

Research Paper

## Trauma, Anxiety and Social Well-being among IDPs Adolescent in Conflict Hit Manipur

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### ABSTRACT

This research explores the mental health challenges faced by adolescents who have been displaced as a result of ethnic conflict in the Imphal Valley of Manipur, India. The study focuses on a group whose psychological well-being is often overlooked internally displaced adolescents living in temporary relief camps following the violence between the Meitei and Kuki communities. Adopting a cross-sectional framework, the study assessed 75 participants aged 13 to 18 using three validated tools: the General Health Questionnaire-28 (GHQ-28) to assess psychological distress, the Harvard Trauma Questionnaire (HTQ) to measure trauma-related symptoms, and the Hamilton Anxiety Rating Scale (HAM-A) to evaluate anxiety levels. The results demonstrated strong positive associations among all three variables. While both trauma and psychological distress were correlated with anxiety, only trauma significantly predicted anxiety when controlling for other variables. These findings highlight the enduring psychological effects of conflict and displacement and emphasize the need for comprehensive, trauma-informed interventions. Addressing both immediate trauma and the continuing stress of displacement is crucial for fostering resilience and improving the mental health outcomes of conflict-affected youth.

**Keywords:** *adolescent mental health, internal displacement, trauma, psychological distress, anxiety, Manipur, ethnic conflict*

For many years, Manipur, a state in Northeast India, has been plagued by ongoing political and ethnic conflict. The daily lives of the people in this region have been deeply affected by violence stemming from insurgency, interethnic disputes, and militarization. Ethnic tensions among the Meitei, Kuki, and Naga communities, each vying for political representation, identity, and autonomy, have created a complex sociopolitical landscape in the state (Singh O. J., 2011). Since 2012, the Meitei community has been advocating for Scheduled Tribe (ST) recognition through the Manipur ST Demand Committee to safeguard their language, culture, and ancestral lands. Importantly, their main concern is land, beyond the need for reserved seats and cultural preservation (Alam, 2023).

In response to a Manipur High Court ruling that sought to expedite the state's recommendation of Scheduled Tribe status for the Meitei population, the All Tribal

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Students' Union Manipur (ATSUM) organized a solidarity march. This event triggered violent clashes between the Kuki and Meitei communities on May 3, 2023 (Leth, 2023). The ensuing violence resulted in a complete lockdown across the state. More than 60,000 people were displaced due to the ongoing conflict between the Kuki and Meitei ethnic groups, with little hope for relocation. There was no significant Meitei presence in Churachandpur and other Kuki-dominated hill areas, and all Kukis had to leave the capital city of Imphal (Alam, 2023). By the end of July 2023, nearly three months after the initial ethnic clashes erupted between the Kuki and Meitei tribes, tensions remained high. Although no new displacements occurred, an increasing number of people were moving into community-run shelters from the homes of friends and family, resulting in the continued growth of relief camps (Alam, 2023).

### *The Psychological Impact of Conflict and Displacement*

Each year, millions of individuals are forcibly displaced due to conflict, violence, and threats to their safety. According to a 2016 report by the United Nations High Commissioner for Refugees (UNHCR), approximately 65.3 million people were uprooted from their homes, including over 21.3 million classified as refugees—more than half of whom were under the age of 18. This underscores the profound impact of displacement on vulnerable youth populations (UNHCR, 2016). A **refugee** is defined as someone forced to flee their home country and unable to return safely, while an **internally displaced person (IDP)** is someone compelled to leave their residence but remains within their country's borders to escape conflict or violence. Unlike refugees, IDPs lack formal protection under international law, though their circumstances often parallel those of refugees (UNHCR, 2016). The scale of child displacement due to conflict is staggering. According to UNICEF, over 230 million children worldwide live in conflict-affected areas. Since 2010, more than 170,000 serious human rights violations against children have been recorded, averaging over 45 violations per day (Shenoda et al., 2018). Displaced children endure immense hardships, including exposure to violence, separation from loved ones, loss of stability, and perilous journeys in overcrowded and unsafe conditions. Even after reaching a safer location, their futures remain uncertain as they await legal status and protection (Yule, 2000).

### *Psychological Consequences of Conflict and Displacement*

Children affected by armed conflict face both immediate and long-term repercussions, including forced recruitment into armed groups, gender-based violence, trafficking, illegal detention, and forced separation from their families. Beyond these direct threats, they also experience limited access to essential services, deepening poverty, malnutrition, and heightened vulnerability to disease (Grusovin et al., 2009). The psychological toll of such experiences is severe. Displaced children show significantly higher rates of post-traumatic stress disorder (PTSD), depression, and anxiety compared to non-displaced populations (Slone & Mann, 2016). Research indicates that exposure to conflict and forced displacement makes children disproportionately vulnerable to mental health disorders, both during and after conflict (Attanayake et al., 2009). The psychological toll of such experiences is severe. Displaced children show significantly higher rates of post-traumatic stress disorder (PTSD), depression, and anxiety compared to non-displaced populations (Slone & Mann, 2016). Research indicates that exposure to conflict and forced displacement makes children disproportionately vulnerable to mental health disorders, both during and after conflict (Attanayake et al., 2009). According to the American Psychiatric Association (APA, 2013), the development of mental health disorders in trauma survivors results from a complex interplay of social, psychological, and biological factors (MUSAU et al., 2018). The World Health Organization (WHO) estimates that approximately 10% of individuals exposed to

armed conflict develop severe psychological disorders, while an additional 10% exhibit behavioral difficulties that interfere with daily functioning. Among the most common mental health issues are depression, anxiety, and psychosomatic symptoms such as insomnia, chronic pain, and digestive disturbances (WHO, 2001).

