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Psychological, emotional, and social impacts of transgenerational trauma on children of war veterans: A systematic review

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***Abstract*—** War has profound mental health consequences for families and communities. Children of war veterans (CWVs) often experience transgenerational trauma (TT) stemming from their parents' unresolved war-related adversities. This review synthesises global literature on TT among CWVs, drawing on qualitative, quantitative, and mixed-methods studies. The search, conducted across seven databases (African Journal Online, EBSCOhost, ERIC, Google Scholar, MEDLINE, PubMed, and Scopus), followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA guidelines). Studies published between 2014 and 2024 that met the inclusion criteria were reviewed. Of 2,568 records identified, 17 were eligible for narrative synthesis. Findings were organised into six domains: (i) dysfunctional families, (ii) parentification, (iii) lack of psychological and social support, (iv) psychological distress, (v) psychopathology, and (vi) resilience. Results highlight positive and negative experiences shaped by CWVs' interactions with war veteran parents, who lived with post-war related trauma. TT has been documented across Africa, Australia, America, Asia, and Europe, highlighting its complex and layered nature. However, data from Africa remains scarce. Further research in this context is essential to enrich the understanding of culturally embedded TT experiences among CWVs.

Keywords: Complex post-traumatic stress disorder, culture, war veterans, post-traumatic stress disorder

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I. INTRODUCTION

ARMED conflict and political violence leave enduring scars that extend beyond direct victims to subsequent generations (McCormack et al., 2021). In Africa, historical traumas, including apartheid in South Africa, colonialism in Zimbabwe, and genocide in Rwanda, profoundly affected communities and contributed to the proliferation of multigenerational psychological injury (Adonis, 2016; Berckmoes et al., 2017; Chigudu, 2021). While war veterans (WVs) bear the immediate burden of trauma, their transmission to their children (CWVs) is often overlooked (Gobodo-Madikizela, 2020). This phenomenon, conceptualised as transgenerational trauma (TT) (Békés & Starrs, 2024), unfolds through individual, familial, cultural, socio-economic, and political pathways (Goddard et al., 2021). As a result, CWVs may develop psycho-social difficulties, including depression and psychosomatic symptoms (Jordans et al., 2018; Mattingly, 2017).

Unresolved trauma in WVs can disrupt parent–child attachment, leading to dysregulated parenting (Cramm et al., 2022; Frewen et al., 2019; Schierholz et al., 2016). These disruptions undermine children's emotional development and social functioning, mirroring symptom clusters associated with Complex Post-traumatic Stress Disorder (CPTSD) (World Health Organisation [WHO], 2019). Yet, dominant diagnostic frameworks, including the International Classification of Diseases (ICD-11) and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), fail to capture culturally specific expressions of trauma (Mutuyimana & Maercker, 2023). Although the DSM-5 introduces Cultural Concepts of Distress, it does not fully engage with the communal and spiritual dimensions that underpin African trauma narratives. In many African contexts, trauma manifests through somatic complaints, ancestral unrest, and spiritual disturbances, with culturally prescribed gender roles shaping these experiences (Cho, 2023; Mutambara & Sodi, 2018; Nanima, 2023; Sepeng et al., 2022).

Recognition of resilience among CWVs is equally critical, as unresolved parental trauma poses significant risks (Brooks & Greenberg, 2022; Dalgaard et al., 2019). Communal support networks and collective memory can provide important coping mechanisms, though resilience is neither uniform nor guaranteed (Dalgaard et al., 2019; Mugumbate et al., 2024). Despite these protective factors, empirical research examining TT among CWVs in Africa remains sparse. Most studies have focused on former child soldiers or genocide survivors (Berckmoes et al., 2017; Dozio et al., 2020; Kahn & Denov, 2022), offering limited insight into the distinctive psycho-social realities of CWVs, who often experience war-related trauma indirectly. These gaps highlight the need for culturally grounded approaches that account for Africa's unique socio-historical context and the complex interplay of vulnerability and resilience in understanding TT.

Globally, systematic reviews on TT have primarily examined children of Holocaust survivors or refugees (Dashorst et al., 2019; Flanagan et al., 2020; Payne & Berle, 2021). Cramm et al. (2022) analysed parental combat-related post-traumatic stress disorder (PTSD) and child outcomes in North America, limiting applicability to Africa. Bovey et al. (2024) explored CPTSD symptoms in sub-Saharan Africa without directly linking them to CWVs. International evidence consistently shows a strong association between parental PTSD and offspring psychological distress (Aktar & Bögels, 2017; Collins, 2018; Schvey et al., 2022). A meta-analysis by Hoppen et al. (2021) estimated that 26.5% of WVs worldwide meet criteria for PTSD, highlighting the potential scale

of TT. In sub-Saharan Africa, PTSD prevalence among WVs is reported at 22%, exceeding 30% in some conflict-affected regions (Ng et al., 2020). Collectively, these findings highlight significant mental health challenges while revealing a persistent gap in understanding TT among African CWVs.

II. THEORETICAL FRAMEWORK

The analysis of these complex dynamics is theoretically grounded in Goodman's Transgenerational Trauma and Resilience Genogram (TTRG) (Goodman et al., 2013) and Bronfenbrenner's socio-ecological model (Bronfenbrenner & Morris, 2006). The TTRG frames the transmission of trauma and resilience within family and historical contexts, incorporating strength-based, multicultural, and social justice perspectives. The socio-ecological model situates TT within interconnected systems. These include the microsystem (parent–child interactions), mesosystem (family, religious institutions, and neighbourhood), exosystem (limited access to psycho-social support and stigma), macrosystem (broader cultural and political systems), and chronosystem (historical shifts).

III. OBJECTIVE OF THE STUDY

This study evaluates TT's psychological, emotional, and social impacts on CWVs, as reported in global empirical studies, and these insights guide research on TT in Africa.

IV. METHODS

The literature review results are reported following the PRISMA guidelines (Page et al., 2021). However, this systematic review does not have a registered protocol.

