



## **Psychological Impact of Victims of War and Conflict**

**Amrita Rathi**  
Teachers College  
Columbia University  
New York, NY

War adversely affects combatants and non-combatants alike, both physically and emotionally. Death, injury, sexual violence, malnutrition, illness, and disability are some of the most threatening physical consequences of war, while post-traumatic stress disorder (PTSD), depression, and anxiety are some of the emotional effects. The terror and horror spread by the violence of war disrupts lives and severs relationships and families, leaving individuals and communities emotionally distressed.

My focus in this paper is on the psychological impact of violence on non-combatant civilians. The combined effects of war, torture, and repression frequently extend to non-combatant civilians, particularly for those caught in war zones or forced to participate in war-related activities, such as murder or rape, against their will. Elbedour, Bensef, and Bastien (1993) called the helplessly victimized children and families caught in the experience of war as the “collaterally damaged” population (p. 806). Further, emotional suffering related to war may occur not only due to direct exposure to life-threatening situations and violence but also through indirect stressors, such as injury to or death of relatives or caregivers, economic hardships,

geographic displacement, and continuous disruptions of daily living (Jensen & Shaw, 1993).

How best can psychologists support the emotional recovery and resilience of non-combatants adversely affected by war, who are often vulnerable populations of children, women, and older adults?

Essential humanitarian efforts in the form of programs, resolutions, conventions, campaigns, and interventions, by various local and international NGOs and UN agencies, are addressing actual and perceived stressors with which non-combatants may be confronted. A common assumption in developed nations is that the Western ideas of psychological trauma, therapy, and healing are universal. Yet, Summerfield (1999) questions whether there is sufficient empirical evidence that Western models of mental health, medical, and technical solutions, which are targeted at providing psychological aid to distressed populations in developing regions, trump the pre-existing cultural and religious coping strategies in those countries.

When faced with environmental threats or obstacles, individuals may either succumb to stressors or overcome existing ones by becoming resilient. Empirical studies (e.g., Bonanno, 2004; Bonanno, Galea, Bucciarelli, & Vlahov, 2007) show that psychological resilience is, in fact, the standard response to traumatic life events for adults and is typically mediated by demographic and social factors occurring during and after the event. Further, as a Harvard study affirms, certain protective factors, such as positive relationships and a strong biological disposition, can help children, as well as adults, survive and thrive in the face of adversity (Center on the Developing Child, 2015).

As a result of the observations and questions of the above authors regarding ethical and practical interventions, I call for the need for extensive, prospective, and empirically-based research and literature in two core areas. First, what are the factors that determine the development of psychopathology or psychological resilience in children who have survived war, differentiated by their involvement and proximity to war activities? Second, what are the various resilience building approaches of different communities and cultures, and how do they affect psychological healing of children, as well as adults, in the aftermath of war and destruction?

Wars are likely to continue and cause emotional distress. Additional empirical studies that focus on healing, promoting resilience, and incorporating cultural capacity builders are needed in order to provide appropriate and effective mental health services to future victims of war.

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