Numerous studies across war-affected regions and cultural backgrounds consistently report high rates of PTSD among children exposed to conflict. For example, Saigh (1991) found that 27% of a large sample of Lebanese children exposed to bombings and acts of terror met the diagnostic criteria for PTSD. Following the Rwandan genocide, a study by Gupta et al. (1996) revealed that up to 79% of children in Rwanda were at risk of developing PTSD (Smith et al., 2002). Children who have experienced war and displacement often struggle with anxiety, depression, and emotional distress, manifesting as heightened aggression, emotional detachment, persistent fearfulness, sleep disturbances, and an increased preoccupation with death (Kostelny & Garbarino, 1994). Young populations are particularly prone to psychological distress, with displaced adolescents exhibiting elevated levels of anxiety, depression, and behavioral difficulties (SL et al., 2004). A study conducted by Goldstein et al. (1997) on internally displaced Bosnian children aged 6 to 12 found a strong correlation between exposure to violence and psychological distress. Using the Sead Picture Survey Tool, researchers discovered that over 93% of these children met the diagnostic criteria for PTSD, further underscoring the severe impact of displacement on child mental health (Goldstein et al., 1997).

### *Social Well-being and Displacement*

Internally displaced persons (IDPs), particularly those affected by conflict, are at a significantly higher risk of developing psychological disorders such as post-traumatic stress disorder (PTSD) and depression (Owoaje et al., 2016). Psychological vulnerabilities among displaced individuals are exacerbated by factors like overcrowded living conditions, economic hardship, and restricted access to livelihood opportunities (Roberts et al., 2009). Adolescents are particularly vulnerable to the mental health consequences of displacement. In the Democratic Republic of the Congo (DRC), displaced adolescents have been found to experience higher rates of PTSD compared to their non-displaced counterparts (IDMC, 2019). Similarly, in Kachin State, Myanmar, mental health challenges among adolescent IDPs have led to severe physical and social consequences, including school dropouts, substance abuse, and involvement in criminal activities (Lee et al., 2018). Despite the pressing need for mental health support, access to interventions for conflict-affected children remains insufficient. Treatment gaps in low-resource settings are even more pronounced for children than for adults, further exacerbating their psychological distress (Kieling et al., 2011). One critical factor contributing to this issue is the disruption of structured environments such as schools, which intensifies social isolation among displaced youth. School attendance plays a vital role in promoting children's well-being and health, in addition to addressing food insecurity through school meal programs. However, displacement often disrupts educational continuity, depriving adolescents of these essential benefits (IDMC, 2019).

## **REVIEW OF LITERATURE**

### **Trauma**

The study by (Rajkumari et al., 2024) examines the psychological impact of conflict-induced displacement on people in Manipur relief camps, reporting high rates of PTSD (65.8%), moderate anxiety (24.8%), and severe anxiety (15.2%). Key risk factors included gender, age, marital status, job loss, and trauma exposure, with women aged 20–59 and those witnessing property destruction more vulnerable. The study calls for urgent mental health

interventions, including counselling and vocational support, to address the long-term psychological effects of displacement.

The study by (Smith et al., 2002) investigates the mental health impact of war on Bosnian children, revealing high rates of PTSD, depression, anxiety, and behavioural issues among those exposed to violence and displacement. Factors such as prolonged conflict exposure, family separation, and unstable living conditions worsened outcomes, while supportive families, social networks, and access to mental health care offered protection. Older children and adolescents were more affected than younger ones, and cultural and regional differences influenced trauma expression. The study underscores the need for age-appropriate, trauma-informed, and community-based mental health interventions to support recovery and resilience in conflict-affected children.

### **Anxiety**

The study by (Eray et al., 2020) investigates the mental health challenges faced by internally displaced adolescents in southeastern Turkey, highlighting a higher susceptibility to PTSD and other psychological issues. Gender differences were significant, with girls showing more PTSD symptoms than boys. However, boys diagnosed with ADHD were found to be especially vulnerable to developing PTSD. The research suggests that displacement may exacerbate psychological distress by introducing new stressors, rather than reducing it. The study calls for gender-specific mental health interventions, focusing on trauma therapy, ADHD support, and strategies to help displaced adolescents cope with their experiences.