Inclusion and exclusion criteria

The inclusion criteria for studies in this review were guided by the PICOTS framework (population, intervention, comparison, outcomes, time frame, and study design) (Cullum et al., 2013). Studies were eligible if they met the following criteria*:*

Population: CWVs, including adult children (18+) and young children (4–17) (United Nations Children's Fund [UNICEF], 2014), reflecting the broad trauma span from childhood to adulthood (Danese, 2020).

Intervention: Studies proposing approaches to understand and reduce TT symptoms among CWVs or expanding the literature on TT.

Comparison: When available, studies comparing CWVs with children of non-war veterans.

Outcomes: Experiences of TT among CWVs, including dysfunctional families, psychological distress, and resilience.

Time frame: Studies published between January 2014 and October 2024.

Study design: Original quantitative, qualitative, or mixed-methods research published in peer-reviewed journals.

Additionally, studies were deemed eligible for review if published in English, ensuring a clear understanding and accurate interpretation of the study processes.

The exclusion criteria were as follows: (a) studies not precisely related to the topic under investigation, and thus not giving data on war-related TT among CWVs. Notably, some of these studies were from Africa; (b) research papers not published in English; (c) theoretical or conceptual papers, with no direct information collected from victims of war-related trauma; and (d) editorials, reviews, points of view (opinions), and letters, because they present limited and subjective information, which complicates the extensive assessment required to meet the study's aim.

Search strategy and study selection

Search strategy

A literature search was conducted across seven databases: African Journals Online, EBSCOhost, ERIC, Google Scholar, MEDLINE, PubMed, and Scopus. Reference lists of identified articles were also screened. As all relevant data were reported in the included studies, contacting primary authors was unnecessary. To minimise the risk of excluding studies with negative results, grey literature was included (Singh, 2017; Dehkordi et al., 2021).

The initial search was conducted between March and September 2022, with an updated search from September to October 2024 due to the limited number of African studies. The strategy was developed in consultation with a librarian and a research consultant. The review focused on primary data published between January 2014 and October 2024, capturing recent developments. This period aligns with the view of TT as a dynamic process influenced by evolving individual, familial, societal, and cultural conditions rather than a fixed characteristic (Neves, 2024; Tcholakian, 2020).

Selection Criteria

TT-related keywords were identified by reading existing TT literature and internet searches. The keywords were "experiences associated with transgenerational trauma," "experiences of children of war veterans," "effects of war trauma," "historical trauma," "complex trauma," "combat-related trauma," "complex post-traumatic stress disorder," "depression," "physical abuse," "mental health among children of war veterans," "secondary trauma," "effects of war veterans' post-traumatic stress disorder," and "psychological well-being."

The following Boolean search strings were utilised: (i) "transgenerational trauma and mental health OR psychological well-being;" (ii) "children of war veterans and adult experiences of transgenerational trauma OR physical abuse;" (iii) "war veterans and complex post-traumatic stress disorder and depression OR psychological well-being;" (iv) "children of war veterans and anxiety OR sexual abuse;" and (v) "children of war veterans and post-traumatic stress disorder OR psychological abuse" (see Table 1).

Table 1: Summary of databases, keywords, articles retrieved, and search dates

Primary database	Keywords	Articles retrieved	Date last searched
African Journal Online	Transgenerational trauma and mental health OR psychological well-being	25	04.10.2024
EBSCOhost	Transgenerational trauma and mental health OR psychological well-being	29	10.09.2024
ERIC	Children of war veterans and adult experiences of transgenerational trauma OR physical abuse	674	10.09.2024
Google Scholar	War veterans and complex post-traumatic stress disorder and depression, OR psychological well-being	153	04.10.2024
MEDLINE	Children of war veterans and post-traumatic stress disorder, OR psychological abuse	3	10.09.2024
PubMed	Children of war veterans and anxiety OR sexual abuse	1,652	16.09.2024
Scopus	Transgenerational trauma and mental health OR psychological well-being	32	10.09.2024

Data extraction and quality assessment

This review study employed a self-constructed data extraction sheet in the extraction process. Data extracted from the studies were related to the authors' details, study context, year in which the study was conducted, study sample, methodology, data analysis method, and study findings. All citations and references obtained from the studies were stored and saved in RefWorks bibliographic software (Boland et al., 2017).

The quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT version 2018) (Hong et al., 2018), although the analysis conducted was not limited to the review's findings. Studies passed the quality evaluation if they provided detailed descriptions of their study design, sample size, data collection methods, findings, and analysis approach. Although an overall score was not assigned, the details related to the study criteria guided the quality assessment.

The author and a research writing consultant at the Research Development Capacity unit of the University of Johannesburg

Postgraduate School independently conducted the appraisal, and any arising differences were resolved through discussion. To minimise bias, predefined criteria encompassing eligibility, search strategy, data extraction, study selection, and quality appraisal were rigorously applied (Jahan et al., 2016; Shaheen et al., 2023).

Data analysis

A meta-analysis was not conducted due to heterogeneity in sample characteristics, study designs, and outcome measures (Harris et al., 2014). A narrative synthesis integrated the diverse evidence, capturing TT's complexity (Jahan et al., 2016). Thematic and subgroup analyses explored patterns across study location, population, and methods, while triangulation enhanced robustness (Higgins & Li, 2022). Methodological rigour was further ensured through review by three external reviewers, a research writing consultant, and two PhD supervisors. Goodman's TTRG and Bronfenbrenner's socio-ecological theory informed the results' categorisation and interpretation. Since this systematic review utilises a narrative synthesis, focusing on thematic patterns rather than pooled effect sizes, publication bias was assessed by examining how well the studies reflected a diversity of findings (Hedin et al., 2016).

