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# Transgenerational trauma and childhood adversity among children of war veterans in Zimbabwe

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## Abstract

War leaves lasting scars on veterans and their children, who often inherit unresolved trauma across generations. In Zimbabwe, the 1966–1979 Liberation War has had an enduring psychological impact on the lives of children of war veterans (CWVs), yet their experiences remain underexplored. This study examined childhood adversity and trauma transmission among adult CWVs in Hurungwe District, filling a gap in African-focused research on CWVs' lived experiences. Semi-structured interviews with seven participants aged 19–38 were analysed using reflexive thematic analysis. Four themes emerged: adverse experiences, silence, distress, and transgenerational influence. The findings show that CWVs' emotional and psychological experiences are shaped by parental trauma within familial, cultural, and structural contexts. Participants also drew on resilience and restorative cultural practices to navigate these challenges. Trauma is transmitted through childhood adversity, silence, and socio-cultural expectations, while resilience mitigates its effects. Findings underscore the need for interventions that combine psychosocial support with culturally grounded resilience strategies. This study contributes context-specific insights into transgenerational trauma among CWVs in Zimbabwe, extending TT scholarship beyond Western frameworks.

**Keywords:** *children of war veterans, childhood adversity, culture, resilience, transgenerational trauma, Zimbabwe*

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# 1. Introduction

Zimbabwe's Second Liberation War (1966–1979) claimed approximately 80,000 lives and left over 450,000 injured, creating enduring psychological, social, and economic consequences for the nation (Alexander & McGregor, 2020; Ndlovu-Gatsheni & Mafeje, 2015). Many war veterans (WVs) experience long-term effects, including Post-Traumatic Stress Disorder (PTSD), emotional dysregulation, and relational difficulties. These unresolved parental traumas extend into the lives of their children (CWVs), shaping their emotional development, identity formation, and relational functioning (Kostova & Matanova, 2024).

Post-independence instability, including economic decline, political tensions, and uneven government support, placed a significant strain on WV households (Mahuni et al., 2025; Dzinesa, 2017). Families excluded from pensions or educational benefits experienced heightened poverty and vulnerability (Chidarikire, 2023), increasing the risk of transgenerational trauma (TT). Although post-conflict initiatives such as Disarmament, Demobilisation, and Reintegration (DDR) and the Organ on National Healing, Reconciliation, and Integration were introduced (Dzinesa, 2022; Makombe, 2020), they failed to adequately address the psychosocial needs of WVs and their children.

Existing research demonstrates that CWVs grow up in emotionally unstable households (Greenfeld et al., 2022; Mak et al., 2021; Senecal et al., 2022). However, much of the literature on TT is dominated by Western clinical models. Consequently, African studies on war-related trauma have rarely examined CWVs' perspectives (Makombe, 2020; Mutambara, 2016; Ng et al., 2020). Little is known about how trauma is transmitted across generations within Zimbabwe's cultural, political, and socio-structural context. This study addresses this gap by qualitatively exploring adult CWVs' experiences of childhood adversity and TT. It highlights the cultural, familial, and structural factors that shape vulnerability and resilience. The study offers a rich, contextually grounded understanding of CWV family systems.

# 2. Literature Review

### *2.1. Transgenerational Trauma, Cultural Meaning-Making, and Resilience among Children of War Veterans in Zimbabwe*

Prolonged exposure to conflict and systemic violence is linked to Complex Post-Traumatic Stress Disorder (CPTSD), a condition extending PTSD to include relational

difficulties, emotional dysregulation, and disrupted self-concept (Kostova & Matanova, 2024; Maercker et al., 2022; WHO, 2019). Parental war trauma can profoundly affect subsequent generations, disrupting parent-child relationships through emotional numbing, hyperarousal, and impaired relational functioning (Mak et al., 2021; McCormack et al., 2021; Zerach & Solomon, 2016). These findings illustrate how familial, structural, and socio-economic factors intersect to shape CWVs vulnerability to TT.