The study by (Housen et al., 2019) explores the mental health impact of prolonged conflict in the Kashmir Valley, focusing on how daily stressors mediate the relationship between trauma exposure and symptoms of PTSD, anxiety, and depression. The findings reveal widespread mental health issues, with anxiety, depression, and PTSD being prevalent among participants. The study identifies family stress, financial difficulties, and poor physical health as key stressors that amplify psychological distress. Specifically, family stress mediated 11.3% of anxiety, 10.3% of depression, and 6.1% of PTSD symptoms, while financial stress mediated 6.8% of anxiety, 6.7% of depression, and 3.6% of PTSD. Poor physical health accounted for 10.0% of anxiety, 7.2% of depression, and 4.0% of PTSD symptoms.

### **Social Well- being**

The study by (Lee et al., 2018) investigates the psychological effects of conflict-induced displacement on children and adolescents in Kachin State, Myanmar. The findings show that many displaced children experience PTSD, anxiety, and depression, influenced by direct violence exposure and ongoing socioeconomic challenges like poverty, malnutrition, and social marginalization. Behavioral problems, substance use, and emotional distress were common, with the disruption of family structures and education further contributing to psychological struggles. The study emphasizes the urgent need for improved mental health support, advocating for culturally relevant interventions and community-based services to address the long-term psychological impact of displacement on youth.

The research conducted by (Betancourt, McBain, Newnham, & Brennan, 2014) examines how community characteristics influence the mental health of young people who were former child soldiers in Sierra Leone. It focuses on three key community factors: social disorder, collective efficacy, and stigma. The results reveal that higher levels of social disorder and stigma were associated with increased mental health problems, both internalizing (e.g., depression) and externalizing (e.g., aggression), among the youth.

However, collective efficacy, which refers to the community's ability to act together to achieve common goals, did not have a significant effect on mental health outcomes. These findings highlight the importance of developing community-based interventions that aim to reduce stigma, promote positive social environments, and support the long-term mental health recovery of war-affected youth.

### ***Research Gap***

Despite growing global research on trauma among displaced populations, there is a critical gap in understanding the psychological impact on adolescents, particularly internally displaced persons (IDPs) in Manipur. Most studies focus on adult IDPs, leaving adolescent mental health largely unexplored (Housen et al., 2019; Silove et al., 2017). Adolescents exposed to displacement-related stressors, such as violence and instability, may face long-term mental health risks, but age-specific research remains insufficient (Betancourt, McBain, Newnham, & Brennan, 2014; Rivera, Rodríguez, Padilla-Muñoz, & Gómez-Restrepo, 2020). A study in Manipur found high rates of PTSD and anxiety among adults but neglected adolescents (Rajkumari et al., 2024). Similarly, displaced adolescents in Colombia and Ukraine experience higher mental health challenges, including suicidal ideation (Rivera et al., 2020; Bürgin et al., 2022). There is also limited research on the social well-being of displaced youth, with peer relationships and community support being key factors in recovery (Lee et al., 2018). Furthermore, trauma responses may differ culturally, yet Western diagnostic models are often used, which may not fully capture the experiences in Manipur's context (Hinton & Lewis-Fernández, 2011). Longitudinal studies on the long-term effects of displacement-related trauma are also lacking (RC et al., 2017; Brewin et al., 2000), and current psychosocial interventions are inadequately evaluated (Betancourt, McBain, Newnham, & Brennan, 2014). Addressing these gaps is crucial for developing effective, adolescent-centered mental health interventions in conflict zones like Manipur. Future studies should focus on adolescent-specific assessments, culturally adapted trauma frameworks, and long-term intervention evaluations.

### ***Rationale of the Study***

There is a significant gap in understanding the psychological impact of conflict-related displacement on adolescents, particularly internally displaced persons (IDPs) in Manipur. Most research focuses on adult populations, neglecting adolescent mental health (Housen et al., 2019; Silove et al., 2017). Adolescence is a critical stage, and displacement-related stressors can have long-lasting effects (Betancourt, McBain, Newnham, & Brennan, 2014; Rivera, Rodríguez, Padilla-Muñoz, & Gómez-Restrepo, 2020). Studies in Manipur show high PTSD and anxiety rates among adults but lack adolescent-specific data (Rajkumari et al., 2024). Similar patterns are observed in Colombia and Ukraine, where displaced adolescents report higher rates of mental health issues (Rivera et al., 2020; Bürgin et al., 2022). Social well-being and culturally specific trauma responses are underexplored (Lee et al., 2018; Hinton & Lewis-Fernández, 2011). Additionally, most psychosocial interventions lack empirical evaluation (Betancourt et al., 2012). Addressing these gaps is crucial for developing effective, adolescent-centered interventions in conflict regions like Manipur.

## **METHODOLOGY**

### ***Research Design***

This study utilized a quantitative, cross-sectional research design to assess the psychological impact of conflict-induced displacement among adolescents in Manipur. This design was chosen to allow for the statistical evaluation of associations between trauma, psychological distress, and anxiety.