Ethical considerations

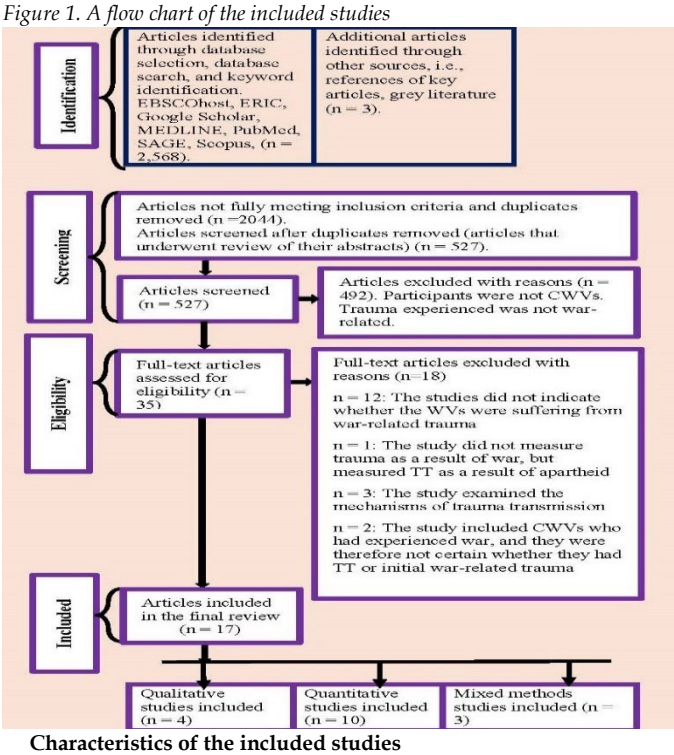
This systematic review did not require ethical approval because it retrieved and synthesised data from already published studies, and no collection of empirical data was involved. However, the review did adhere to ethical guidelines, such as those concerning plagiarism.

V. RESULTS

Search results

In the first phase, the search strategy identified 2,568 available peer-reviewed literature publications with relevant titles and abstracts. The second phase involved screening the abstracts to ensure that essential studies were included in the final review, which brought the number of publications to 527. During the third phase, specific abstracts and titles related to experiences associated with TT among CWVs were further screened. This rigorous assessment took one month to complete. A thorough review of titles and abstracts excluded 492 articles, leaving 35 for full-text review. Finally, applying the inclusion criteria resulted in 17 articles being included. The PRISMA flow diagram depicted in Figure 1 illustrates the specific search strategies applied.

Figure 1. A flow chart of the included studies



Characteristics of the included studies

The review analysed 17 eligible studies, which are narratively summarised below. The first section of the narrative analysis describes the study characteristics, focusing on information on the sample, study design, study findings, and outcome measures. Table 2 provides a synopsis of the characteristics of the 17 studies included in the review.

Sample

The review comprised 7,400 CWVs, with 55.1% (n = 4,078) males and 44.9% (n = 3,322). Eleven studies drew samples from adult CWVs aged 18 to 60 and six from CWVs aged 4 to 17. In three of the studies, data relating to children (aged between 4 and 17) were provided by WVs, who were the fathers of the children (Fear et al., 2018; Sherman et al., 2016; Sullivan et al., 2016). Eight studies randomly recruited participants who were part of extensive longitudinal studies. Six studies were referrals involving identifying participants who met the inclusion criteria, gaining participants' cooperation, and requesting them to recruit additional respondents with the same characteristics. Three studies employed the criterion sampling procedure.

Table 2: An overview of the characteristics of the studies included in this review

Methodologies of included studies

Ten of the included studies were quantitative, four qualitative, and three mixed methods. Among the quantitative studies, three were cohort designs. One examined the effects of paternal deployment on CWVs' emotional and behavioural well-being (Fear et al., 2018), and two explored parental PTSD and children's trauma (O'Toole et al., 2017;2022). Other quantitative approaches included cross-sectional (Castro-Vale et al., 2019), comparative (Bommersbach et al., 2022), longitudinal (Zerach & Solomon, 2016), survey (Forrest et al., 2018; Sullivan et al., 2016), experimental (Krešić Ćorić et al., 2016), and descriptive designs (Selimbasic et al., 2017). Data analyses were appropriate to the study aims, including regression and correlation analyses, though outcomes varied, encompassing PTSD symptoms and broader mental health issues such as depression and anxiety.

Four qualitative studies examined TT's interpersonal, familial, and narrative aspects (Adonis, 2014; Mak et al., 2021; McCormack et al., 2021; Song et al., 2014). These studies used thematic analysis, grounded theory, and phenomenological approaches. Additionally, Dalgaard et al. (2019) conducted a mixed-methods study to investigate parental war trauma and transgenerational communication, employing phenomenological content analysis and exploratory principal component analysis. Using content analysis and multiple linear regression, Kizilhan et al. (2022) examined individual and collective trauma across three generations. Sherman et al. (2016) explored WVs' perceptions of PTSD's impact on parenting and CWVs' responses through inductive and cross-analyses.

Outcome measures of included studies

Outcome measures aligned with the study design, with PTSD symptoms being the most assessed outcome among both WVs and CWVs across 12 studies. The Clinician-Administered PTSD Scale was used in five studies (Castro-Vale et al., 2019; Fear et al., 2018; O'Toole et al., 2017; 2022; Sherman et al., 2016), while the Post-Traumatic Diagnostic Scale and Structured Clinical Interview evaluated past and current psychiatric disorders in five studies (Castro-Vale et al., 2019; Fear et al., 2018; Kizilhan et al., 2022; Sherman et al., 2016; O'Toole et al., 2017). Additional PTSD measures included the Psychiatric Symptom Frequency Scale (Forrest et al., 2018), the Mississippi Scale for combat-related PTSD (O'Toole, 2022), and the 13-item Children's Revised Impact of Event Scale for CWVs (Dalgaard et al., 2019).

Three studies relied on parental reports of children's trauma symptoms using the Child Behaviour Checklist (Krešić Ćorić et al., 2016; Fear et al., 2018; Sherman et al., 2016). Parental behaviour and mental health were measured using the Alcohol Use Disorders Identification Test, the five-item Dimensions of Anger Reactions scale, and the Brief Symptom Inventory (Castro-Vale et al., 2019). Two studies assessed Family emotional climate with the Family Affective Attitude Rating Scale (O'Toole et al., 2017; 2022).

