connecting narcissistic defenses to trauma cycles. Systematic reviews by Cacacea and Summers (2025) identified themes of silence, fragmentation, and maladaptive coping, and Bowe, Thomas, and Mackey (2025) synthesized theoretical frameworks, highlighting cycles of abuse and narcissistic family structures as perpetuating trauma. By combining boundary restructuring, empowerment, trauma processing, therapists can adopt BET and SEHT as adjunctive frameworks for survivors of narcissistic abuse (Bhatt & Puri, 2026). Collectively, these studies illustrate how narcissistic traits function both as maladaptive coping mechanisms and as vehicles for trauma transmission, while resilience factors such as open communication and systemic interventions offer pathways to disrupt the cycle.

2.5 Intergenerational Transmission of Trauma

Intergenerational trauma refers to the transfer of emotional wounds, beliefs, coping strategies, and dysfunctional relationship patterns from one generation to another. Bowen's family systems theory posits that unresolved emotional processes are transmitted across generations through learned relational patterns (Bowen, 1978). Attachment theory further suggests that caregivers who experienced emotional neglect may unconsciously replicate similar disruptions with their children (Main & Hesse, 1990). Within narcissistic families, transmission occurs through modeling dysfunctional relationships, enforcing conditional affection, and perpetuating secrecy and perfectionism (Campbell & Miller, 2011). These mechanisms instill maladaptive beliefs about self-worth, trust, and vulnerability, which persist into adulthood and influence subsequent generations. Intergenerational trauma refers to the transfer of

emotional wounds, beliefs, and dysfunctional patterns across generations (Bowen, 1978). Attachment theory suggests that caregivers who experienced neglect may unconsciously recreate similar disruptions with their children (Main & Hesse, 1990). In narcissistic families, transmission occurs through conditional affection, secrecy, perfectionism, and dysfunctional role assignments (Campbell & Miller, 2011). Children internalise maladaptive beliefs about self-worth, trust, and vulnerability, which persist into adulthood and influence subsequent generations. Similarly, attachment theory suggests that caregivers who experienced emotional neglect themselves may unknowingly recreate similar attachment disruptions with their own children.

Within narcissistic family systems, trauma transmission may occur through:

Modeling dysfunctional relationships.

- Emotional suppression and invalidation.
- Conditional affection.
- Perfectionistic expectations.
- Role assignments such as scapegoat, golden child, or caretaker.
- Family myths and secrecy.
- Consequently, children may internalize beliefs regarding self-worth, relationships, trust, vulnerability, and emotional expression that persist into adulthood.

3. The Need for a Specialized Psychometric Tool

Existing measures such as the Childhood Trauma Questionnaire (CTQ) (Bernstein et al., 1994), Adverse Childhood Experiences Scale (ACE) (Felitti et al., 1998), and Parental Bonding Instrument (PBI) (Parker et al., 1979) capture aspects of trauma but fail to assess the unique features of narcissistic family systems—conditional love, image maintenance, manipulative control, and intergenerational repetition. Bhatt et al. (2025) explored soul mandala therapy in managing acute stress disorder, while Puri et al. (2025) examined integrative healing through psychology, nutrition, and subconscious energy work. These interventions demonstrate the growing emphasis on holistic, culturally sensitive therapies that align with neuroplasticity-oriented recovery. To date, clinical researchers evaluating trauma rely on several well-established psychometric instruments. However, an analysis of their target constructs reveals significant blind spots regarding narcissistic family systems:

Psychometric Instrument	**Primary Target Constructs**	**Analytical Limitation regarding Narcissistic Systems**
Childhood Trauma Questionnaire (CTQ) *(Bernstein et al., 1994)*	Physical, sexual, emotional abuse; physical/emotional neglect.	Focuses on overt abuse/neglect; fails to capture covert manipulation, image maintenance, or role polarization.
Adverse Childhood Experiences (ACE) Scale *(Felitti et al., 1998)*	Structural household dysfunction (abuse, incarceration, substance use).	Measures gross environmental stressors; misses systemic psychological control and transactional love dynamics.