**Participants**

The study included 75 adolescents (ages 13–18) from relief camps in Imphal Valley, selected through purposive sampling. Participants were internally displaced due to the ethnic conflict beginning in May 2023.

**Procedure**

Participants were contacted via camp coordinators and briefed on the study's aims. After obtaining consent, questionnaires were administered individually, with verbal translations provided when needed for clarity.

**Measures**

- **Hamilton Anxiety Rating Scale (HAM-A):** The 14-item HAM-A assessed mental and physical anxiety symptoms on a 0–4 scale, adapted for adolescents. It demonstrated solid reliability (ICC: 0.74 total) and strong concurrent validity (Spearman: 0.63–0.85) (Maier et al., 1988).
- **General Health Questionnaire–28 (GHQ-28):** The GHQ-28 screens psychological distress across four domains and is effective in high-stress settings. It showed strong test-retest reliability (0.78–0.90) and high internal consistency ( $\alpha = 0.90–0.95$ ) (M, 2011).
- **Harvard Trauma Questionnaire (HTQ):** The HTQ assessed trauma symptoms using a culturally validated checklist. It showed excellent reliability (interrater: 0.93–0.98) and 78% sensitivity for PTSD (Mollica et al., 1992).

**Data Analysis**

The data analysis process involved a combination of descriptive and inferential statistical techniques aimed at exploring the relationships among trauma, psychological distress, and anxiety, as well as identifying the predictive contribution of trauma and distress to anxiety symptoms among internally displaced adolescents.

**RESULT**

This section outlines the statistical analysis used to assess the relationship between trauma, psychological distress, and anxiety among internally displaced adolescents in conflict-affected Manipur, using descriptive statistics, correlation, and regression analyses to examine associations and predictive factors.

**Descriptive Statistics**

Descriptive statistics were calculated for the three main variables: psychological distress (GHQ-28), trauma symptoms (Harvard Trauma Questionnaire), and anxiety (HAM-A). The results are summarized in Table 1.

*Table 1 Descriptive statistics for key study variables*

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
ghq	75	8.00	52.00	29.5067	10.39799	-.029	.277	-.699	.548
Harvad Trauma Questionner	100	1.17	3.55	2.1307	.57787	-.147	.241	-1.080	.478
ham-a	75	.00	35.00	14.2667	8.66233	.403	.277	-.606	.548

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Valid N 75  
(listwise)

Note. GHQ= General Health Questionnaire, HTQ= Harvard Trauma Questionnaire and HAM-A = Hamilton Anxiety Rating Scale.

The mean score for psychological distress (GHQ-28) was 29.51 (SD = 10.40), indicating a moderate to high level of distress among the adolescents. The mean trauma score was 2.13 (SD = 0.58), and the mean anxiety score (HAM-A) was 14.27 (SD = 8.66), suggesting a moderate level of anxiety. The skewness and kurtosis values indicate a relatively normal distribution all variables.

**Table 2 Spearman's Correlation among study variable**

		General health questionnaire	Harvard Trauma Questionnaire	HAM-A
General health questionnaire	Pearson Correlation	1	.802	.731
	Sig. (2-tailed)		.000	.000
	N	75	75	75
Harvard Trauma Questionnaire	Pearson Correlation	.802	1	.831
	Sig. (2-tailed)	.000		.000
	N	75	75	75
HAM-A	Pearson Correlation	.731	.831	1
	Sig. (2-tailed)	.000	.000	
	N	75	75	75

Note. GHQ= General Health Questionnaire, HTQ= Harvard Trauma Questionnaire and HAM-A = Hamilton Anxiety Rating Scale

Spearman's rho correlation analysis was used to assess the associations among psychological There was a significant positive correlation between GHQ-28 and HAM-A ( $r = 0.741$ ,  $p < 0.01$ ), indicating that higher psychological distress is associated with increased anxiety. Similarly, GHQ-28 and HTQ were moderately correlated ( $r = 0.367$ ,  $p < 0.01$ ), and HTQ and HAM-A also showed a modest but significant correlation ( $r = 0.315$ ,  $p < 0.01$ ). These findings suggest that both trauma and psychological distress are significantly associated with anxiety in the study population.

**Table 3. Regression Results for Anxiety and Trauma Predicting Well-Being**

Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	2.502	3.182		.786	.434
	Anxiety	.251	.149	.209	1.683	.097
	Trauma	11.987	2.372	.628	5.054	.000

a. Dependent Variable: Health/social well being

Note. GHQ= General Health Questionnaire, HTQ= Harvard Trauma Questionnaire and HAM-A = Hamilton Anxiety Rating Scale

A multiple regression analysis was conducted to assess whether trauma and anxiety predicted health and social well-being among displaced adolescents. The model was significant,  $F(2, 72) = 84.972$ ,  $p < .001$ , explaining 70.2% of the variance ( $R^2 = .702$ ).

Trauma significantly predicted poorer health/social well-being ( $B = 11.987, p < .001$ ), while anxiety did not show a significant effect ( $B = 0.251, p = .097$ ). This indicates that trauma had a stronger impact on adolescents' well-being than anxiety.