Comparative studies further demonstrate that unresolved collective trauma can persist across generations, producing shame, social marginalisation, and lasting psychological distress. Examples include descendants of Holocaust survivors, children affected by apartheid, and Gukurahundi survivors (Adonis, 2016; Greenfeld et al., 2022; Maendesa & Hakak, 2022). Simultaneously, TT can foster resilience, enabling children to develop relational and cultural resources to navigate adversity (Veronese et al., 2023; Mak et al., 2021).

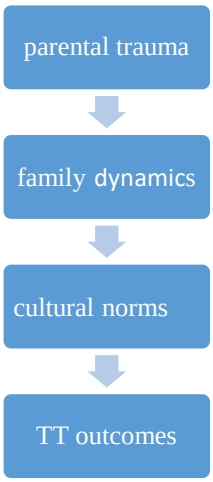
Western studies tend to focus on individual pathology, emphasising emotional dysregulation in CWVs (Leskin et al., 2025; McGaw & Reupert, 2022), overlooking socio-political, cultural, and spiritual dimensions. In African contexts, distress is frequently interpreted as ancestral displeasure, spirit possession, or witchcraft, prompting reliance on traditional healers rather than biomedical treatment (Kidia et al., 2017; Paulus et al., 2021; Mutanga, 2025). These perspectives highlight the importance of cultural meaning-making in understanding trauma and resilience.

Zimbabwe provides a unique sociohistorical context to examine TT. The Second Liberation War (1966–1979) left enduring psychological, social, and structural legacies (Alexander & McGregor, 2020). Post-independence crises, including political violence, economic decline, and contested land reforms, further impoverished and marginalised households (Mahuni et al., 2025; Ndlovu & Tshuma, 2021; Chidarikire, 2023). Uneven pensions and educational support for WVs' families intensified emotional instability and socio-economic disadvantage, creating conditions conducive to TT among CWVs (Baran, 2023; Dzinesa, 2017; ZimStat, 2015).

These structural, familial, and cultural factors shape CWVs' daily lives and psychological vulnerability. Using Goodman's Transgenerational Trauma and Resilience Genogram (TTRG) framework, CWVs' experiences are conceptualised as the convergence of parental trauma, cultural norms, and systemic inequalities (Goodman, 2013; Cohou, 2017) as shown in Figure 1.

**Figure 1**

*Transgenerational trauma positionality*




Despite growing literature on TT, research remains dominated by Western paradigms that prioritise individual pathology while overlooking relational, communal, spiritual, and socio-political dimensions. CWVs' lived experiences in Zimbabwe remain underexplored. This study, therefore, situates these experiences within sociohistorical, cultural, and structural frameworks, bridging an important gap in both African and global TT scholarship.

### *2.2. Theoretical Framework*

Goodman's TTRG and Bronfenbrenner's socioecological theory together provide a comprehensive lens to understand CWVs' experiences. The TTRG explains how trauma is transmitted across generations and highlights resilience processes grounded in strength, cultural responsiveness, and social justice (Goodman, 2013; Cohou, 2017). It shows how WVs' combat experiences shape family dynamics, emotional regulation, and self-organisation.

The socioecological model situates these dynamics within interacting systems, from microsystem to chronosystem (Bronfenbrenner, 1979; Cramm et al., 2022). Trauma transmission is influenced by parent–child relationships, peer and community interactions, and broader socio-economic, political, and cultural forces (Tong & An, 2024; Zvaita & Mbara, 2025). Integrating both models allows an intersectional understanding of how familial, cultural, and systemic factors converge to shape trauma and resilience across generations.