Behavioural problems in CWVs were assessed using the Bosnia and Herzegovina version of the Harvard Trauma Questionnaire (Selimbasic et al., 2017; Krešić Ćorić et al., 2016), while depression was measured with the Zung Self-Rating Depression Scale (Selimbasic et al., 2017; Dalgaard et al., 2019). The Hanes Scale of Neuroticism–Extroversion evaluated neuroticism in CWVs (Selimbasic et al., 2017). Existing mental health symptoms were assessed using the Mental Health Inventory and the Psychiatric Symptom Frequency Scale (Forrest et al., 2018). Psychological stress among CWVs was measured using the Strengths and Difficulties Questionnaire in three studies (Fear et al., 2018; Dalgaard et al., 2019; Krešić Ćorić et al., 2016).

TT experiences among CWVs

The TT experiences of CWVs unfold through interconnected relational and systemic processes. This study identified six key domains of influence, each corresponding to these systemic layers, ranging from immediate family interactions (microsystem) to broader socio-cultural structures (macrosystem), as outlined in Table 3.

Table 3: Summary of TT experiences among CWVs

Socio-Ecological Level	Domain Outcome	Countries	Authors	No. & %
Microsystem	Dysfunctional families	Australia, Burundi, Bosnia and Herzegovina, Cambodia, the UK, the USA, South Africa, Portugal	Adonis, (2014) ; Castro-Vale et al. (2019); Krešić Ćorić et al. (2016); Mak et al. (2021); McComarck et al. (2021) Sherman et al. (2016) O'Toole et al. (2017); O'Toole, (2022) Song et al. (2014)	n=9 53%
Microsystem	Parentification	Bosnia and Herzegovina, UK, USA	Krešić Ćorić et al. (2016); McCormack et al. (2021) ; Sherman et al. (2016) ; Song et al. (2014)	n=4 24%
3 Mesosystem	Lack of psychosocial support	Burundi, Portugal, the UK, the USA, Israel, South Africa	Adonis, (2014) ; Castro-Vale et al. (2019);McComarck et al. (2021); Song et al. (2014); Sherman et al. (2016); Zerach & Solomon, (2016);	n=6 35%
Exosystem	Psychological distress	Bosnia and Herzegovina, Portugal, Australia, Turkey, South Africa	Adonis (2014); Castro-Vale et al. (2019); Dalgaard et al. (2019); Forrest et al. (2018); Kizilhan et al. (2020); Song et al. (2014)	n=6 35%
Exosystem	Psychopathology	Australia, Bosnia and Herzegovina, Israel, the UK, the USA, South Africa	Adonis (2014); Bommersbach et al. (2022); Krešić Ćorić et al. (2016); Fear et al. (2018); Forrest et al. (2018); Zerach & Solomon (2016)	n=6 35%
Macrosystem	Resilience	Burundi, USA, Portugal, Palestine, Cambodia	Bommersbach et al. (2022); Castro-Vale et al. (2019); Dalgaard et al.(2019); Mak et al. (2021); Song et al. (2014)	n=5 29%

Dysfunctional families

Nine studies reported that CWVs grew up in dysfunctional family environments marked by adverse childhood experiences. Krešić Ćorić et al. (2016) found that parental emotional numbness and unresolved trauma strained parent-child relationships. Similarly, O'Toole (2022) observed that fathers' PTSD symptoms were linked to an adverse family climate, particularly affecting daughters, while sons appeared less impacted, possibly due to low male participation. O'Toole et al. (2017) further noted that alcohol use disorders in WVs exacerbated family dysfunction, increasing children's risk of substance misuse.

Physical abuse and domestic violence were recurrent in WV families (Krešić Ćorić et al., 2016; McCormack et al., 2021; Mak et al., 2021; Sherman et al., 2016; Song et al., 2014). CWVs exposed to corporal punishment often replicated such practices with their children (Krešić Ćorić et al., 2016). Parental frustration and poor anger regulation were linked to heightened aggression (Mak et al., 2021), while resentment toward violent fathers was noted among CWVs, with some fathers appearing to take pleasure in physical discipline (McCormack et al., 2021). Militaristic and emotionally unpredictable parenting, particularly in father-son relationships, was described by Adonis (2014).

Sherman et al. (2016) reported that 58% of WVs with PTSD engaged in hostile or emotionally charged discipline, instilling fear in their children. Song et al. (2014) noted that combat experiences intensified corporal punishment, though some parents maintained civilian-like practices. O'Toole et al. (2017) linked war-related PTSD in WVs with higher risks of sexual abuse in CWVs, with 10.7% of daughters experiencing rape and 24.9% facing other sexual assaults. Although WVs were not always direct perpetrators, their parental absence, alcohol misuse, and household instability heightened CWVs' risk. Castro-Vale et al. (2019) similarly found that sexual abuse reflected broader maltreatment patterns rather than direct PTSD causation.

Parentification

Parentification was reported in four studies as a key aspect of TT (Krešić Ćorić et al., 2016; McCormack et al., 2021; Sherman et al., 2016; Song et al., 2014). Parental PTSD disrupted normal parent-child roles, resulting in children assuming adult responsibilities. Krešić Ćorić et al. (2016) found that CWVs displayed controlled, prosocial behaviour, while their pain and needs went unnoticed. McCormack et al. (2021) noted that CWVs struggled to process their parents' emotional experiences, often internalising and adopting these feelings. Sherman et al. (2016) observed that CWVs sometimes mimicked PTSD-associated behaviours of their parents and blamed themselves for parental distress. Similarly, Song et al. (2014) reported that CWVs became emotionally attuned caretakers in response to parental withdrawal yet lacked the necessary psychological support.