### DISCUSSION

#### *Psychological Distress and Anxiety: A Deeply Intertwined Relationship*

This study revealed a strong positive correlation between psychological distress and anxiety symptoms among internally displaced adolescents in Manipur ( $r = 0.741, p < 0.01$ ). This suggests that higher levels of emotional disturbance are closely associated with increased anxiety. In other words, adolescents who experience greater emotional strain such as persistent sadness, irritability, or difficulty managing thoughts and feelings are significantly more likely to report anxiety-related symptoms such as restlessness, nervousness, or fear. This finding highlights the critical role of general psychological distress in shaping adolescents' vulnerability to anxiety in post-displacement contexts.

Adolescents, by virtue of their developmental stage, are particularly sensitive to changes in their social and emotional environments. The displacement caused by violent conflict in Manipur has likely disrupted many of the structures that support emotional stability such as schools, peer groups, and family routines. As a result, these young individuals face heightened exposure to stressors like uncertainty about the future, social isolation, and loss of control over their lives. These ongoing challenges can contribute to a state of chronic psychological distress, which, in turn, fuels symptoms of anxiety.

Similar patterns have been observed in other conflict-affected regions. A study conducted in Colombia found that young people who had been forced to leave their homes due to armed conflict faced higher emotional burdens than those who remained in stable environments. These adolescents reported not only elevated anxiety but also feelings of emptiness and thoughts of ending their lives indicating that the mental health consequences of displacement are deep and long-lasting, not limited to the traumatic event itself (Rivera et al., 2020). In areas like Kashmir, where conflict has persisted for years, research has shown that ongoing struggles such as lack of financial stability, health problems, and breakdowns in family life can seriously affect psychological health. According to (Housen et al., 2019) these continuous life stressors can worsen emotional well-being over time, sometimes as much as or even more than the original traumatic experience. In Manipur, displaced adolescents are facing a comparable situation. Beyond the trauma of violence and relocation, they must also manage the instability of everyday life with few resources or support systems to help them .

The strength of the correlation between distress and anxiety in this study underscores a key insight: trauma alone does not account for the mental health struggles of displaced adolescents. While trauma is certainly a contributing factor, the persistent emotional strain following displacement often due to social fragmentation, disrupted education, or limited access to services plays a critical role in escalating anxiety. This aligns with observations by (Slone & Mann, 2016) who found that prolonged emotional disturbance in young children exposed to violence significantly increased their risk for anxiety and behavioural issues.

Additionally, the findings support the argument made by (Bürgin et al., 2022), who advocated for multi-layered, child-focused interventions that go beyond trauma care. They emphasized that consistent exposure to distress whether from violence or day-to-day instability creates lasting emotional damage unless comprehensive psychosocial support is provided.

In light of these findings, it becomes clear that mental health interventions for displaced adolescents must address more than just past trauma. Programs should also focus on reducing current psychological distress, improving emotional regulation, and restoring daily routines. This might involve school reintegration, structured counselling, and peer support groups that rebuild social connections and provide emotional safety.

### *The Role of Trauma in Shaping Mental Health*

Trauma significantly influences the emotional and psychological health of adolescents who have been displaced by conflict. In this study, trauma symptoms, as measured by the Harvard Trauma Questionnaire, showed a significant yet moderate association with both psychological distress ( $r = 0.367$ ) and anxiety ( $r = 0.315$ ). These findings suggest that exposure to traumatic events such as witnessing violence, destruction of property, separation from loved ones, or being forced to flee home can deeply affect an adolescent's mental state. While trauma may not be the sole cause of psychological distress and anxiety, it contributes significantly to their development, especially in high-risk populations like internally displaced youth.

Adolescents are particularly susceptible to the impact of trauma because they are in a crucial phase of emotional and psychological development. Disruptive experiences during this stage can hinder healthy emotional processing and increase the risk of mental health disorders such as PTSD, depression, and anxiety. A study by (Kanan & Leão, 2024) on Syrian youth exposed to war reported elevated PTSD rates, especially among those who had lost close family members, witnessed violence, or had been forced to flee. The psychological burden was notably heavier for those who lacked stable family and social support systems.

In another relevant study from Ethiopia's Amhara region, researcher found that children and adolescents exposed to violent incidents or displacement were much more likely to develop PTSD symptoms. Some participants even displayed signs of severe and persistent trauma-related conditions (G et al., 2023). These findings reinforce the idea that traumatic experiences are deeply connected to emotional difficulties in conflict-affected youth. However, they also show that trauma does not act alone it often interacts with other challenges like poverty, social disconnection, and the absence of secure living environments, which can worsen psychological outcomes.

In the case of Manipur, many adolescents displaced by the ethnic violence have likely encountered multiple traumatic events ranging from witnessing violence, losing homes, or experiencing threats to life. The collective weight of such experiences can lead to emotional exhaustion, fear, and difficulty trusting others, all of which contribute to the development of psychological disorders. Yet, the impact of trauma is not uniform; it varies depending on individual experiences, resilience, and access to coping resources.