## 3. Methodology

This study used a qualitative design with in-depth interviews to explore CWVs' experiences of TT. Participants were drawn from an earlier quantitative phase in Hurungwe District, which included 100 CWVs aged 18–40 with parent(s) who participated in Zimbabwe's Second Liberation War. Those reporting the highest trauma levels and consenting to follow-up were invited to participate. A purposive sampling strategy was employed to select seven participants (four males and three females), ensuring variation in symptom severity, gender, age, education, and perceived social support. Given the sensitivity of this population, a small, purposively selected sample was ethically justified, minimising participant burden while enabling rich and meaningful interpretation. Such sample sizes are well-suited to qualitative TT research, where in-depth exploration of complex lived experiences is essential.

Table 1 presents the respondents' socio-demographic characteristics.

**Table 1**

*Demographic characteristics of participants*

| Code | Gender | Age | Relationship Status | Level of Education | Employment Status |
|---|---|---|---|---|---|
| 1 | Female | 25 | Married | High School | Self-employed |
| 2 | Female | 30 | Married | Certificate/Diploma | Self-employed |
| 3 | Male | 27 | Divorced | High School | Self-employed |
| 4 | Male | 33 | Married | High School | Self-employed |
| 5 | Male | 24 | Never married | Degree | Self-employed |
| 6 | Female | 19 | Divorced | No education | Unemployed |
| 7 | Male | 38 | Never married | Degree | Unemployed |

Trauma symptoms had been assessed using the Trauma Symptom Checklist-40 and the Initial Trauma Questionnaire. Socio-demographic data captured participants' age, sex, education level, employment status, and relationship status. In addition, a semi-structured interview guide, consisting mainly of open-ended questions, was developed to enable participants to describe their experiences in detail (Creswell & Creswell, 2017). The interview guide was structured into five sections (microsystem, mesosystem, exosystem, chronosystem, and macrosystem) to capture the multifaceted nature of TT. The guide was pilot tested with three individuals similar to CWVs from Hurungwe, resulting in minor linguistic adjustments.

Data were collected in September 2022 through face-to-face interviews conducted in private settings to maintain confidentiality. Interviews generally lasted between 45–60 minutes, although some extended longer depending on participants' willingness to provide detailed responses. All participants consented to audio recording for verbatim transcription. Recognising the researcher as an instrument in qualitative research, personal values and assumptions were acknowledged (Lim, 2024). Consequently, a reflective journal was maintained to document potential influences on data collection and analysis (Creswell & Creswell, 2017).

Participants were fully informed about the study's objectives, procedures, and potential risks before providing written consent. Participation was voluntary, and participants could withdraw at any time (Coetzee et al., 2016). Anonymity was maintained through coded identifiers, and all data were stored in password-protected folders accessible only to the research supervisors (Ellersgaard et al., 2022). To reduce potential distress related to TT (Maisel, 2020), a counsellor was available during the interviews. Participants were referred to ongoing social support services through the Ministry of Labour and Social Services in Hurungwe. They were also given the interview guide in advance, allowing them to decline any questions without prejudice and upholding the principle of autonomy.

Data were analysed using Braun and Clarke's (2023) reflexive thematic analysis to identify patterns of meaning (Byrne, 2022). Goodman's TTRG and Bronfenbrenner's socio-ecological model guided interpretation, highlighting relational, generational, and environmental influences on adult CWVs. The researchers familiarised themselves with the data through repeated reading and note-taking. Codes were generated inductively at a latent level, capturing underlying meanings. TTRG focused analysis on relational and generational trauma and resilience, while the socio-ecological model highlighted influences across individual, familial, community, and societal levels. Codes were grouped into themes and refined through thematic mapping, resulting in four main themes and ten subthemes. Findings were then contextualised within existing literature to deepen understanding of CWVs' experiences of TT.