Lack of psycho-social support

Several studies highlight the persistent lack of formal and informal psycho-social support for CWVs, intensifying their emotional and psychological strain (Adonis, 2014; Castro-Vale et al., 2019; McCormack et al., 2021; Sherman et al., 2016; Song et al., 2014; Zerach & Solomon, 2016). Adonis (2014) reported that many CWVs adopted silence as a coping mechanism, seeking guidance from teachers and community members, with non-biological male figures often assuming the role of "social fathers." Castro-Vale et al. (2019) noted that the absence of psychological support contributed to feelings of neglect, compounded by fathers' abdication of responsibilities.

McCormack et al. (2021) found that CWVs experienced persistent paternal absence. Sherman et al. (2016) observed that inadequate support elicited fear, confusion, frustration, resentment, and behavioural withdrawal among CWVs. Zerach and Solomon (2016) emphasised insufficient paternal involvement and insensitivity to children's emotional needs. Song et al. (2014) reported that societal stigma and veterans' failure to fulfill traditional parental roles further limited structured psycho-social support. These intertwined stressors significantly influenced the transmission of psychological distress.

Psychological distress

CWVs commonly experience fear, anger, sadness, and internal conflict, reflecting psychological distress that affects cognitive processes. Adonis (2014) noted that cultural norms around masculinity and ideals of silence and stoicism shape how WVs' families manage trauma. Similarly, Castro-Vale et al. (2019) found that the severity of fathers' wartime exposure increased psychological distress in CWVs. Forrest et al. (2018) reported comparable findings where CWVs showed higher rates of psychological distress than children of non-war veterans, with odds of contemplating, planning, or attempting suicide increasing by 132% and 197%, respectively.

Song et al. (2014) identified structural factors (unemployment, poverty, limited education) that impaired WVs' ability to fulfil traditional parental roles, exacerbating CWVs' distress. Cultural values such as *Indero*, which promote emotional restraint, mistrust, and rigid gender norms, reinforced silence and shaped trauma expression. Stigma

surrounding wartime identities, especially for CWVs born of rape, further heightened psychological vulnerability.

Dalgaard et al. (2019) highlighted the significance of communication, showing that discussions about wartime experiences correlated with PTSD symptoms and distress in CWVs. Kizilhan et al. (2020) documented transgenerational transmission of distress from traumatic memories. While psychological distress often emerges immediately following trauma, prolonged exposure can entrench mental health challenges.

Psychopathology

Six studies examining TT among CWVs indicate that prolonged exposure to parental trauma elevates the risk of mental health disorders, including anxiety, depression, and PTSD. Adonis (2014) reported emotional and behavioural issues, including substance use, linked to parents' combat-related trauma. Zerach and Solomon (2016) found that attachment insecurities in CWVs compromise emotional regulation and coping. Similarly, Forrest et al. (2018) observed poorer mental health outcomes and higher depression risk among CWVs compared to children of non-war veterans. Krešić Ćorić et al. (2016) showed that CWVs with PTSD-affected parents display more severe psychological and behavioural problems than those without. Fear et al. (2018) found paternal PTSD strongly associated with hyperactivity, particularly in boys under 11, while Bommersbach et al. (2022) highlighted elevated rates of externalising behaviours. These patterns persisted even after controlling for socio-economic factors.

Resilience

Findings indicate that traumatic experiences can foster resilience among subsequent generations. Castro-Vale et al. (2019) observed that adult CWVs navigate and overcome challenges related to their fathers' PTSD. Similarly, Dalgaard et al. (2019) emphasised the role of transgenerational communication in fostering resilience by facilitating factual understanding about past traumas. Mak et al. (2021) emphasise that resilient parent-child relationships foster a sense of belonging, togetherness, hope, and meaning in life. This aligns with Song et al. (2014), who identified cultural norms and societal values as critical influences on resilience. Furthermore, the study revealed that families had accepted their circumstances as an inevitable part of life, fostering a sense of perseverance and adaptability. Finally, Bommersbach et al. (2022) argue that, despite the negative impact of WVs on their children, intra-individual and inter-social factors can facilitate constructive social functioning and bolster resilience.

VI. DISCUSSION

The review systematically synthesises global research on TT among CWVs, highlighting common psychological, emotional, and social outcomes relevant to the African context. However, of the 17 studies reviewed, only two were conducted in Africa (Adonis, 2014; Song et al., 2014), a concerning gap given the continent's enduring legacy of colonialism and ongoing socio-political upheavals (Chigudu, 2021).

Non-African studies (e.g., Bommersbach et al., 2022; Castro-Vale et al., 2019; McCormack et al., 2021) offer useful insights but remain shaped by biomedical and conventional military paradigms that emphasise individual pathology. Such perspectives neglect African-specific conflict realities, including guerrilla warfare, child soldiering, mass civilian mobilisation, and racially charged violence (Adonis, 2014; Song et al., 2014). Using the TTRG, this study foregrounds generational, relational, cultural, and historical processes of trauma transmission, situating TT within global patterns while extending existing models through an African-centered, socio-historical lens (Békés & Starrs, 2024).

Microsystem: Family as a Site of Trauma Transmission

The family, central to the microsystem, serves as a key conduit for TT among CWVs, exhibiting harsh discipline, emotional detachment, and enforced silence. This aligns with Cramm et al. (2022), who linked unresolved parental trauma to disrupted attachment and emotional dysregulation. Interpreted through Goodman's TTRG, these are trauma-encoded relational scripts shaping developmental trajectories.

A key insight from reviewed African-based studies is the non-linearity of trauma transmission. For example, Song et al. (2014) demonstrate that CWVs experienced divergent parenting styles, from militaristic to deliberately non-violent. This variation challenges reductionist views (Crouch et al., 2018) that equate trauma solely with dysfunction, revealing parental agency in resisting harm. However, normalisation of physical punishment in African contexts complicates interpretations. Thus, trauma-induced harshness may reflect normative disciplinary practices (Musisi & Kinyanda, 2020). Therefore, parenting represents a site of both potential harm and cultural continuity, where trauma and tradition intersect.

