

The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration

Hadiyah Nazir^{1*}

ABSTRACT

This research delves into the complex and enduring psychological consequences of war and displacement on children, elucidating the challenges they encounter. Many children suffer from **'toxic stress'** as a result of their prolonged exposure to war and turmoil. Children in **Syria, Yemen, Ukraine, Palestine** and many other war-torn nations face similar experiences of loss and destruction, which may have long-term consequences for their physical and psychological well-being. With each airstrike and rocket fired in **Gaza** where the number of civilian victims continues to rise, children's sense of security is shattered once more, with disastrous effects for their long-term well-being. The study discerns that children exposed to conflict experience a spectrum of traumatic events, including violence, bereavement, displacement, and complex hardships. Such experiences cause a variety of psychological effects, including **post-traumatic stress disorder, anxiety, depression, and behavioural maladaptations**, interrupting normal cognitive, emotional, and social development processes. In response to these challenges, the research evaluates **rehabilitation and intervention strategies** to alleviate the psychological consequences in war-affected children. **Psychosocial support, counselling, and trauma-focused therapies** are recognized as critical components, providing a safe space for emotional expression and teaching children coping techniques. Furthermore, the study underlines the **need of successful reintegration** into society, acknowledging the prevalent stigma and severe adaptive problems these children of war face. Ultimately, this study emphasizes the need of emphasizing the psychological well-being of war-affected children, calling for continuous efforts to break the cycle of violence, and promoting a more stable and humane global atmosphere.

Keywords: *Psychological Impact, War, Child Psychology, Rehabilitation, Trauma, Displaced Children*

In today's world, there is an unfortunately significant number of children who have become victims of war and displacement. War ridden zones like Ukraine, Palestine, Gaza, Yemen as well as Syria account for nearly **200 million children** (Save The Children Org) living under conditions no human should face. According to the statistics from **Save The Children**, around **1 in every 6 children** live in the world's most lethal war zones, the highest number in over a decade. These children are subjected to constant trauma and live in fear experiencing grave violation of their rights. These inhumane conditions put

¹BA Psychology Honours, Student, Mount Carmel College Autonomous, Bengaluru, India.

*Corresponding Author

Received: June 02, 2025; Revision Received: November 10, 2025; Accepted: November 15, 2025

The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration

these increasing number of children under severe impacts on their mental health. In today's armed conflicts, there is no longer a presence of a demarcated battlefield, switching to children's homes and schools. More and more children are facing psychological trauma along with starvation, sexual violation, risk of being recruited by armed groups and being displaced away from guardians and family. Conditions to provide humanitarian assistance to children in places like Gaza are not only not being met but are getting worse. Currently children's mental health in Gaza is being pushed beyond breaking point after four months of siege and relentless bombardment. They have suffered unimaginable mental harm from the violence, serious physical injuries, including the loss of body parts, and the loss of families, homes, and their schools. Around the world, children living in conflict zones have been bombed and starved. They have seen their friends and families die, and schools and hospitals turned to rubble. While escaping the conflict, they have been ripped from their lives and denied access to food, medicine, and essential aid. Living through constant conflict and not realizing if this would be their last day has a devastating psychological expense.

The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. For this harsh reality, multileveled rehabilitation and reintegration strategies must be enforced to save the futures of these distressed children.

METHODOLOGY

Literature review using Research Gate, PubMed, NIH, and Google Scholar among other research journals.

Primary articles of review:

1. Hazer, L., & Gredebäck, G. (2023). The effects of war, displacement, and trauma on child development.
2. Blackmore, R., Boyle, J., Fazel, M., Ranasingha, S., Gray, K. M., Fitzgerald, G., Misso, M., & Gibson-Helm, M. (2020). The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis.
3. NIH., Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches. (2022, March 14)
4. Ruggeri, A. (2024, February 22). Many children must live with the trauma of war. Here's how to help them.
5. War in Ukraine pushes generation of children to the brink, warns *UNICEF*. (n.d.).
6. *Save The children org*. 5 ways that conflict impacts children's mental health. (n.d.). Save the Children.

Parameters of the literature which were reviewed included keywords in varying combinations among: war, children, psychological effect, impact, intervention, trauma, mental health and rehabilitation.

In the studies reviewed and the current paper 'children' refers to those under the age of 18. The definition remains the same unless specified otherwise. Studies and literature resources were assessed purely on **qualitative** bases for the research paper.

