

## Focusing a lens on refugee families to address layers of avoidance



Post-traumatic stress disorder (PTSD) can affect individuals throughout their lifecourse. This condition also affects family members, with potential long-term effects on the health and psychosocial wellbeing of individuals in subsequent generations.<sup>1</sup> Whether and how trauma is transmitted from one generation to the next and the effect it might have are important questions, which disciplines, including those exploring neural and biological processes, family systems, epidemiology, anthropology, sociology, and psychology, have tried to elucidate.<sup>2</sup>

The study by Maj Back Nielsen and colleagues<sup>3</sup> published in the *Lancet Public Health* explores the intergenerational effect of parental PTSD by examining a large Danish register of refugees. Using the well-regarded Danish databases, more than 100 000 refugees were examined over a 20-year period, from 1995 to 2015. Refugee children with parents with PTSD had more psychiatric diagnoses, particularly nervous disorders, than those whose parents did not have a diagnosis (hazard ratio [HR] 1.49 [95%CI 1.17–1.89] for paternal PTSD; HR 1.55 [1.20–2.01] for maternal PTSD after adjustment for sociodemographic variables). These increased numbers, present whether or not the children were born in Denmark, provide further evidence on the intergenerational effect of PTSD. With over 51 000 refugee children included in this study (35 239 born after arrival in Denmark [descendants] and 16 464 born before arrival in Denmark [refugee children]), the intergenerational associations in this sample can be explored in a unique manner.

Across the globe, millions of people are exposed to organised violence, not only refugees, but those who are internally displaced within their native countries, as well as those resident in war-affected areas; they include those who perpetrate, fight against, and are victims of organised violence. Furthermore, large numbers will be parenting while suffering from PTSD as a result of, for example, interpersonal violence, abject poverty, and extreme climate events, in regions where lives and livelihoods will need to be rebuilt. Therefore, the many millions potentially parenting with PTSD is a serious public health concern, if

these proportions of intergenerational transmission remain high. See [Articles](#) page e353

PTSD is one of the more severe responses to the varied outcomes of exposure to potentially traumatic events, many of which affect mental health negatively. One of the particular complexities of trying to access and treat people with PTSD, which might contribute to its intergenerational penetrance, is its core feature of avoidance. Primarily, the avoidance is of any reminder of the events that have traumatised them, thus adding an additional complication in finding ways to deliver the most effective treatments for PTSD. As these treatments are exposure-based, this avoidance complicates accessibility for those who understandably might be reluctant to enter a treatment to address symptoms they feel they must avoid. Health implications of untreated PTSD for the individual include comorbidity with major mental illnesses, including depression, anxiety, somatisation, and substance use disorders, as well as a host of unhealthy behaviours leading to increased physical morbidity.

A systematic review<sup>1</sup> of intergenerational trauma in refugee families highlighted how little this subject has been explored because the 20 studies done, in combination, amount to less than a third of the number of refugee children in Nielsen and colleagues' sample. Most of the existing data are derived from Holocaust survivors followed by those from the southeast Asian wars and Khmer Rouge genocide, both of which have substantially different experiences when compared with current refugee flows. Studies included in the systematic review<sup>1</sup> highlighted high levels of depressive symptoms, post-traumatic stress, anxiety, attention deficiency, and psychosocial stress in the children of refugee parents with PTSD, aligning well with the findings of Nielsen and colleagues' study. The systematic review also identified examples of positive outcomes with increased resilience in some samples.

Child-parent interactions can either buffer the child from risk or increase the risk of subsequent developmental psychopathology. In the case of parental PTSD, proposed mechanisms affecting the next generation include impaired interpersonal relationships

that can be related back to the core symptomatic presentation of PTSD, with avoidance, emotional numbing, hypervigilance, and mood disturbances, which have been shown to have associated prefrontal cortex neural changes.<sup>4</sup> PTSD parenting styles have been observed in some studies as being less encouraging of child independence, with family social withdrawal and children with ambivalent attachment styles. Additionally, parents with PTSD might struggle with emotional regulation that can be associated with harsher parenting styles,<sup>5,6</sup> as well as a diminished ability to buffer stress in their offspring, with reports of some increases in avoidance as a strategy to manage their child's distress.<sup>7-9</sup>

Compared with the moderate number of treatment options for individuals, there is a dearth of conceptual frameworks and evidence-based interventions that consider the treatment needs of family systems affected by PTSD.<sup>2,4</sup> This issue now needs to be tackled and can be avoided no more; the needs of refugee children must be considered in concert with those of all household members affected by past and present experiences to ensure the whole system is supported.<sup>7,10</sup>

Finally, postwar institutional support has been identified as a protective factor for Holocaust survivors and community-level processes needed to be addressed for refugee populations who have experienced a tear in the social fabric.<sup>2</sup> Social cohesion cannot be achieved without broader societal responsibility. Learning

how host populations can become more accepting and welcoming of their newest citizens will probably facilitate a healing process that will affect countless generations of refugees.

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I declare no competing interests.

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