

Effect of Warfare and Forced Displacement on Mental Health of Children

Narges Vahidniya^{1*}, Zahra Hasani², Seyed Morteza Kamali^{3*}

¹ Department of Education and Counseling, Faculty of Psychology and Educational Sciences, Islamic Azad University, Central Branch, Tehran, Iran

² Teacher, Department of Education, Tehran, Iran.

³ Student Research Committee, Qazvin University of Medical Sciences, Qazvin, Iran

*Corresponding Author: Seyed Morteza Kamali, Student Research Committee, Qazvin University of Medical Sciences, Qazvin, Iran.
Email: smkamali77@gmail.com. Tel: +989304968907

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Abstract

Introduction: Outbreaks of Violence and traumas cause mortality, disability, and imperceptible psychological damage to children. Living in conflict zones such as Middle Eastern countries, especially Gaze, forced displacement, and migration, can develop the risk for expansive mental health disorders. This study aimed to overview on the effects of warfare and forced displacement on mental health of children.

Methods: Articles from databases such as PubMed, Embase, and Web of Science in 2023 were included regarding mental health disorders in children. Keywords and terms included appropriate combinations of mental health, posttraumatic stress disorder, anxiety, stress, posttraumatic stress disorder, PTSD, child, children, risk, war, flight, prediction, or predisposition.

Results: Studies showed that children exposed to trauma demonstrate a broad spectrum of potential PTSD, depression, distress, and aggressive behaviors. The physical and mental consequence of traumatic events such as war is connected to the severity of the trauma, time, and the influence of the stressors and support procedures post-trauma. War and displacement can expose children who are weak to early marriage, sexual violence, and harassment. So, daily stressors can trigger other mental health disorders such as PTSD, depression, and sexual disorders.

Conclusion: There is no doubt that Middle Eastern countries, especially Gaze, that have suffered from war and forced displacement require agencies with specialists, funding, and supplies to equip them with their essential requirements, social help, and suitable screening. Also, developing rehabilitation schedules with approvingly enlightened professionals is essential to equip people with adequate coping procedures and societal re-involvement.

Keywords: Warfare, forced displacement, mental health, children.

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Introduction

Warfare and forced displacement are connected with mortality, disability, and mental health disorders in children. PTSD, anxiety, and depression among children influenced by war are sufficiently demonstrated¹⁻³. The adverse effects of aggression on children can negatively affect children's physical and mental health with long-term outcomes and consequences⁴⁻⁷. Children are possibly exposed to potentially traumatic events, placing them at risk for PTSD, depression, and anxiety symptoms⁸⁻¹⁰.

Living in conflict zones and forced displacement can develop the risk for mental health disorders in children. War imposes high general expenses as necessary existing

communal divisions broaden, social services deteriorate, local economies collapse, education is disrupted, and educational possibilities decline¹¹⁻¹⁴.

Factors that make children more likely to generate traumatic distress are of academic and clinical interest. Firstly, if clinicians understand which children are most likely to be adversely impacted following exposure to events, then those children can be the near screen to provide therapy as required before issues develop chronically¹⁵⁻¹⁶.

For instance, the current war in Gaze Palestine has led to millions of children abandoning their schools and

leaving their homes to move into bomb shelters, parking bunches, and refugee structures. The trauma fears that Gaze children are encountering possibly put massive pressure on their mental health, which may endure throughout their lives ¹⁷⁻¹⁸.

Outbreaks of Violence and traumas cause mortality, disability, and imperceptible psychological damage to children. Living in conflict zones such as Middle Eastern countries, especially Gaze, forced displacement, and migration, can develop the risk for expansive mental health disorders. This study aimed to overview on the effects of warfare and forced displacement on mental health of children.

