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Letter to the Editor

Generational Trauma in Health: A Neglected Perspective in Sri Lankan Nursing Practice

De Silva, D.K.M.*

Department of Clinical Nursing, Faculty of Nursing, University of Colombo, Sri Lanka.

Abstract

Sri Lankan nurses increasingly care for individuals and families affected by civil conflict, economic hardship, migration, domestic violence, and disaster-related loss. This issue warrants urgent consideration because trauma experienced by one generation may continue to influence the physical, emotional, and social well-being of future generations. That is possible even when the original traumatic event is no longer visible.

Generational trauma has been increasingly discussed in psychology and public health. However, its influence across generations remains largely unrecognized in everyday nursing assessment and care. This letter conceptualizes generational trauma, explores its health implications, identifies gaps in nursing knowledge and practice, and proposes strategies for integrating this concept into nursing practice, education, and policy development.

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Correspondence: *D.K.M. De Silva, Department of Clinical Nursing, Faculty of Nursing, University of Colombo, Sri Lanka, Email: kavishkamadushan1@gmail.com https://orcid.org/0009-0006-1465-3194*

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Conceptualizing generational trauma

Generational trauma refers to the intergenerational transmission of adverse experiences and their enduring psychological and physiological effects (El-Khalil et al., 2025). It is also known as intergenerational trauma.

Evidence suggests that trauma can be transmitted through parenting patterns, family dynamics, social environments, and biological pathways influencing stress regulation (El-Khalil et al., 2025; Yehuda & Lehrner, 2018). Epigenetic research further indicates that trauma-related environmental stressors may alter DNA methylation patterns. This suggests potential biological embedding across generations (Jiang et al., 2019; Yehuda & Lehrner, 2018).

Health-related consequences of generational trauma

Generational trauma has significant and multidimensional health consequences. Mental health conditions such as depression, anxiety, and post-traumatic stress disorder are consistently higher among affected populations (Bany-Mohammed et al., 2025; Isobel et al., 2021). Importantly, these conditions may occur even without direct exposure to the original trauma, indicating the need for expanded clinical understanding.

Beyond mental health, generational trauma is associated with chronic physical conditions, including cardiovascular disease, diabetes, and autoimmune disorders. These outcomes are linked to dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis and chronic inflammatory responses (Kac et al., 2026; Yoo et al., 2026).

Relevance to nursing practice in Sri Lanka

In Sri Lanka, communities continue to experience the long-term consequences of civil war, the COVID-19 pandemic, and disasters such as Cyclone Ditwah. Families exposed to war, displacement, poverty, abuse, or sudden loss may unintentionally transmit fear, mistrust, anxiety, and maladaptive coping mechanisms across generations.

In clinical settings, patients may present as withdrawn, fearful, aggressive, or reluctant to engage with healthcare services. These behaviours are often interpreted as non-compliance or low health literacy. However, they may reflect underlying intergenerational trauma. Recognizing this allows nurses to move beyond symptom-focused care toward more compassionate and culturally responsive practice, consistent with the holistic philosophy of nursing.

This is particularly important in maternal and child health. Parental trauma may affect emotional bonding, stress regulation, and parenting behaviours, influencing child development. Community health nurses and midwives are well positioned to identify these patterns early and provide family-centered interventions. Similarly, mental health nurses may encounter children and adolescents whose difficulties are shaped not only by current stressors but also by unresolved familial trauma.

Revisiting trauma-informed care

Trauma-Informed Care (TIC) is an approach that emphasizes safety, trust, compassion, and person-centered care (El-Khalil et al., 2025). However, most TIC frameworks focus on individual trauma experiences.

Generational trauma expands this perspective by

recognizing that trauma effects may extend across families and generations. Therefore, integrating intergenerational and historical perspectives into TIC can strengthen nursing assessment, communication, and intervention strategies.

Implications for nursing practice, education, and policy

Integrating generational trauma into nursing has important implications across clinical practice, education, and policy development.

In clinical practice, assessment processes should be expanded to include family trauma histories, migration experiences, and community-level adversity. This broader assessment allows nurses to better understand patient behaviours and reduces the risk of misinterpreting trauma-related responses as non-compliance or low health literacy. Without such contextual understanding, care plans may focus on symptoms rather than underlying causes, potentially reinforcing stigma. Accordingly, communication should be culturally sensitive, trauma-informed, and focused on establishing trust while avoiding the pathologization of adaptive coping responses. Nursing practice must also extend beyond individual care to address broader structural determinants of health, including poverty, discrimination, and unequal access to services. This is particularly applicable to populations affected by collective trauma.

In nursing education, there is a need to strengthen curricula to include generational trauma, trauma-informed communication, and family-centered care approaches. Many nursing programs currently focus primarily on individual-level trauma, leaving graduates underprepared to recognize intergenerational influences on health. Undergraduate and postgraduate education should therefore incorporate culturally responsive care, trauma-aware assessment, and reflective clinical training. It should be highlighted how family histories shape present health behaviours. In addition, strengthening nursing research capacity in Sri Lanka is essential to generate context-specific evidence and develop interventions that address the local realities of intergenerational trauma.

At the policy level, recognition of generational trauma reinforces the importance of addressing structural determinants of health. Nursing advocacy should therefore prioritize reducing health inequities, promoting social justice, and strengthening community-based and family-centered care models (Tao & Clements, 2021). Embedding an intergenerational trauma-informed perspective within health policy aligns closely with nursing's commitment to health equity and population well-being.

Sri Lankan nursing has long played a central role in addressing complex family and community health needs. Incorporating generational trauma into nursing frameworks offers an opportunity to further strengthen this contribution. By acknowledging the enduring impact of trauma across generations, nurses can support individual healing and the well-being of future generations. This calls for urgent attention from nursing educators, clinical leaders, and policymakers in Sri Lanka to ensure that generational trauma is meaningfully integrated into education, research, and practice, before another generation of suffering remains unrecognized.

Gaps in nursing knowledge and research

Despite its importance, generational trauma remains underdeveloped within nursing

scholarship.

A key limitation is the absence of integrated theoretical frameworks that combine biological, psychological, and social mechanisms relevant to nursing practice (Bowe et al., 2025). While the biopsychosocial model provides a foundation, it does not explicitly address intergenerational transmission processes. There is a need for nursing frameworks incorporating epigenetics, family systems theory, and sociocultural perspectives.

Empirical nursing research is also limited, particularly in low- and middle-income countries where generational trauma may be highly prevalent but under-studied. Methodological challenges, including the need for longitudinal studies and ethical considerations in trauma research, further limit evidence development.

Conclusion

Generational trauma represents a critical yet underexplored dimension of health. It also spans biological, psychological, and social domains. Its effects influence health outcomes across generations and require broader clinical recognition within nursing.

Integrating an intergenerational trauma perspective into nursing practice, education, research, and policy is essential to move beyond symptom-focused care and address the root causes of health inequities. Sri Lankan nursing, with its strong tradition of family- and community-centered care, is well positioned to lead this shift.

Without this integration, nursing risks maintaining incomplete models of care that fail to fully capture the complexity of lived human experience across generations.

Competing interest

The author declared that he has no competing interests.

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