Parental Bonding Instrument (PBI) *(Parker et al., 1979)*	Parental care versus overprotection.	Measures general relational warmth and control, but lacks items mapping intergenerational repetition and narcissistic projections.

Consequently, researchers and psychological clinicians lack an empirical tool capable of isolating, mapping, and quantifying the specific behavioral expressions through which narcissistic trauma is maintained and transmitted across generations. The INFTS is designed to isolate this specific variance.
Several existing instruments assess components related to narcissistic family trauma.
However, these measures do not specifically evaluate:

- Narcissistic family dynamics.
- Conditional love patterns.
- Family image maintenance.
- Manipulative control.
- Cross-generational repetition of narcissistic trauma.

As a result, researchers lack a comprehensive tool for examining how narcissistic family environments contribute to trauma transmission across generations. The development of the Intergenerational Narcissistic Family Trauma Scale seeks to address this limitation.

4. Conceptual Framework of the INFTS

The construct domain of the INFTS is organized into five theoretically derived, mutually exclusive dimensions identified consistently across the narcissistic abuse literature:

Dimension 1: Emotional Neglect and Invalidation

This subscale evaluates the chronic absence of emotional mirroring, lack of empathy, and active minimization of the child's internal experiences by the primary caregivers. Indicators include a persistent sense of feeling unseen, unheard, and learning that expressing distinct psychological needs is unsafe.
Emotional neglect represents one of the most common experiences reported by individuals raised in narcissistic family environments.
Indicators include:

- Dismissal of emotions.
- Lack of empathy.
- Emotional unavailability.
- Feeling unseen or unheard.

Dimension 2: Conditional Love and Approval

This subscale isolates the transactional nature of familial affection, where parental love is strictly contingent upon compliance, performance, external achievements, or absolute ideological loyalty. Indicators include severe anxiety around failure, chronic perfectionism, and deep internalized shame.
Narcissistic caregivers often provide affection contingent upon compliance, achievement, or loyalty.
Indicators include:

- Approval based on performance.
- Fear of disappointing caregivers.

- Excessive criticism.
- Shame associated with failure.

Dimension 3: Control, Manipulation, and Power

This subscale quantifies the deployment of psychological control mechanisms used to undermine individual autonomy. Indicators include chronic guilt induction, systematic gaslighting, emotional triangulation, enmeshment, and severe boundary violations.

Control mechanisms frequently characterize narcissistic family systems.

Indicators include:

- Guilt induction.
- Emotional manipulation.
- Boundary violations.
- Excessive involvement in personal decisions.

Dimension 4: Family Image and Perfectionism

This subscale assesses the structural demand to maintain a flawless external reputation, prioritizing public presentation over individual emotional well-being. Indicators include enforcing strict family secrecy, hiding systemic flaws, and an ongoing fear of bringing shame to the collective unit.

The preservation of family reputation often takes precedence over emotional wellbeing.

Indicators include:

- Family secrecy.
- Perfectionistic expectations.
- Suppression of family problems.
- Fear of bringing shame to the family.

Dimension 5: Intergenerational Repetition

This subscale measures the active or passive replication of these historical wounds within current adult relationships, romantic selections, and parenting strategies. Indicators include a conscious or unconscious re-enactment of rigid role patterns, similar intra-familial conflict dynamics, and the transmission of maladaptive, defensive coping structures to the next generation.

This dimension captures awareness of recurring dysfunctional patterns across generations.

Indicators include:

- Repeated relationship difficulties.
- Similar emotional wounds among family members.
- Recurrent conflict patterns.
- Transmission of maladaptive coping styles.

5. Instrument Design and Administration

5.1 Psychometric Profile & Administration Guidelines

- **Target Population:** Adults aged 18 years and older. Suitable across varied demographic lines and family structures (e.g., intact, divorced, blended, or separated families).
- **Administration Format:** Dual-modality availability. Can be deployed as a Self-Report Version (the individual evaluating their primary family of origin) or an Observer Version (completed by an informed third party, such as a spouse, sibling, or clinician).
- **Estimated Completion Time:** 5–7 minutes.