Methods

We included published English-language reports in online databases. Online databases such as PubMed, Embase, and Web of Science were searched regarding risk factors for mental health and PTSD in children. Keywords and terms included suitable combinations of mental health, posttraumatic stress disorder, anxiety, stress, posttraumatic stress disorder, PTSD, child, children, risk, war, flight, prediction, or predisposition.

Results

PTSD

Investigations showed a higher majority of certain mental diseases in children in conflict as compared with other people. Most investigations have concentrated primarily on PTSD as the preliminary result, whereas others also evaluated anxiety, depression, and disorders. A systematic review study revealed that risk factors for PTSD in children can be separated into during and after trauma events. Characteristics independent from events were sex, ethnicity, race, age, and socioeconomic status. During trauma, characteristics were the severity of the events, cumulative exposure to potentially traumatic experiences, being trapped during the trauma, dissociation, sexual abuse, witnessing injury or death, being injured, and bereavement. Characteristics after trauma were peri-trauma fear, low social support, perceived life threats, comorbid psychological problems, social withdrawal, and distraction, PTSD at time 1, low-income family, and thought suppression ¹⁹.

Several meta-analysis studies reported high mental disorders and psychopathology in conflict-affected, internally displaced, and refugee populations. The tremendous psychological problems of war and forces of displacement require constant mental health consideration over and beyond the initial time of resettlement. Some

studies show that the prevalence of mental disorders in the first years of resettlement only clearly increased for PTSD. Nevertheless, 5 years after resettlement, the rates of anxiety and depressive diseases are also found to be raised. These reports indicate the critical demand for aid during and after war-related traumas, as well as for long-term mental health considerations for children pursuing shelter ²⁰⁻²³.

Initial Stress and anxiety

Children under forced displacement and war demonstrate an expansive range of potential stress and reactions to distress. Children's stress responses constitute a wide array of possible behavioral reactions and emotions to various distressing experiences that depend not only on the objective nature of the incident but also on the subjective perception by children ³.

Studies in Middle East

Ongoing military operations and violence have highly influenced Nablus and Gaza. Two investigations in Gaza included schools in places shelled during the Gaza warfare and from a refugee camp in Gaza. Barron et al. assessed Nablus and some villages near East Jerusalem in the West Bank due to high grades of continued war. Gaza Strip has encountered traumatic events. However, several investigations have demonstrated a high burden of psychosocial dysfunctions in children ²⁴⁻²⁷. Khamis et al. (2005) assessed a sample of children in Palestine to assess PTSD. The prevalence of PTSD was estimated in 34.1 percent of the children. Another investigation on Palestinian adolescents living in the Gaza Strip showed the psychological consequences of vulnerability to war-like occurrences. They reported that 68.9% had PTSD, 40.0% had depression symptomatology, 94.9% demonstrated severe anxiety symptoms, and 69.9% had unpleasant coping reactions. These results showed that a significant proportion of Palestinian children placed in the Gaza Strip had severe psychological disorders ²⁸⁻²⁹.

Long term side effect

There is an insufficiency of studies examining the long-term psychological outcomes and mental health following traumatic conditions. Thabet et al. discovered that the 40% of children in the Gaza Strip who had initially encountered the standards for present possible PTSD a year after the start of the relaxation technique dropped nearly 10% in PTSD symptoms ³⁰.

A study on children 4 years after the war discovered that most of the children resumed living in impoverished communities, in which the compromised social infrastructure described an enduring stressor displayed by hazardous and harmful circumstances such as crowded

situations and dangerous playgrounds without a key to sports areas. The extensive majority of children regarded as dangerous in the streets experienced school issues and were repeatedly unhealthy. However, the children were seen as embracing healthy approaches to cope with stressful circumstances ³¹.

The physical and mental health effect of war-related traumas was connected to the severity of the incident, time, and the effect of the stressors on bodily integrity, the stress reaction approach, and its interference with life-sustaining aid techniques. It is understood that exposure to severe acute and chronic stressors during the developmental years has long-lasting neurobiological consequences on the stress reaction and neurotransmitter approaches with the following rising risk of mood disorders and anxiety, aggressive dyscontrol problems, medical morbidity, hyperimmune dysfunction, and early death ²⁸.