Trustworthiness was ensured through credibility, dependability, transferability, and confirmability (Stahl & King, 2020). Credibility, dependability, and transferability were supported by triangulation, systematic notes, and rich contextual descriptions (Nayar, 2024; Nikolopoulou, 2023). Confirmability was enhanced by centring participants' perspectives,

using bracketing, and maintaining a reflective journal (Annink, 2017). Meanwhile, reflexivity acknowledged that knowledge is co-constructed and shaped by CWVs' lived experiences (Braun et al., 2023). The researcher's positionality as a 'born-free' Zimbabwean, psychologist, and mother was considered throughout. Reflexive journaling and professional support ensured interpretations remained grounded in participants' narratives.

## 4. Findings and Discussion

This study examined childhood adversity and the systemic transmission of unresolved war trauma among adult CWVs in Hurungwe District. Integrating Goodman's TTRG and Bronfenbrenner's socioecological theory offered a comprehensive lens connecting familial trauma narratives to broader cultural and structural factors. Data analysis yielded four main themes, supported by ten subthemes, as presented in Table 2. The four main themes are: a) adverse experiences, b) silence, c) distress, and d) transgenerational influence.

**Table 2**

*Summary of study findings*

| Main Theme | Expanded Subthemes |
|---|---|
| Adverse experiences | Harsh parenting styles (corporal punishment, trauma-driven discipline) |
| | Dysfunctional families (emotional neglect, authoritarian communication, imposition of wartime ideologies) |
| | Shame (stigma, systemic exclusion) |
| Silence | Cultural Norms and the Suppression of Trauma (spiritual interpretations, collective healing) |
| Distress | Transgenerational poverty (intergenerational economic disadvantage, educational exclusion) |
| | Lack of psychosocial support (gaps in formal support systems) |
| Transgenerational influence | Generational legacy of the belief in the war philosophy (Chimurenga philosophy, embedded family narratives) |
| | Role reversal (financial and emotional caregiving, socio-cultural expectations) |
| | Resilience (inspirational family narratives, adaptive strategies, coexistence with trauma) |

### *Theme 1: Adverse Experiences*

Adverse experiences, including physical and emotional abuse and neglect, emerged as key pathways through which WVs' unresolved trauma was transmitted to their children, shaping CWVs' psychosocial environments (Cramm et al., 2022; Solomon & Zerach, 2020). While these experiences align with global findings, they also reflect Zimbabwe-specific familial dynamics, such as harsh parenting styles and dysfunctional family environments. Together, these factors highlight how CWVs' childhood adversity was shaped by both parental trauma and the broader cultural and structural conditions of Zimbabwe.

***Harsh parenting styles.*** Participants described severe corporal punishment, intertwined with trauma-related dysregulation or culturally sanctioned discipline. Participant 3 recalled: *"He once beat me up so badly that I had to get some stitches for eating food outside designated hours."* Participant 4 added, *"As we grew up, corporal punishment was the order of the day. Anything could land you in trouble."* These accounts illustrate how culturally sanctioned practices became distorted under the influence of combat-related trauma, creating unpredictable and emotionally insecure environments. Similar findings reported in Uganda show that when physical punishment is normalised, trauma can amplify its severity (Musisi & Kinyanda, 2020). Viewed through Goodman's TTRG, trauma becomes embedded in transgenerational scripts shaped by beliefs around authority, masculinity, and control. Physical discipline thus functions as a conduit for TT, normalising abuse and obscuring its long-term psychological harm.

Participant 2's testimony further illustrates the dual burden of direct abuse and witnessing domestic violence: *"No matter how hard I tried to please him, it never seemed enough; he would beat me … even my mother's face was consistently butchered every time they argued."* This reflects trauma's transmission through both personal victimisation and vicarious exposure to maternal suffering. These experiences magnified emotional insecurity and reinforced cycles of fear and helplessness (Hinojosa et al., 2023; Kwan et al., 2020).

Such overlapping forms of violence expose what the socioecological model identifies as multi-level risks. At the family level, direct abuse, and at broader systemic levels, cultural norms and institutional failures, such as weak reintegration support, further compound these challenges (Dzinesa, 2017). These patterns reflect TT pathways identified in other conflict-affected populations, highlighting the interaction between parental trauma and household dynamics (Zerach & Solomon, 2016). Within this context, harsh parenting reflects the

convergence of cultural norms and unresolved trauma, creating dysfunctional family environments that shape CWVs' lives.