Role reversal provides further insight into how cultural norms mediate trauma expression and transmission. While non-African literature often frames parentification as pathological (McGaw & Reupert, 2022), in African contexts, emotional caregiving for distressed parents reflects deeply embedded moral obligations and collectivised responsibility (Mangoma & Wilson-Prangley, 2019; Mugumbate et al., 2024). Although developmentally burdensome, these roles can be adaptive strategies within relational ecosystems. Positioning caregiving as a culturally responsive buffer may help mitigate the effects of TT.

Mesosystem: Family–Community Interactions

Across all reviewed studies, the availability or absence of psycho-social support consistently emerges as an experience associated with TT. However, dominant Euro-American research tends to narrow this risk to individualised clinical perspectives, focusing mainly on parental PTSD-driven emotional neglect and disrupted caregiving (McCormack et al., 2021). In stark contrast, reviewed studies from African settings depict psycho-social support as a distributed, culturally informed practice rooted in collectivist traditions consistent with the work of Mugumbate et al. (2024). Such findings directly critique trauma models centered on nuclear-family and individual pathology, revealing a significant epistemic blind spot (American Psychiatric Association, 2022).

Adding complexity to the discussion of TT is the role of silence enforced by mesosystemic institutions. This demonstrates how trauma-encoded scripts become embedded in communal life. Reviewed studies from Africa uncovered that cultural taboos and institutional norms inhibit open discourse about war-related suffering, reinforcing emotional repression. This aligns with Chentsova-Dutton and Ryder's (2020) findings on cultural scripts that shape acceptable expressions of distress and influence communal understandings of trauma. However, viewing it from a TTRG standpoint, these institutions embody community strengths, serving as informal support systems that foster communal coping through mentorship and shared practices. These dual functions advance a more context-sensitive understanding that better reflects the experiences of TT in CWVs.

Exosystem: Structural and Societal Influences

A recurring finding across the reviewed studies is that parental PTSD significantly shapes the adverse experiences of CWVs. Eltanamly et al. (2021), Godfrey et al. (2021), and Kelstrup and Carlsson (2022) confirm that CWVs face a heightened risk of developing mental health issues. Notably, reviewed African studies revealed that TT is not solely an internal psychological phenomenon but is compounded by external structural forces. Patel et al. (2020) and Bovey et al. (2024) affirm this, highlighting chronic unemployment, food insecurity, and political repression as critical structural stressors. This reveals a unique African ecological pattern of trauma, wherein societal and economic precarity serve as co-mediators of TT. Consequently, trauma is both inherited and perpetuated through intersecting systems of structural instability.

Despite acknowledging trauma's structural roots, much literature, especially outside Africa, focuses narrowly on clinical diagnoses (e.g., PTSD, anxiety, depression). Though useful within their original contexts, such frameworks risk flattening the complexity of trauma as it is lived and expressed in African settings (Sangalang & Vang, 2017). This review identifies a critical gap in TT literature on over-reliance on

Western diagnostic tools that overlook the somatic, spiritual, and culturally mediated expressions of trauma (Heim et al., 2022). These locally understood forms of suffering challenge biomedical paradigms and foreground indigenous interpretations of trauma.

Additionally, this synthesis highlights stigma and systemic exclusion as under-theorised yet influential exosystemic forces in African contexts. Stigma linked to war histories, such as being the child of an ex-combatant, is both generational and spatial, reinforcing marginalisation in key exosystemic settings. Betancourt et al. (2020) noted that these stigmas shape CWVs' interactions in everyday institutions. Viewed from the TTRG, such spatialised exclusion reveals how national histories of war continue to shape community dynamics and social relations. In this context, CWVs' trauma emerges as both psycho-social and political, shaped by exclusionary systems, generational stigma, and the legacies of war. This analysis extends trauma frameworks on intrapsychic or family-level processes (Kostova & Matanova, 2024) by uncovering a multifaceted understanding of TT that incorporates broader socio-cultural and political dimensions.

Macrosystemic Forces and Cultural Scripts

At the macrosystemic level, gendered expectations strongly shape TT in CWVs. Studies consistently show that daughters of WVs are disproportionately burdened with caregiving and emotional labour, reflecting cultural norms that encourage women to express emotions (Sepeng et al., 2022). Sons, by contrast, are socialised to suppress vulnerability, resulting in externalised responses such as substance use and withdrawal. Yet few studies explore how these roles are internalised or the mechanisms through which they sustain TT.

TT literature, especially from Western contexts, treats gender as a simple binary (O'Toole et al., 2017; 2022), neglecting how patriarchal structures and moral codes mediate trauma expression and transmission. Grounded in Goodman's TTRG, the review illustrates the role of cultural norms and social roles in shaping TT (Nanima, 2023). In African contexts, cultural scripts valorise male stoicism while stigmatising women's vulnerability (Mutanana et al., 2022). These expectations drive coping strategies that manifest either as hidden suffering or outward behaviours often overlooked as trauma responses.

Beyond gender, African scholarship in this review reveals culturally situated mechanisms of trauma transmission. Song et al. (2014) explore the concept of *Indero*, in which trauma manifests as a psychological, moral, and emotional legacy, transmitted through perceived transgressions or unmet social expectations. Thus, *Indero* offers a culturally grounded lens for understanding TT, framing suffering within communal norms rather than as individual pathology.

Chronosystem and Transgenerational Resilience

TT literature often emphasises pathology, yet this review reveals resilience amid adversity. Using the TTRG perspective, parental PTSD and family disruption can catalyse resilience as CWVs navigate evolving family and societal demands. This is echoed in the chronosystem's emphasis on how historical forces such as war exacerbate trauma and foster collective strength (Patel et al., 2020). Such complexity expands linear views of trauma outcomes, revealing the interplay between adversity and resilience over time.