DISCUSSION

As the main focus of this paper suggests, children victims of war face a wide range of psychological effects. These include trauma, distress, and stress reactions. In a depth perspective, children under the age of 18 are more prone to show **specific phobias, dependent behaviour, attachment issues, PTSD, lack of interest in environment, as well as aggressive behaviours** than adults in the same scenario. This is mainly because children born in conflicted areas receive little to no normalcy in terms of a healthy developmental environment. It is crucial to keep in mind that it is not just the 'objective' nature of the specific event that is relevant, but how each child subjectively recognizes, evaluates, and interprets that experience. This means that there can be a huge difference in the way a traumatic event is perceived by the child resulting in a varied impact.

A meta-analysis of eight studies of child and adolescent refugees and asylum seekers reported a **22.7% prevalence of PTSD, 13.8% of depression, and 15.8% of anxiety disorders**. (Blackmore et al., 2020) These data raise concern, as studies estimate the absolute number of war-exposed children between 1989 and 2015 to be around **400 million (Hoppen & Morina, 2019)**. Through the means of this research paper, it is aimed to highlight on the following psychological impacts seen in children facing war:

Post Traumatic Stress Disorder:

The prevalence of violence, displacement and loss results in PTSD being a leading psychological disorder in children in conflicted zones. Children with PTSD may experience disturbing memories, nightmares, and flashbacks of the traumatic experiences. Hyperarousal symptoms such as increased anxiety, impatience, and difficulties concentrating are prevalent. Avoidance strategies, such as avoiding reminders of the trauma, may have an even greater impact on their daily life. The chronic nature of war-related stressors increases the chance of developing PTSD, and without adequate treatment, these symptoms can last beyond adulthood, impairing general well-being and functioning.

Depression:

A child facing war is bound to fall in loops of sadness, hopelessness, and a lack of interest in activities or hobbies. Depressive symptoms in these young victims may be caused by the loss of loved ones, disruption of normalcy, or the persistent possibility of danger. Typical physical signs include changes in appetite, sleep problems like insomnia or even hypersomnia, and exhaustion. Depression can greatly impair a child's capacity to participate in daily activities, hurting both academic life and interpersonal relationships. Timely diagnosis and therapy are critical to avoiding the long-term effects of untreated depression, which include academic failure, social withdrawal, and an increased risk of developing other mental health issues.

Anxiety disorders:

The importance of family, and the nurture and support that it provides to children, means that being separated from parents can be one of the most significant war ordeals of all, particularly for younger children. In this case, losing one's home through shelling and being displaced from one's own neighbourhood being lost away from family can create a great amount of anxiety, which can bottle up to become severe anxiety disorders. The persistent stress and unpredictable nature of conflict zones can lead to the development of Generalized Anxiety Disorder (GAD), social anxiety, and specific phobias. Symptoms include excessive stress, agitation, muscle tightness, and avoidance of distressing events. Around **1.5 million**

The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration

children are reported to develop anxiety disorders within the first few months of conflict (Survey by BBC; Ruggeri, 2024)

Separation anxiety:

Separation from family and guardians can lead to an unsettling feeling of anxiety. Fear of separation as well as security stresses can become overwhelming, resulting in dependency, reluctance to attend school, and difficulties engaging in age-appropriate activities independently and freely. Separation anxiety interventions for children who have developed anxiety disorders include gradually exposing children to separations, developing trust via regular caregiving, and providing reassurance regarding safety and well-being.

Regressive behaviours:

Younger children who have experienced war-related strain may engage in regressive behaviours as a coping technique. Regression, which includes behaviours like bedwetting, thumb-sucking, and seeking extra comfort, is a way for youngsters to cope with the stress and uncertainty around them. These behaviours frequently reflect a need for stability and comfort during difficult times.

Sleep disorders:

War-related trauma can have a substantial impact on children's sleep habits, resulting in sleep disorders such as nightmares, insomnia, and night terrors. Nightmares frequently revolve around tragic events they have witnessed, which contributes to interrupted sleep and lingering terror. Insomnia, defined as difficulty falling or staying asleep, can cause daytime weariness, irritation, and poor cognitive performance being a hinderance in the daily functioning of the distressed child.