***Dysfunctional families.*** Emotional neglect and authoritarian parenting were common. Fathers' detachment left children feeling insignificant, with Participant 5 stating: *"He was always miles away, moody, and would not care about anyone … He once asked me, 'How old are you?'"* Such emotional absence undermined secure attachments and contributed to long-term relational difficulties; as Participant 4 explained, he avoided marriage for fear of *"being like my father."* Emotional neglect thus emerged as a key mechanism of TT, where unresolved trauma is transmitted through relational disconnection and unmet attachment needs (El-Khalil et al., 2025; Leskin et al., 2025).

Rigid, command-driven communication deepened this estrangement. Participant 3 recalled: *"Daily conversations with my father are characterised by prompts and commands, Who did this, You should do that, Get up! … remove that!"* Parenting devoid of warmth cast the father as an aggressor and eroded trust. For some, exposure to war stories became coercive, as one participant noted: *"…failure to wake up would result in being severely beaten, especially if one slept while he was narrating his war experiences."* Instead of fostering connection, storytelling became a tool of control, mirroring military hierarchies and exemplifying coercive TT.

Another form of dysfunction involved the imposition of wartime ideologies. Participant 4 recalled being forced to march at night while his father sang *"Zimbabwe ndeyeropa"* ("Zimbabwe was born of blood"). Such ritualised re-enactments turned children into extensions of their parents' trauma, fostering hyperarousal and emotional fragmentation, core TT features. As Chitando and Tarusarira (2017) note, symbolic acts can reanimate past violence within families. For CWVs, growing up in the shadow of unresolved trauma produced environments of silence and emotional suppression.

### *Theme 2: Silence*

Silence emerged as a coping strategy shaped by shame, cultural norms, and political repression. One participant explained, *"Our parents would not talk about it, no do I. It is better to be safe because everything in this country is politicised."* From a TTRG perspective, silence is a culturally sanctioned safety strategy, while the socioecological lens emphasises political structures and community norms that instil fear of persecution (Chidhawu, 2024).

Fear of reprisals further discouraged disclosure: *"…I am just saying it because you said this information is for your studies; otherwise, I will end up being beaten for saying this."* Such testimonies show that silence functions both as a protective mechanism and a source of emotional distance, reinforcing unresolved trauma. They also illustrate how political scrutiny and associated shame shape CWVs' self-concept, emotional regulation, and relationships (Schvey et al., 2022). In this way, silence acts as a key pathway of TT in Zimbabwe's cultural and political context.

***Shame.*** Shame was closely linked to family and community dynamics. CWVs felt embarrassed due to parents' socially unacceptable behaviours, stigmatising them in broader society. Participant 6 recalled, *"It was his drinking that embarrassed me… His violent behaviour got him nicknamed Bhuru (bull)."* This account illustrates shame as multifaceted, encompassing public humiliation and emotional isolation (McCormack et al., 2021). The injury extends to children whose identities are linked to their parents' reputations. CWVs inherit both trauma and the shame tied to their parents' reputations, extending Mutambara's (2016) concept of shame as a mechanism of TT.

Shame was further compounded by systemic exclusion. While WVs were symbolically honoured at national events, their families were denied meaningful political and economic opportunities. As Participant 7 noted, *"…most WVs only get special mention during national events,"* while Participant 3 added, *"We are regarded as loyal party youth who are used during campaigns, but on any other developmental programmes, we are heavily sidelined."* These stories of political tokenism reinforce CWVs' marginalisation and powerlessness, fostering a detrimental internal conflict rooted in politicised TT. This finding aligns with McCormack and Ell (2017), who note that marginalisation perpetuates shame and deepens isolation among trauma-affected groups. The culturally sanctioned suppression of trauma under the belief of restorative resilience further explains why many CWVs remain silent.