Interestingly, although trauma showed a significant correlation with anxiety and distress in this study, the strength of this relationship was not as high as that between general psychological distress and anxiety. This indicates that while trauma is a major factor, it is not the only influence on mental health outcomes. Ongoing stressors after the traumatic event such as poor living conditions, disrupted education, or separation from social networks can sustain and amplify emotional suffering. As (Miller et al., 2006) noted, trauma-focused approaches often overlook these continuing challenges, which are equally important in shaping post-trauma mental health.

Furthermore, studies from other war-affected areas also demonstrate that trauma often interacts with other social and emotional stressors. For example, (Bürgin et al., 2022) emphasized that children exposed to war-related trauma often experience not just emotional symptoms, but also behavioural problems and disruptions in daily functioning. Their findings support a model of trauma care that includes structured, long-term support such as access to education, family reunification, and consistent psychological services rather than one-time interventions.

These findings have important implications for mental health care in Manipur. Addressing trauma in displaced adolescents must go beyond short-term crisis counselling and focus on comprehensive, ongoing support systems that help young people rebuild a sense of safety, stability, and connection. This includes trauma-informed therapy, but also safe schooling environments, family counselling, community integration, and support for emotional expression through culturally relevant practices such as storytelling, art, or group rituals.

### *Interplay of Trauma and Distress in Predicting Anxiety Among Internally Displaced Adolescents*

The regression analysis conducted in this study revealed a crucial insight into the mental health profiles of internally displaced adolescents: trauma symptoms significantly predicted anxiety levels, while psychological distress though highly correlated did not emerge as a statistically significant predictor in the regression model. Specifically, trauma (as measured by the HTQ) had a strong and significant positive influence on anxiety ( $B = 11.987$ ,  $p < .001$ ), accounting for a substantial portion of the variance in anxiety scores. In contrast, psychological distress (GHQ-28) did not reach statistical significance ( $B = 0.251$ ,  $p = .097$ ), despite being strongly associated with anxiety in bivariate analyses.

This discrepancy between correlation and predictive power is worth examining more closely. It suggests that **while both trauma and psychological distress are interrelated with anxiety, trauma exerts a more direct and robust impact** on the development of anxiety symptoms in this population when other variables are statistically controlled. Trauma may serve as a *primary driver*, initiating a cascade of emotional responses, whereas psychological distress may function more as a *mediator or co-occurring condition*, reflecting the broader emotional environment in which anxiety develops.

This finding is in line with the work of (Bürgin et al., 2022), who argued that trauma exposure particularly among displaced children, produces lasting changes in emotional regulation, fear processing, and stress reactivity. Their study demonstrated that **children exposed to war-related trauma experience both psychological symptoms and behavioural impairments**, including sleep disturbances, withdrawal, and heightened vigilance, all of which are core features of anxiety. Importantly, the effects of trauma were compounded by *post-displacement adversities*, such as lack of educational opportunities, disrupted family dynamics, and ongoing community-level instability.

(Lee et al., 2018) similarly found in Myanmar that adolescents who had been displaced due to armed conflict exhibited high levels of trauma-related symptoms, which were further exacerbated by **prolonged exposure to poverty, social marginalization, and lack of safe environments**. These findings suggest that **trauma is not a standalone event** its psychological impact is magnified when individuals are placed in environments where recovery and resilience-building are limited or absent. The results from the current study in Manipur echo these dynamics, where trauma is not only about what happened (e.g.,

violence, loss, or displacement) but also about what continues to happen (e.g., unsafe living conditions, social exclusion, and instability).

Moreover, the statistical dominance of trauma over psychological distress in predicting anxiety may reflect the **severity and immediacy** of trauma-related responses in adolescents. Trauma disrupts foundational beliefs about safety, control, and self-worth, all of which are central to emotional stability. In adolescents whose cognitive and emotional systems are still developing trauma can leave deep psychological imprints that manifest as persistent anxiety, hypervigilance, or emotional dysregulation. This is particularly evident in populations with limited access to trauma-focused therapy, which is often the case in under-resourced regions like Manipur.

However, the nonsignificant regression coefficient for psychological distress should not be interpreted as a lack of importance. On the contrary, its **strong bivariate correlation with anxiety ( $r = .741, p < .01$ )** indicates a powerful relationship. What the regression model suggests is that **when trauma is entered into the model, it may account for much of the same variance in anxiety that distress does**, overshadowing its individual contribution. In essence, **distress may overlap with trauma-related symptoms**, or function as an indirect pathway through which trauma leads to anxiety.

This raises an important consideration for clinical interventions: **addressing trauma directly may yield the most immediate benefits in reducing anxiety, but long-term support must also include strategies for managing ongoing psychological distress.** Displaced adolescents continue to face stressors long after the traumatic event loss of routine, educational disruption, uncertainty about the future, and a fragmented sense of community all of which contribute to chronic emotional strain. These non-traumatic stressors may not trigger anxiety in the same way as trauma does, but they certainly sustain and intensify it over time.

