

## VIEWPOINT

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## The Intergenerational Effect of War

**The exposure of children** to violence is widespread. More than 1 billion children and adolescents today live in regions affected by armed conflict.<sup>1</sup> Even in more developed areas, young people are increasingly exposed to violent actions, images, and settings.

To what extent does exposure to violence scar children? There are 2 common perspectives. The first is the idea that “violence begets violence” and that children exposed to violence at a young age will grow up to be more violent adults.<sup>2</sup> The second is the “resilience hypothesis,” which asserts that coping in the face of violence is possible with the right support, thus mitigating its effect on quality-of-life outcomes.<sup>3</sup> A deeper understanding of these perspectives on the intergenerational effect of war is central to the work of health care professionals around the world.

There is a growing body of evidence for how and when violence is propagated across generations that has an immediate relevance to our understanding of modern warfare. Until recently, most of our knowledge of the intergenerational effect of war came from studies of European Holocaust survivors and a handful of studies across generations of refugees from wars in Asia (Table). However, data from Africa are emerging that are valuable because they reflect the most war-torn area of the globe today.

Most importantly, we know that the effects of war are not deterministic. Despite some of the worst horrors imaginable, there are indeed many who manage to show normative health and interpersonal functioning despite substantial exposure to violence. For instance, in a study of 529 war-affected youth followed for more than 6 years since the end of Sierra Leone’s civil war, we have observed that while average mental health symptoms are higher than US clinical thresholds, most are on an improving or low symptom trajectory over time despite nearly nonexistent access to mental health care.<sup>2</sup> However, great concern remains for the minority of individuals (11% in this sample) who demonstrate continuously high symptoms or, even more concerning, worsening trajectories over time.<sup>2</sup>

There is concern too for how this cohort will fare as parents and how untreated problems with hopelessness, interpersonal difficulties, or anger will affect interpersonal relationships and quality-of-life outcomes. For many war-affected youth, the aftereffects of loss and trauma can result in paradoxical behavior: even when they are given an opportunity, they squander it. For example, many nongovernmental organization programs have lamented the low attendance in youth employment and education programs in conflict zones, or have observed situations whereby war-affected youth, given nongovernmental organization-

issued tool kits, have sold their materials for quick money only to return to a life on the street.

Rather than reflecting laziness, these types of behavior are manifestations of the mental health consequences of war. Numerous studies of war-affected youth show that a high level of exposure to violence is often associated with a foreshortened sense of the future that can lead a young person to sell the very tools given to him or her in the hopes of promoting economic self-sufficiency.

Modern neuroscience has illustrated how this may occur: the prefrontal cortex is still under tremendous development in adolescence through young adulthood. When an individual is exposed to extreme and repeated violence or “toxic stress,” consequences emerge at the level of physiology and brain function, disrupting self-regulatory capacities and elements of executive functions and problem solving necessary for healthy functioning. Intergenerational effects are additionally concerning. Multigenerational research on military personnel indicates that children of veterans develop mental disorders at much higher rates than the general population. In families with a parent who has posttraumatic stress disorder, there is an elevated risk that the children will manifest a similar constellation of symptoms.

The mechanisms that can drive the transmission of violence across generations are being further articulated. For example, we know that parents who are exposed to extreme violence often have a harsh and punitive parenting style.<sup>4</sup> A depressed or traumatized mother is far less likely to tune in to her infant’s elicitation, such as cries, coos, gestures, and eventually smiles, that are intended to initiate nurturing responses. As has been demonstrated powerfully in the “still face” experiments, when a baby’s elicitation is met with a flat response, these efforts to initiate interactions with a caregiver lessen to the point that they can be nearly extinguished.<sup>7</sup> If a flat response alone can do such harm, one can only imagine the consequences of cues being met with aggression or violence.

To end the march of violence from one generation to the next, health care professionals must recognize not only the immediate effects of trauma but also its long-term implications. At the health system level, this means not only strengthening primary care systems but also building trauma-informed mental health services and ensuring inclusion of mental health in the primary package of services available in postconflict settings. At the family level, it involves capacitating caregivers in the child’s proximal environment to provide the support and nurturance that children need to thrive. This support is necessary not only in early childhood intervention programs but also in parenting

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Table. Research on the Intergenerational Effect of War

Mechanisms Studied	Population	Findings
Effect of severe parental traumatization on child rearing; hopelessness, temperament, personality, attitudes, interpersonal expectations <sup>4</sup>	Holocaust survivors	Parental behavior correlated with severity of parental Holocaust traumatization. Perceived parental burden was a significant mechanism by which trauma has effects across generations by abrading generational boundaries and leading to parent-child role reversal.
PTSD; family and marital adjustment; parenting problems; violence; mental health, drug, and alcohol problems and behavioral problems of children <sup>5</sup>	US military veterans	Compared with families of male veterans without current PTSD, families of male veterans with current PTSD showed highly elevated levels of severe and wide-ranging problems in marital and family adjustment, as well as deficits in parenting skills and higher levels of violent behavior.
PTSD and depressive disorders; stress of war trauma, resettlement, and recent life events <sup>6</sup>	Refugees	Relationships were observed between war trauma, resettlement stressors, and symptoms of PTSD in refugees and their children. Depressive symptoms were more linked to recent stressors, whereas PTSD was linked to past trauma.

Abbreviation: PTSD, posttraumatic stress disorder.

programs that help violence-affected caregivers learn alternatives to aggression in child rearing, as well as initiatives to ensure that all members of the family are considered in the development of

mental health and social services. It may be true that war is as old as humanity itself; however, the intergenerational transmission of violence does not have to be.

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