***Cultural norms and the suppression of trauma.*** Participants linked trauma-related silence to protecting family dignity, expressed in the Shona phrase *"handifukuri hapwa"* ("I do not lift my armpits"), which discourages sharing family problems (Viriri, 2023). From a TTRG perspective, such norms perpetuate TT by repressing emotional expression, preserving familial honour through collective endurance. Trauma also eroded Afrocentric systems of trust and interconnectedness, leaving individuals emotionally isolated despite communal support values (Mugumbate et al., 2023). Male participants emphasised stoicism, citing expressions

like *"men do not cry"* and *"kufa kwemurume kubuda ura"* ("a man is only dead if his intestines come out"), limiting emotional vulnerability (Ezeugwu & Ojedokun, 2020).

Spiritual interpretations significantly shaped CWVs' experiences of parental trauma. Participant 1 recalled her father reliving combat, taking cover and shouting, *"Mabhunu arikuuya! Ingozi iyi"* ("The white soldiers are coming! These are avenging spirits"), while Participant 4 described being fearful of imaginary dead bodies. Participant 7 added, *"The spirit of the dead will haunt the entire bloodline."* These accounts highlight how trauma was perceived as a spiritual burden, transmitted across generations. Participants also used the Shona term *zvakakwidza* ("something has risen") to describe fathers' erratic behaviour, signalling household volatility and the normalisation of trauma. These culturally embedded expressions show how suffering is transmitted linguistically and symbolically across generations (Kostova & Matanova, 2024).

Such accounts highlight the cultural importance of spirituality and collective healing in addressing inherited trauma (Hübl & Avritt, 2020). CWVs framed parental trauma as a shared spiritual burden linked to family and ancestry, challenging Western models that focus solely on individual experiences. This aligns with Asiimwe et al. (2023) and Qayyum et al. (2025), underscoring the central role of culture in emotional expression and experiences of distress.

***Theme 3: Distress***

CWVs' distress reflected both parental trauma and ongoing socio-economic challenges. Key subthemes included transgenerational poverty and limited psychosocial support.

***Transgenerational poverty.*** CWVs consistently linked their current economic hardships to childhood deprivation. Participant 4 highlighted intergenerational disadvantage: *"My father was uneducated and unemployed… I am unemployed… I have nothing."* Poverty shaped self-concept, social belonging, and psychological well-being; Participant 2 recalled: *"… My first bra was second-hand at 18… lacking sanitary ware disheartened me."* These experiences illustrate the intersection of economic precarity with emotional and mental health challenges, creating conditions that reinforce inherited vulnerability (Banz et al., 2022; Somasundaram et al., 2023).

Limited educational opportunities reinforced this cycle of disadvantage. Several participants were unable to continue schooling due to unpaid fees. Participant 3 explained: *"I*

*have 13 points at A level; I did not get funding to pursue university."* Others described public embarrassment when sent home for fees, highlighting the combined psychological and social burden of structural neglect. These narratives reflect the interaction of family-level disadvantage (microsystem), limited institutional support (exosystem), and broader structural inequalities (macrosystem).

TT in Zimbabwe thus emerges as both inherited and enduring. CWVs' distress is intensified by systemic poverty, unemployment, and restricted education, showing that trauma extends beyond psychological symptoms into persistent socio-economic hardship. This perspective challenges Western models that focus solely on clinical interventions, overlooking structural determinants and socio-economic realities (Mootz et al., 2019; Patel et al., 2020).

***Psychosocial support.*** The study shows that inadequate psychosocial support during Zimbabwe's post-war reintegration has had lasting effects on CWVs. They reported feelings of helplessness and disconnection from formal and informal support systems. Participant 5 remarked: *"…even if I want help, where do I go? I don't know,"* while Participant 1 noted: *"…it was also difficult for me to know the processes."* These gaps in mesosystem and exosystem linkages leave CWVs isolated (Wells et al., 2022), a vulnerability amplified by Zimbabwe's delayed and under-publicised mental health policies (Ndlovu-Gatsheni & Mafeje, 2015). From a TTRG perspective, the absence of psychosocial support removes a protective scaffold that could interrupt trauma transmission.