The findings thus support a biopsychosocial perspective, where trauma serves as a biological and psychological shock to the system, while distress represents the ongoing psychosocial pressure that maintains emotional dysregulation. Interventions, therefore, must be layered and comprehensive, combining trauma-informed care with psychosocial rehabilitation. Programs should include trauma-focused cognitive-behavioural therapy (TF-CBT), as well as school reintegration efforts, family therapy, peer support networks, and life skills training. By doing so, mental health initiatives can target both the acute impact of trauma and the chronic nature of distress that fuels anxiety.

### ***Adolescents as a Particularly Vulnerable Group***

Adolescents are uniquely vulnerable to the psychological impacts of conflict and forced displacement, owing to the complex developmental tasks they face during this critical stage of life. As they navigate identity formation, emotional regulation, and the desire for autonomy, the upheaval caused by conflict interrupts these processes and exposes them to a range of psychological risks. In this study, the significant presence of anxiety, psychological distress, and trauma symptoms among internally displaced adolescents in Manipur underscores how displacement disproportionately affects this age group.

Unlike younger children who often rely heavily on caregivers or adults for emotional buffering, adolescents are in the transitional phase of developing independence. However, when they are displaced, they are often thrust into unfamiliar environments, separated from

their social networks, and exposed to fear, instability, and loss. These conditions can heighten emotional vulnerability, resulting in increased susceptibility to mental health issues such as anxiety, depression, and post-traumatic stress. The developmental fragility of adolescence, coupled with prolonged exposure to stress and adversity, makes it harder for many of these individuals to adapt without structured support.

This vulnerability has been consistently observed in global conflict zones. For instance, (Betancourt et al., 2012) highlighted that youth in post-war Sierra Leone, especially former child soldiers and displaced adolescents, experienced chronic psychological problems when subjected to high levels of community stigma and social instability. Similarly, research by (SL et al., 2004) found that adolescents affected by war and displacement often displayed emotional withdrawal, behavioural challenges, and persistent anxiety, effects that were compounded by disrupted family structures and lack of mental health services.

In Manipur, ongoing ethnic tensions and community fragmentation following violent clashes have led to the breakdown of social systems that typically offer adolescents a sense of identity, belonging, and purpose. Many have lost access to school, which is not only a place of education but also a critical social environment that supports emotional regulation and stability. As (Lee et al., 2018) noted in their study on displaced adolescents in Myanmar, the disruption of education significantly increases psychological vulnerability, especially when it is combined with marginalization and a lack of structured daily routines.

In many traditional societies, including regions across Northeast India, **mental health remains a highly stigmatized topic**, making it difficult for adolescents to seek the support they need. This social stigma often discourages open conversations about emotional challenges, leading many young people to **suppress their feelings and avoid reaching out for help**. As a result, symptoms such as anxiety and emotional distress may worsen due to internalization and isolation. **Adolescent girls** are particularly at risk in these situations, as they often face **additional gender-related challenges** such as limited personal freedom, exposure to gender-based violence, and pressure for early marriage. These factors can intensify psychological vulnerability and hinder recovery. Research by (Eray et al., 2020) and (Mels et al., 2010) supports this observation, showing that **female adolescents in displaced settings tend to exhibit greater emotional distress and trauma symptoms** than their male counterparts, likely due to the compounded impact of gender and displacement-related stressors.

What makes adolescence particularly complex in the context of conflict is the interaction between trauma exposure and developmental expectations. Young people in this stage are meant to build emotional regulation skills and future-oriented goals. However, when displacement removes the structures needed for these developmental milestones such as family cohesion, educational stability, and social support adolescents are left to cope with adult-level stressors without the emotional maturity to manage them. This leads to chronic emotional dysregulation, hopelessness, and high rates of anxiety, as observed in the current study.

The current findings emphasize the critical need for adolescent-specific mental health frameworks that account for developmental sensitivities and psychosocial disruptions caused by displacement. Re-establishing daily structure, fostering peer relationships, and facilitating educational continuity are essential components in promoting psychological resilience. Interventions incorporating creative modalities such as expressive therapies and peer-led

initiatives, when grounded in cultural relevance, may enhance emotional processing and engagement.

***Implications for Mental Health Intervention and Policy***

The findings of this study offer important insights for both mental health intervention strategies and broader policy development aimed at supporting internally displaced adolescents affected by conflict. The high levels of anxiety, psychological distress, and trauma symptoms among this population point to a pressing need for comprehensive, multi-layered support systems that address both individual psychological needs and the broader social conditions that contribute to emotional suffering.

From an intervention standpoint, it is essential to move beyond one-size-fits-all approaches and instead develop age-appropriate, context-sensitive mental health programs. These interventions should consider the developmental stage of adolescents, who are at a critical point of emotional and cognitive growth. Therapeutic models should include not only trauma-focused care but also support for emotional regulation, stress management, and identity development. Evidence from this study suggests that anxiety is not solely a consequence of traumatic events but also arises from ongoing psychological distress such as hopelessness, fear, and lack of stability highlighting the need for interventions that address both past and present stressors.