- **Measurement Scale:** 5-point Likert scale ranging from 1 (Never) to 5 (Almost Always). Never, Rarely, Sometimes, Often and Almost Always

5.2 The Intergenerational Narcissistic Family Trauma Scale (INFTS)

Domain A: Emotional Neglect & Invalidation

1. My emotions were dismissed or minimized by caregivers.
2. I learned that expressing emotional needs was unsafe.
3. Family members showed little empathy toward emotional distress.
4. I often felt unseen or emotionally ignored.

Domain B: Conditional Love & Approval

5. Love and affection depended on my achievements or behavior.
6. Mistakes were met with excessive criticism or shame.
7. Approval from caregivers felt difficult to obtain.
8. Family acceptance was often conditional rather than unconditional.

Domain C: Control, Manipulation & Power

9. Family members frequently used guilt to influence behavior.
10. Emotional manipulation was common within the family.
11. Family members attempted to control important life decisions.
12. Boundaries were not respected in my family.

Domain D: Family Image & Perfectionism

13. Maintaining the family's public image was prioritized over individual wellbeing.
14. Problems within the family were hidden from outsiders.
15. Perfection was expected and mistakes were poorly tolerated.
16. Family members feared bringing shame to the family.

Domain E: Intergenerational Repetition

17. I notice unhealthy relationship patterns repeating across generations.
18. Emotional wounds from previous generations continue to affect current family relationships.
19. Similar conflicts appear repeatedly among family members.
20. Family members tend to recreate the same dysfunctional dynamics in new relationships.

6. Scoring, Interpretation, and Qualitative Supplementation

6.1 Scoring Metrics

The INFTS produces a cumulative global score ranging from **20 to 100**, alongside distinct subscale scores for each of the five core domains.

6.2 Clinical Interpretation Thresholds

- **20–39:** Low Intergenerational Trauma Transmission. Indicates an environment with healthy differentiation and minimal narcissistic systemic influence.
- **40–59:** Mild Intergenerational Trauma Transmission. Points to sporadic narcissistic tendencies or mild boundary enmeshment; typical of moderately dysfunctional family systems.
- **60–79:** Moderate Intergenerational Trauma Transmission. Highlights well-entrenched narcissistic rules, clear role polarization, conditional acceptance, and observable psychological distress surviving into adulthood.
- **80–100:** Severe Intergenerational Trauma Transmission. Indicates profound, chronic exposure to a highly pathological narcissistic family system with extensive, systemic trauma transmission across

generational cohorts.

6.3 Qualitative Assessment Module

To complement quantitative tracking in clinical settings, practitioners are encouraged to administer the following open-ended qualitative prompts following scale completion:

1. Which specific behavioral or relational patterns do you feel have been directly inherited from previous generations?
2. How was affection, appreciation, and love communicated or withheld within your primary family system?
3. Describe the systemic consequences or reactions that occurred when an individual challenged an authority figure within the family.
4. What specific emotional wounds or psychological coping mechanisms do you believe your caregivers inherited from their own parents?
5. Identify any specific familial behaviors or relational strategies that you are actively and consciously working to break or avoid repeating.

7. Proposed Methodological Validation Process

To transition the INFTS from a conceptual framework to a psychometrically standardized instrument, a five-stage verification pipeline must be executed:

1. **Stage 1: Item Generation and Expert Content Evaluation:** Items were generated directly from theoretical constructs identified during the review process. An initial pool of statements was created to ensure broad representation of all domains. Submitting the raw item pool to a panel of experts in clinical psychology, family systems therapy, and psychometrics to evaluate Content Validity Ratios (CVR), linguistic clarity, and construct representation.
2. **Stage 2: Pilot Testing:** Administering the preliminary scale to a diverse non-clinical focus group (N = 50) to evaluate item comprehension, floor/ceiling effects, and initial response variability.
3. **Stage 3: Exploratory Factor Analysis (EFA):** Deploying the scale to a large sample (300) to evaluate construct dimensionality, verify item-total correlations, and prune items displaying poor factor loadings (< .40) or high cross-loadings.
4. **Stage 4: Confirmatory Factor Analysis (CFA) & Reliability:** Utilizing Structural Equation Modeling (SEM) on an independent validation sample to assess model fit indices (RMSEA, CFI, TLI). Reliability must be confirmed by assessing Cronbach's alpha and McDonald's omega coefficients.
5. **Stage 5: Convergent and Discriminant Validation:** Establishing construct validity by calculating correlations against external standard metrics.