War and forced displacement of children make them weak to early marriage, sexual violence, isolation, harassment, and exploitation. The effects of child sexual abuse can include depression, eating disorders, and PTSD ¹⁹.

Discussion

Children living in war zones may have been displaced from their houses by shelling, have been replaced by their neighborhoods, and have had to depart their friends and relatives. This loss and disturbance can cause a high burden of anxiety and depression in children and adolescents. The essence of family and the aid that it supplies to children indicates that being disconnected from family can be one of the most influential war difficulties of all, especially for children ¹⁻⁵.

In Middle Eastern countries, invasions on civilians have directed children to live in continuous anxiety and burden from deep negative feelings that have left them distressed for their protection. This continuous anxiety can cause several difficulties in children. Children exposed to war and forced displacement may ultimately also become desensitized and emotionally impassive. It can negatively impact their associations with others in the long term period ¹⁷⁻¹⁸.

Studies demonstrated that children have high-stress levels displayed in biological signs such as chest and head pains, breathing problems, and temporary loss of activity in their limbs ³¹.

There is a growing prevalence of children living in regions or nations involved in war and forced displacement. Nevertheless, few investigations study the

long-term consequence of earlier childhood exposure to fighting long-term mental disorders ⁷⁻¹⁰.

The results indicate that children are the weakest to poor mental health in the long-term period. Few studies show that early childhood is critical for interventions to control adverse effects. Therefore, there are well-established early childhood interventions that are shown to reduce the damaging consequences of traumatic experiences – the antecedents of later mental health disorders.

The results emphasize the essence of scaling up assistance to children by international organizations and governments. The advantages of these interventions are crucial because the mental consequences of early-life circumstances are displayed in children and continue throughout the life period, which suggests that their prices must be deepened with longevity. The results suggest that a long-term horizon in public health planning and response for children, including the decades during which populations recover from armed conflicts, is essential to mitigating the negative mental health effects of exposure to war.

Gaze, which has suffered from war and forced displacement, requires some agencies with specialists, budgets, and supplies to equip them with their necessities, social support, and suitable screening ¹⁷⁻¹⁸. Also, developing rehabilitation schedules with admirably educated specialists is necessary to supply the children with adequate coping strategies. Moreover, the media should recreate an intensive function in the battle period in generating schedules that support children to adjust to routine lives. Further investigations about the impact on the mental health situation of various classes of people, such as someone with physical disabilities, mentally unhealthy patients, and someone with chronic illness, are suggested. The exhibition of data from warfare conditions for further research is complex. Therefore, several study questions deserve additional explanation in delineating the consequences of trauma and its mediators on the psychological wellbeing of children.

Conclusion

There is no doubt that Middle Eastern countries, especially Gaze, that have suffered from war and forced displacement require agencies with specialists, funding, and supplies to equip them with their essential requirements, social help, and suitable screening. Also, developing rehabilitation schedules with approvingly enlightened professionals is essential to equip people with adequate coping procedures and societal re-involvement.

Highlights

What Is Already Known?

Violence, force displacement, and traumas can cause mortality, disability, and imperceptible psychological damage to children.

What Does This Study Add?

Designing rehabilitation schedules with approvingly enlightened professionals is important to provide individuals with acceptable coping techniques and societal re-involvement.

Authors' Contributions

Concepts: Narges Vahidniya, Zahra Hasani, Seyed Morteza Kamali; preparing manuscript: Narges Vahidniya, Zahra Hasani, Seyed Morteza Kamali; Editing and confirming final manuscript: Narges Vahidniya, Zahra Hasani, Seyed Morteza Kamali.

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Conflicts of Interest Disclosures

There is no any conflict of interest.

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We consent with publication.

Ethics approval

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