Programs that integrate school-based mental health services, peer support networks, and community-based psychosocial care can be particularly effective. Schools, when accessible, are not only centres of learning but also safe spaces that provide routine, social interaction, and emotional support. Trained school counsellors, mental health professionals, and outreach workers can play a pivotal role in early identification and intervention for at-risk youth. In cases where formal education is disrupted, alternative community spaces can be mobilized to provide group support and emotional development programs.

In terms of policy, there is a clear need for cross-sector collaboration among education, health, and social welfare systems to create a unified response to the mental health crisis among displaced adolescents. Policymakers should ensure that mental health care is integrated into emergency response and rehabilitation efforts, not treated as an afterthought. Mental health services must be embedded within displacement camps, temporary shelters, and conflict-affected communities with sustained funding and resource allocation.

Another key policy priority is reducing stigma surrounding mental health which often prevents adolescents, especially in rural or traditional communities, from seeking help. Awareness campaigns, family education programs, and culturally relevant discussions can create a more supportive environment for adolescents facing mental health challenges.

Furthermore, gender-responsive mental health policies are crucial, especially for adolescent girls who face additional vulnerabilities such as gender-based violence, social limitations, and restricted access to services. These policies should focus on creating safe spaces, ensuring equitable care, and involving girls in decisions about their well-being. Additionally, sustained investment in mental health research and program evaluation is needed to build evidence-based practices, refine interventions, and inform future planning.

### ***Limitation***

While this study provides valuable insights into adolescent mental health during displacement, several limitations must be considered, as they may have impacted the findings and their interpretation.

- **Research Design Constraints**

This cross-sectional study identified associations between variables but could not establish causality, leaving unclear whether trauma led to anxiety or vice versa. Longitudinal research is needed to better understand the development and interaction of these psychological effects over time.

- **Use of Self-Report Tools**

Data were gathered using self-administered questionnaires, which, despite their convenience, may be affected by memory biases or reluctance to share sensitive information. In conflict settings, issues of trust and safety may further lead participants to withhold or alter responses about their psychological state.

- **Limited Scope for Generalization**

The study focused on adolescents in relief camps in Manipur's Imphal Valley, limiting the generalizability of the findings to other displaced populations, especially those in different sociocultural or political contexts. The unique ethnic and historical factors in Manipur may have influenced participants' experiences differently than in other regions.

- **Absence of Subgroup Comparisons**

While the study focused on adolescents aged 13 to 18, it did not examine variations by age or gender, despite evidence that coping with trauma can differ across these groups. Such comparisons could have offered more detailed and nuanced insights.

- **Lack of Qualitative Context**

Relying solely on a quantitative approach limited the study's ability to capture the emotional depth and personal meaning of displacement. Including qualitative methods could have enriched understanding of cultural perspectives on trauma and anxiety.

## **CONCLUSION**

This study explores the psychological consequences of conflict-driven displacement on adolescents living in relief camps in Manipur's Imphal Valley, focusing particularly on how trauma, psychological distress, and anxiety interact. Using a cross-sectional methodology and standardized psychological assessment tools the GHQ-28, HAM-A, and HTQ the research highlights the heightened emotional and mental vulnerabilities of internally displaced adolescents (IDAs) in a post-conflict setting in India.

The data reveals that these adolescents experience significantly elevated symptoms of trauma and distress, both of which are positively linked to anxiety. However, regression analysis indicates that trauma is a stronger and more reliable predictor of anxiety than psychological distress. This suggests that direct experiences of violence, forced displacement, and personal loss exert a more powerful influence on anxiety symptoms than general emotional turmoil. While distress remains relevant, it appears to function more as a background factor that amplifies trauma's effects rather than independently driving anxiety.

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The findings underscore that trauma profoundly shapes adolescent mental health by disrupting core developmental processes such as emotional regulation, identity formation, and the need for social connection which are particularly sensitive during this life stage. Displacement disrupts these developmental needs, causing adolescents to exhibit high levels of distress and anxiety, which may be seen as adaptive responses to extreme environmental instability and social disintegration.

Moreover, the study highlights a significant gap in mental health infrastructure for displaced adolescents in regions like Manipur, where conflict, marginalization, and systemic neglect often push psychological care to the margins. It advocates for mental health services that are trauma-informed, developmentally appropriate, and culturally responsive. These should extend beyond clinical treatment to include community-based support, school reintegration efforts, and peer-led initiatives that encourage resilience and self-efficacy.

In conclusion, the study contributes valuable insight into the under-researched area of adolescent mental health in conflict zones, particularly in Northeast India. By illustrating the central role of trauma in shaping anxiety outcomes among displaced youth, the research calls for a rethinking of how mental health is addressed in humanitarian contexts urging a shift toward more comprehensive, layered, and empathetic responses to the psychosocial needs of young people affected by violence and forced migration.

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