Global literature often frames resilience as an individual psychological attribute, emphasising emotional regulation and meaning-making. This review, however, shows that such models underplay the relational and communal dimensions central to African contexts (Nyabeze et al., 2021). African studies indicate that resilience is rooted in collective caregiving and extended family networks that buffer trauma's isolating effects. The findings also reveal a temporal gap: while some families adopt more reflective parenting, formal systems often lag, perpetuating vulnerability and pathologising natural emotional responses. Overall, resilience emerges as a relational, evolving process shaped by historical, cultural, and temporal dynamics, challenging individualistic models.

Strengths and limitations

A key strength of this synthesis is the inclusion of studies from diverse geographical contexts. Additionally, global literature search across multiple databases further enhances the scope and reliability of this study, while adherence to PRISMA guidelines ensures consistency and replicability. Nevertheless, potential reporting bias exists, as only English-language studies were included, excluding data from other languages. Most findings relied on retrospective designs, which may introduce recall bias and missing data, and self-report measures are susceptible to social desirability bias (Webster, 2019). Despite attempts to minimise publication bias through an exhaustive search strategy, unreported negative or null findings cannot be entirely ruled out. Moreover, the application of funnel plots and statistical tests, primarily designed for meta-analyses, is limited in narrative syntheses (Dehkordi et al., 2021). These limitations highlight gaps in the literature and the need for further research.

Recommendations for future research

Given the scarcity of African studies on TT, future research should prioritise examining CWVs across African countries, especially in regions affected by protracted conflicts such as sub-Saharan Africa. This would help identify region-specific factors, including socio-economic hardships, historical traumas, and cultural influences. Studies should explore how socio-demographic factors shape TT experiences and how societal norms, including gender expectations, mediate trauma transmission.

Research should also investigate the role of psycho-social support systems and extended family networks in mitigating or exacerbating trauma, while incorporating culturally relevant measures that capture somatic, spiritual, and cumulative expressions of trauma beyond Western-standardised models. Key socio-economic factors, such as poverty, unemployment, and access to healthcare and psycho-social support, warrant careful examination (Bovey et al., 2024). Combining quantitative and qualitative data would provide a richer understanding of TT in African contexts.

VII. CONCLUSION

This review synthesises findings from 17 studies (2014–2024) across African, Australian, American, Asian, and European contexts, revealing the layered nature of TT among CWVs. Parent-child relationships emerge as vulnerable and resilient, shaped by individual, familial, and broader socio-ecological factors. While psychological impacts are common across contexts, most studies rely on biomedical models that overlook culturally rooted trauma expressions in African settings.

The current review challenges the idea of a universal trauma trajectory by demonstrating that trauma transmission and experience vary significantly across different cultural and historical contexts. TT is therefore ingrained in each region's unique socio-cultural and historical conditions. In the African context, TT is shaped by the legacies of colonialism, spiritual beliefs, and communal caregiving systems, dimensions that Western frameworks often overlook. TT in Africa transcends psychological inheritance, embodying the influence of cultural underpinnings and enduring structural conditions such as poverty and stigma.

Using Goodman's TTRG alongside Bronfenbrenner's ecological perspectives, this review conceptualises TT in Africa as a relational, systemic phenomenon. It advocates for research that centres African knowledge systems and lived realities. This approach fosters dialogue between Western and African models to develop trauma approaches that are both globally informed and locally grounded. Finally, the study recommends continued investment in the professional development of school leaders, the creation of collaborative research networks, and the establishment of systemic conditions that enable the sustainability of inclusive practices. Through these combined efforts, schools can be truly consolidated as learning communities where everyone can participate, grow, and succeed.

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X. CONFLICT OF INTEREST

There are no conflicts of interest in this article.

XI. DATA AVAILABILITY STATEMENT

Data are available upon request.

XII. AUTHOR'S CONTRIBUTION

The author's contribution was conceptualising the study, selecting an appropriate methodology, formal analysis and investigation, initial draft preparation, writing the review, and editing it. Nakayi Mashavira is a registered educational psychologist and a PhD candidate in the Department of Psychology at the University of Johannesburg.

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Table 2: An overview of the characteristics of the studies included in this review

Author(s) and Year of Publication	Research Design	Sample	Age	Population	Setting	Data Collection Method	Data Analysis Method	Findings
Adonis (2014)	Qualitative study	6 ex-combatant fathers and their sons	18 – 38 years	WV families	South Africa	Semi-structured interview	Thematic interpretive analysis	A dysfunctional father-son relationship. Silence. The need for psychosocial support was specific to the fathers, while substitute fathers and emotional–behavioural difficulties were specific to the sons.
Bommersbach et al. (2022)	Comparative study	CWVs: 4,028 Children of non-WVs: 38,228	6–17 years	WV families	United States	Secondary data Self-reports	Multivariate regression analysis	CWVs had a higher family income and more health insurance. Adverse childhood experiences. Higher rates of clinically recognised externalising behavioural conditions and conduct problems. Greater probability of living with someone with a mental illness.
Castro-Vale et al . (2019)	Cross-sectional study	44 adult offspring of war veterans with PTSD 29 offspring of war veterans without PTSD	35–60 years	CWVs	Portugal	Socio-demographic clinical data Measurement scales	*T*-test Fisher's exact test Chi-square test (χ^2 test) Shapiro–Wilk test	CWVs showed greater psychological suffering. CWVs reported physical neglect. CWVs were resilient to the consequences of their fathers' PTSD, although not to the intensity of their fathers' war exposure. Childhood maltreatment.
Dalgaard et al. (2019)	Mixed methods study	170 CWVs	10–13 years	Palestinian families from the Gaza Strip	Palestine	Open-ended interviews Measurement scales	Phenomenological content analysis Exploratory principal component analysis	Families suffered from the impact of previous national trauma. CWVs had symptoms of PTSD, depression, and psychological distress. The impact of TT was understood as resilience, not as individual psychopathology. Transgenerational communication of past national trauma was not generally associated with children's mental health.
Fear et al. (2018)	Cohort study	1,030 WV fathers	9–16 years	WV families	United Kingdom	Measurement scales Self-report questionnaires Clinical telephone interviews	Logistic regression analysis	Adverse childhood emotional and behavioural well-being was associated with paternal PTSD. Childhood hyperactivity, conduct problems and prosocial behaviour problems were associated with paternal PTSD.
Forrest et al. (2018)	Survey	A random sample of 3,940 WVs 3,967 non-war veterans 2,056 CWVs	37–40 years	CWVs	Australia	Self-report measures	Propensity score analysis Logistic regression analysis	Adult children of deployed veterans were diagnosed with anxiety, depression, and suicidal thoughts. CWVs had worse mental health issues than children of non-veterans.
Kizilhan et al. (2022)	Mixed methods study	20 CWVs	40–60 years	CWVs	Turkey	Integrative qualitative interviews Standardised instruments	Content analysis Mann–Whitney *U* test Spearman's rank correlation	TT across three generations, and high rates of distress in all generations. Parental trauma and grandparents' trauma had an impact on the development of children's lives, and they influenced their cognitions, emotions, and behaviour.

