



Transgenerational Effects of Abusive Violence on the Children of Vietnam Combat Veterans

Rosenheck, R., & Fontana, A. (1998). Transgenerational effects of abusive violence on the children of Vietnam combat Veterans. *Journal of Traumatic Stress, 11*, 731-742. doi:10.1023/a:1024445416821

SUMMARY: Drawing data from the National Vietnam Veterans Readjustment Survey, this study focused on the relationship between fathers' participation in abusive violence in Vietnam (e.g., terrorizing, wounding or killing civilians, mutilating bodies) and behavioral disturbances among their children (aged 6-16 years). Children of Veterans who participated in abusive violence showed more behavioral disturbance than children of other Vietnam Veterans, even after controlling for other factors.

KEY FINDINGS

- A relationship between Veteran participation in abusive violence during the Vietnam conflict and behavioral disturbances in their children 15-20 years later was found.
- There was a relationship between child behavior problems and the following variables: parental combat exposure, not being married, low income, family violence, family maladjustment, and severity of father's PTSD symptoms.
- In this sample, 36% of the Veterans met the cutoff for exposure to high war zone stress, 74% of whom reported participating in abusive violence in Vietnam; 33% of the Veterans scored above the threshold for PTSD.

IMPLICATIONS FOR PROGRAMS

Programs could:

- Develop curriculum for Service members who participated in abusive violence during deployment, teaching a range of parenting skills (e.g., managing strong emotions, fostering close relationships with your children)
- Offer classes for children of parents who experienced violence during deployment; such courses could teach young people strategies for coping with intense feelings and managing anger effectively
- Collaborate with community-based programs to offer peer support groups and resources for spouses of Service members who have experienced violence during deployment

IMPLICATIONS FOR POLICIES

- Recommend screening all Service members after deployment for participation in abusive violence
- Support the development and provision of a range of parenting and child behavior resources for military families
- Encourage trainings for school personnel to help them better serve military children's emotional and behavioral needs, especially when a military parent has experienced violence during deployment

Putting Research to Work for Military Families



METHODS

- Data from the National Vietnam Veterans Readjustment Survey was used (a representative national sample of Veterans who served in the Vietnam era from 1964-1975).
- Veteran interviews were conducted in 1986-87 and covered pre-military family environment, combat and trauma exposure, and post-military adjustment.
- Partners of a subset of Veterans were interviewed about family relationships and children's behaviors.

PARTICIPANTS

- The sample consisted of 1,198 male Vietnam Veterans, most of whom were married (96%).
- The average age was 40.90 years (SD=3.90) and racial composition was diverse: 41% White, 33% Hispanic, and 26% Black. No demographic information on partners was presented.
- Children's average age was 11.10 years (SD=2.60).

LIMITATIONS

- No information was collected on mother's early childhood experiences, mental health, or parenting behaviors, all of which may help explain some of the observed relationships.
- Several of the measures employed were not standardized measures and results may be unreliable.
- Demographic information provided was sparse, and no information was provided about the spouses who provided the child behavior data.

AVENUES FOR FUTURE RESEARCH

- Explore the mechanisms through which violence against children is connected to child behavior problems.
- Assess paternal pre-military mental health and maternal mental health in order to consider these factors as other possibly important predictors of child behavior.
- Examine relationships between Service members' experienced violence during deployment and children's physical health outcomes.

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