CWVs also experienced social exclusion due to their ties to WVs. Participant 6 stated: *"It is difficult to engage with others as they quickly identify me as a child of a war veteran,"* and Participant 3 noted: *"…especially the derogatory names the community gave us, such as mwana wegandanga (child of a war veteran)."* Lacking psychosocial support, many adopted maladaptive coping strategies like alcohol use. Participant 4 explained: *"…after taking one or two, I feel good…"* These behaviours often mirrored parental patterns, illustrating how trauma and maladaptive coping are transmitted across generations in the absence of protective structures.

### *Theme 4: Transgenerational Influence*

Participants described repeated secondary exposure to their parents' trauma and its impact on their own emotions, consistent with Cramm et al. (2022), who note that parents with PTSD often transmit stress to their children. Three subthemes emerged: generational legacy of

war philosophy, role reversal and resilience. These findings show how parental trauma, shaped by familial and structural forces, influences CWVs' emotional experiences and facilitates trauma transmission.

***Generational legacy of the belief in the war philosophy.*** The findings reveal a generational legacy rooted in Zimbabwe's liberation war, evident in the transmission of trauma among CWVs. Central to this legacy is the Chimurenga philosophy, embodying liberation struggle values. Participants expressed a strong duty to uphold their parents' struggles. As Participant 6 explained, *"We have a mandate to protect our parents' legacy; they fought for it."* Chimurenga shapes CWVs' identities and contributes to national identity, intertwining pride with emotional distress inherited from unresolved parental trauma.

For some, the war's legacy is embedded in their names. Participant 7 shared, *"I was given a name which suggests the war. Hence, I carry the war wherever I am."* Nationalistic pride and psychological burden coexist, consistent with Chigudu (2021), highlighting how responsibility and emotional distress are intertwined.

Within Zimbabwe's socioecological context, WVs are celebrated as liberators yet associated with political and economic instability (Mutambara, 2016). CWVs navigate these conflicting messages. National celebrations, like Heroes' Day, evoke *"a heavy mix of pride and sorrow"* (Participant 4), validating CWVs while reinforcing emotional strain. From a TTRG perspective, selective state remembrance can marginalise certain traumatic histories. CWVs inherit both trauma and a duty to preserve their parents' legacy, often assuming early caregiving roles, heightening identity conflict and reinforcing TT.

***Role reversal.*** A key finding is the financially driven role reversal experienced by CWVs. In Zimbabwe, WVs are celebrated as national heroes but often live in poverty, reflecting limited state support and a collapsed health system (Muzira & Bondai, 2020). This forces CWVs to manage the emotional residue of parental trauma while assuming material responsibilities, such as medical care. Participant 7 explained: *"My father has a chronic illness and has lost some of his limbs… every month, I must see to it that he has medication."* Similarly, Participant 1 stated: *"I sometimes feel like I'm parenting my own father, ensuring he has food and medicine, even when I'm struggling myself."*

These accounts illustrate the dual burden of financial and emotional caregiving, where CWVs prioritise their parents' needs over their own, often resulting in self-neglect. Socio-cultural norms valuing respect for elders intensify this strain (Iyare et al., 2022). From a TTRG

perspective, role reversal reflects the transgenerational transmission of unresolved trauma, manifesting in blurred relational boundaries, identity confusion, and repressed personal needs. Despite these challenges, CWVs draw on personal resilience and family history to navigate their complex caregiving responsibilities.