							Multiple linear regression analysis	
Krešić Ćorić, et al. (2016)	Experimental research design	Criterion sample of 91 children of war veterans with PTSD 98 children of war veterans without PTSD	9–16 years	CWVs	Bosnia and Herzegovina	General demographic questionnaires Measurement scales	A χ^2 test was used for both nominal and ordinal data. Mann–Whitney *U* test Kruskal–Wallis *H* test .	CWVs were exposed to poor anger management, domestic violence, physical abuse, dysfunctional family situations, paternal overcontrol/overprotection, and low paternal care. Children with veteran parents with PTSD had more pronounced psychological and behavioural problems compared to children with veteran parents without PTSD. Male children with veteran parents with PTSD exhibited behavioural problems more frequently than did female children and were more likely to exhibit borderline or abnormal psychological problems.
Mak et al. (2021)	Qualitative study	5 grandparents 6 parents 9 adult children	18–30 years	CWVs	Cambodia	Semi-structured interviews	Thematic data analysis	Submissive parent–child relationships across all three generations. Parent–child relationships drove the transmission of traumatic stress and resilience across generations. High parental expectations compelled children to prioritise their parents' needs.
McCormack et al. (2021)	Interpretative phenomenological study	4 former military personnel	26–38 years	CWVs	United Kingdom	Semi-structured interviews	Interpretative phenomenological analysis	Vicarious distress of growing up in a military family. CWVs failed to understand their father's absence throughout childhood. CWVs felt deep anger and resentment towards their father.
O'Toole (2022)	Cohort study	Random non-clinical sample of 197 army veterans, 163 daughters, and 120 sons	38–40 years	WVs CWVs	Australia	Measurement scales	Correlation statistics *T*-test Path analysis	PTSD in a WV negatively influenced the family's emotional climate for the offspring. A positive family climate during a daughter's youth may be protective against transgenerational transmission of PTSD from WV parent to daughter.
O'Toole et al. (2017)	Cohort study	Random non-clinical sample of 125 sons and 168 daughters of war veterans	18–40 years	Children of war veterans	Australia	Structured clinical interviews Measurement scales	Logistic regression analysis Multilevel modelling	WVs' PTSD linked to CWVs' PTSD. WVs' depression predicted PTSD in offspring. More sons than daughters reported physical assault. Higher sexual assault rate among daughters and sexual assault was strongly associated with PTSD. WVs' alcohol disorder increased the risk of alcohol dependence in both sons and daughters, as well as the risk of substance dependence. CWVs, particularly daughters, experienced depression and social phobia, as well as generalised anxiety. WVs' sons experienced serious work accidents, exposure to toxic chemicals, physical assaults, and assaults with a weapon. WVs' daughters were more likely to experience rape, sexual assault, and unwanted sexual experiences.
Selimbasic et al. (2017)	Quantitative study	120 school-age CWVs	10–15 years	CWVs	Bosnia and Herzegovina	Measurement scales	Descriptive statistics Correlation statistics	CWVs showed problems in social activities and school conduct. CWVs showed symptoms of behavioural problems. Depression symptoms were found, and girls demonstrated higher levels of depression. A significant correlation was found between the psychopathology of the WV fathers and that of their children.

								The impact of psychological conditions of WV fathers with PTSD on their children was strong and represented a significant risk group for the development of mental disorders.
Sherman et al. (2016)	Mixed methods study	19 WVs: 17 males 2 females	8–17 years	WVs	US	Semi-structured interviews Focus group discussions Self-report questionnaires	Inductive analysis Cross-analysis	CWVs' children experienced distress, such as sadness, hurt, anxiety, and confusion, in response to a specific parental behaviour. CWVs had resentment, disappointment, and anger that the parent was not spending enough time with the child, or a sense that the parent was malingering to get attention. Some WVs noticed that their children imitated some of their PTSD-related behaviours.
Song et al. (2014)	Qualitative study	25 WVs 15 adult CWVs	5-18 years	WVs	Burundi	Semi-structured interviews Focus group discussions	Constructivist grounded theory approach	Trauma may be transmitted from WVs to their offspring via (a) The effect on indero (how to raise a child); (b) severe parental emotional distress; and (c) community effects. Structural influence on TT
Sullivan et al. (2016)	Survey	961 WVs	18–70 years	WVs	US	Measurement scales	Multivariate logistic regression Pearson correlation	Adverse child functioning. Behaviour problems. Poor academic performance. Poor relationships. Emotional problems. Physical problems.
Zerach & Solomon (2016)	Longitudinal study	80 ex-prisoner of war dyads 44 war veteran dyads	20–53 years	Adult offspring of ex-prisoners of war	Israel	Self-report measures	Multivariate analysis of variance Pearson correlation Multiple mediation model for offspring's PTSD	CWVs reported PTSD symptoms and higher levels of attachment insecurities. CWVs' attachment insecurities were positively correlated with their PTSD. CWVs experienced distress in their adult lives regarding their father's absence during captivity and after reintegration.

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