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DOI:  
[10.1111/acps.12734](https://doi.org/10.1111/acps.12734)

*Document Version*  
Peer reviewed version

[Link to publication record in King's Research Portal](#)

*Citation for published version (APA):*

Fear, N. T., & Wessely, S. (2017). Is it 'good to share'? Intergenerational transmission of post-traumatic stress disorder. *Acta Psychiatrica Scandinavica*, 135(5), 361-362. <https://doi.org/10.1111/acps.12734>

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## Is it “good to share”? Intergenerational transmission of post-traumatic stress disorder

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We are always encouraging children to share, “it's good to share”. However, as parents is it good share with our children? There are some things that we cannot help but share – eye colour, certain genes - but what about our life and wellbeing experiences? What are the transgenerational impact of these events and experiences?

In this issue of *Acta Psychiatrica Scandinavica*, O'Toole et al discuss the intergenerational transmission of post-traumatic stress disorder (PTSD) among the families of Australian Vietnam veterans (1). PTSD is a potentially serious and debilitating condition that can impact the functioning of the individual affected. PTSD was first included in the third edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM) (2) in 1980. Its inclusion was due to a combination of observations of mental health consequences in some Vietnam Veterans, persisting anti-war feelings and a desire to rehabilitate the reputation of US Service personnel. Sound data could come after, not before, the label had been introduced into DSM. PTSD was constructed as a stress disorder following the experience of a traumatic event occurring in either a military or civilian context. The traumatic event must be sufficiently severe to make individuals fear for their own - or their loved ones' - lives or safety. The resulting symptoms being far reaching, limiting an individual's ability to work, function socially and impede their relationships with friends and family.

Research has shown that PTSD can effect someone's ability to parent which can lead to childhood behavioural and emotional problems (3, 4). But what happens when these children themselves become adults? How does their parents' PTSD affect them and their wellbeing? O'Toole et al (1) – using data from the Australian Vietnam Veterans Family Health Study (5) - have shown that having a father with PTSD increases the risk of PTSD in their adult aged children. O'Toole et al included sons and daughters from 197 families, these “children” were aged 38 years (range 20-60 years) at interview and 10% had served in the Australian Defence Force (1). Most of these adult children being conceived after their father's return from Vietnam (1).

O'Toole et al (1) report that 6% of sons and 20% of daughters fulfil the criteria for lifetime PTSD – so is this due to the adult child's own experience of traumas, their experience of living with a parent with PTSD or something else? This is a complex issue which is difficult to untangle. O'Toole et al (1) were able to explore the role of paternal PTSD (and other paternal mental health conditions) on their adult child's reporting of traumatic events, and mental health (including PTSD).

So what does this paper add to our understanding of the transgenerational impact of PTSD symptoms? The answer is not straightforward, since previous studies on this topic have not always given consistent results (6). O'Toole has shown that it is important to look at sub-groups – for example, sons vs daughters (7). O'Toole et al has also been able to explore the

impact of maternal PTSD (1), showing that this was not associated with their adult child's reporting of traumatic events or PTSD.

What about the impact of other paternal mental health conditions, for example, depression and alcohol misuse? O'Toole et al showed that paternal depression was associated with PTSD among their sons and paternal alcohol disorder was associated with alcohol dependence in sons and PTSD in daughters (1). Depression and alcohol disorders are indeed prevalent problems among serving and ex-service personnel (8, 9). The impact of these conditions are relevant to the current era of veterans from the conflicts in Iraq and Afghanistan and their families.

Understanding how PTSD impacts on families using multi-informant data collected over time (10) is required to develop and enhance our understanding of the transgenerational effects of this condition. In an ideal world, we would study families longitudinally from the point that their loved one is recruited into the military, throughout the duration of their military career including deployment and then post-discharge. This would enable us to understand all military and non-military aspects influencing the wellbeing of the family members and the overall functioning of the family unit, and to separate out deployment and non-deployment related factors. But such counsel of perfection will be difficult to achieve.

The results of studies like O'Toole et al (1) have implications for health care planners and providers, policymakers and the military and veteran community. This evidence supports the role for preventive intervention in reducing the incidence of psychological disorder in the children of parents with mental health difficulties in the general population (11). Further, there is work on interventions to improve parenting in military families impacted by PTSD, for example, the Families OverComing Under Stress (FOCUS) Program (12, 13). These results highlight the importance of ensuring appropriate evidence based interventions for military families irrespective of the conflict or era in which they served.

It is good to share....but what you share matters.

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