***Resilience.*** Drawing on the American Psychological Association's (2022) conceptualisation of resilience as successful adaptation, participants viewed their parents as heroic figures whose strength inspired their own determination. Statements such as *"He did it so I can do it"* and *"He was a strong man"* show how CWVs reconstructed family narratives to foster personal growth. Many transformed adversities into motivation, particularly through education, despite economic hardship. As Participant 4 noted, *"I self-taught myself by working in the school fields; I wanted to change my background."* These dynamics align with research linking resilience to cultural identity and moral values (Flaskerud, 2022; Zhou et al., 2025).

Interestingly, resilience coexisted with trauma. Participant 1 described admiring her father's strength while struggling with his emotional distance: *"I see my father as this powerful person… but he did not know how to love me as his daughter."* Such tensions show how CWVs inherit both inspiration and emotional wounds, affecting secure relational development. Participants also expressed determination in navigating hardship while resisting social stigma: *"What will they do? Laugh at me? … I just manage with the situation as it is."* These narratives highlight resilience as a multidimensional process shaped by inherited strength, personal growth, and the realities of trauma-laden environments. In this way, CWVs reveal that resilience is intertwined with transgenerational trauma, illustrating their experiences, interpretations, and adaptations to the trauma passed down from their parents.

## 5. Limitations

All participants were recruited from a single community with similar backgrounds, limiting generalisability. The sample's homogeneity and cautiousness in sharing sensitive experiences may have constrained transcript depth, and some informal material shared post-interview was excluded. Volunteer participation also introduces potential for socially desirable responses. The researcher's positionality, including personal experiences with transgenerational poverty, may have influenced data selection and interpretation. Reflexive practices, such as maintaining a research journal and peer discussions, were used to challenge interpretations and enhance transparency and credibility.

## 6. Recommendations

Addressing TT among CWVs requires coordinated efforts across research, mental health services, policy, and community initiatives.

***Research.*** Future studies should broaden ethnic representation, including CWVs born during the war, and identify protective factors that foster resilience.

***Practice.*** Interventions should combine cognitive-behavioural and narrative therapies with traditional healing, tailored to Zimbabwean contexts. Family and community support can address attachment and emotional regulation, while economic empowerment reduces stress that reinforces trauma.

***Policy.*** Policy reforms should formally recognise CWVs as an at-risk group, ensuring access to welfare and psychological services. Peacebuilding, accountability, and social justice initiatives are crucial for addressing socio-political instability and historical grievances.

***Community.*** Cross-sector collaboration among psychologists, social workers, educators, traditional healers, and policymakers can provide culturally grounded interventions. By integrating psychosocial support, culturally informed healing, and material assistance, these strategies promote resilience and support holistic recovery for CWVs. Together, these implications underscore the need for holistic, culturally responsive strategies that address both psychological and structural dimensions of TT.

## 7. Conclusion

This study provides culturally grounded and politically situated insights into TT among CVWs in Zimbabwe. CWVs raised by parents with unresolved combat-related trauma experienced childhood adversity with lasting psychological and relational effects. Trauma is transmitted through culturally embedded spiritual-symbolic practices, which are overlooked in conventional TT frameworks. In Zimbabwe, spiritual and cultural practices coexist with socio-economic challenges, making trauma transmission a complex interplay of psychological, spiritual, and material factors.

CWVs' identities embody both pride in their parents' sacrifices and inherited trauma. Resilience emerges not simply as an individual trait but as a dynamic, culturally situated response to adversity. Presumably, this is among the first empirical studies of TT among CWVs in Zimbabwe. It extends dominant paradigms by integrating African epistemologies,

cultural histories, and the lived realities of post-conflict communities. These findings advance African-centred TT scholarship and support culturally informed interventions to reduce inherited trauma and foster collective healing.

**Disclosure statement**

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This study was conducted in accordance with the ethical guidelines set by the Faculty of Humanities Research Ethics Committee, University of Johannesburg (REC-01-019-2022), and the Medical Research Council of Zimbabwe (MRCZ/A/2901).

**Declaration**

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