7.1 Empirical Research Hypotheses

To validate the INFTS empirically, future validation studies will test the following directional hypotheses:

- **H1:** Higher global scores on the INFTS will correlate positively and significantly with high scores on measures of insecure (anxious/avoidant) attachment styles.
- **H2:** Higher INFTS scores will demonstrate positive correlations with measures of adult relational dissatisfaction and interpersonal distress.
- **H3:** The INFTS will display strong convergent validity with established measures of emotional neglect (e.g., the CTQ Emotional Neglect subscale) but will account for unique incremental variance due to its inclusion of items measuring image maintenance and generational repetition.

8. Clinical and Research Applications

The development of the INFTS yields concrete utility across several psychological domains:

- **Clinical Psychotherapy & Abuse Recovery:** The tool can help trauma-informed therapists identify hidden childhood wounds in adult survivors of narcissistic parenting, moving beyond generalized depression/anxiety diagnoses toward systemic trauma recovery (Bhatt & Puri, 2026).
- **Couples and Family Counseling:** Using the scale helps family therapists systematically map enmeshment, locate generational projections, and evaluate cross-generational patterns during intake.
- **Empirical Research:** The INFTS provides researchers with a specialized tool to run quantitative, longitudinal studies on how personality disorders, childhood emotional trauma, and modern relationship dissolution patterns travel across generations.

The INFTS can be applied in:

- Narcissistic abuse recovery programs
- Trauma-informed psychotherapy
- Family counseling
- Attachment and personality research
- Intergenerational trauma investigations
- It may also help identify dysfunctional family patterns early, preventing their replication in adulthood.

9. Future Directions and Conclusion

Narcissistic family environments create distinctive pathways for trauma transmission. Existing tools fail to capture these mechanisms comprehensively. Grounded in family systems theory, attachment theory, and trauma research, the INFTS offers a specialised framework for assessing intergenerational narcissistic family trauma. With further validation, it may become a valuable tool in both clinical practice and research. Growing evidence suggests that narcissistic family environments create unique pathways for the transmission of emotional trauma across generations. Existing assessment tools evaluate trauma-related constructs separately but fail to capture the specific mechanisms through which narcissistic family systems perpetuate dysfunction. The Intergenerational Narcissistic Family Trauma Scale (INFTS) was conceptualized to address this gap. Grounded in family systems theory, attachment theory, and trauma research, the proposed instrument provides a comprehensive framework for assessing intergenerational narcissistic family trauma. Further psychometric validation may establish the INFTS as a valuable tool for both clinical practice and psychological research.

While the INFTS provides a theoretically grounded framework for measuring narcissistic family trauma, future empirical steps are required. Validation studies must focus on cross-cultural validation to ensure the scale's items retain their meaning across varying collectivist and individualist cultures. Additionally, exploring how INFTS scores vary across different family structures (e.g., single-parent or blended homes) will refine its clinical accuracy.

In conclusion, narcissistic family environments present unique challenges that traditional trauma scales often miss. By integrating Family Systems Theory, Attachment Theory, and Contemporary Trauma Models, the INFTS offers a clear, structured framework to measure these covert dynamics. Validating this scale will provide researchers and mental health professionals with an empirical tool to understand, measure, and ultimately disrupt the cycle of intergenerational narcissistic trauma.

Future research can focus on:

Cross-cultural validation.

Gender-specific norms.
Clinical versus non-clinical comparisons.
Longitudinal studies examining trauma transmission.
Relationships between INFTS scores and personality disorders.
Validation across different family structures.

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