Emotional withdrawal and aggression:

Children who are exposed to violence from a variety of sources may eventually grow emotionally numb and desensitized, which makes it more likely that they would mimic the aggressive behaviour they see and accept such violence as the norm. Long-term, this may have an impact on their capacity to form fruitful connections with other people. Emotional withdrawal also comes with signs of aggression in conflicted children. If not paid attention to, these symptoms can convert into severe anger issues, and violent displays of behaviours.

Rehabilitation and Reintegration:

It is needless to state that for children who have survived a situation as traumatic as a war will need extensive care and attention to bring back what is left of their sanity, and to revive a sense of psychological wellbeing. Resources that are currently engaging in providing rehabilitation for children facing war hold that rehabilitation must rest on the capacity of the children to overcome the difficult conditions in the aftermath of wars. Recently, there has been increased focus on individual psychological first aid, an intervention designed to enhance mental health outcomes in the early aftermath of a disaster or conflict.

Rehabilitation techniques should include psychosocial support, trauma resolution, skill development as well as a wholistic reintegrative approach. Another growing therapy technique for trauma rehabilitation is EMDR or Eye movement desensitization and reprocessing, which aims to heal trauma by a specific movement of the eyes while processing a traumatic memory.

The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration

With an understanding of the multidimensional impacts on the psychological wellbeing of children in war conflicted areas, it is equally important if not more to understand and implement intervention and rehabilitation techniques. The multilevel intervention pyramid for mental health and psychosocial support in emergencies proposed by **the Inter-Agency Standing Committee (IASC 2007)** includes four levels of intervention: **provision of basic services and security, community and family support, focused non-specialized support, and specialized supports**. Such multifaceted treatments and assistance programs should be trauma-informed and, as such, based on an awareness of and adaptability to the effects of trauma, emphasizing the importance of emotional, physical, and psychological security for both survivors and service providers, and creating opportunities for survivors to regain control, self-assurance, and empowerment.

Psychosocial support programs, trauma-focused therapies, and counselling interventions play a pivotal role in helping children cope with the aftermath of war. These interventions create safe spaces for emotional expression, validation, and the development of coping mechanisms tailored to the unique challenges faced by war-affected children. Psychotherapy, including **trauma-focused cognitive-behavioural therapy (TF-CBT)** and play therapy, is essential for dealing with the psychological effects of war on children. Trained therapists help children process traumatic experiences, manage emotions, and build coping skills. Group therapy sessions can also provide a safe space for peers to communicate and share their experiences.

For **psychosocial support**, counselling and therapy plays an important role in helping children cope with the trauma which comes with violence and destruction. Individual and group counselling sessions can help children express their emotions, deal with trauma and develop coping mechanisms. Play therapy is one of the natural therapeutic techniques for children to communicate. Play therapy allows them to express themselves and process their experiences in a safe environment.

Children who have suffered from war need education and skill development. Measures to facilitate formal and informal education are essential to ensure a comparatively normal long-term development. Providing skills and skill training will help older children and adolescents adapt better to practical skills useful for future and independence.

Trauma focused cognitive behavioural therapy has a supported evidence base to be a recommended practice for children in war (De Arellano et al., 2014). However, in conflicted areas, the population is usually poverty stricken and is not able to afford individual level treatments like these. If backed by authority bodies like UN and Governments, the stigma associated with mental health and the lack of resources can be bridged. For post-traumatic stress disorders **narrative exposure therapy** are highly considered. Cognitive-behavioral exposure treatment is the foundation of this type of therapy, which is used to treat PTSD symptoms. To address the needs of traumatized survivors of torture and conflict, it modifies the traditional approach of exposure treatment. By focusing on the in-depth examination of the traumatic experiences and traumatic memories, the patient creates a narrative about his entire life, from birth to the present, rather than designating a particular incident as the target of therapy. **Mind body rehabilitation techniques** have also been used for children. Positive effects of mind-body techniques for reducing PTSD were investigated among children and adolescent Kosovar refugees in Gaza and in high-school students in postwar Kosovo (Betancourt et al., 2013). In this treatment, a six-week (three hours weekly) intervention was

The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration

administered by trained, nonspecialist teachers. Treatment components include **meditation, biofeedback, drawing, autogenic training** (a self-relaxation technique to produce a psycho-physiologically determined relaxation response), **guided imagery, genograms, movement, and breathing techniques** as tactics for reducing PTSD symptoms. Significant decreases in PTSD symptoms were found across the sample at post-test, with those students in the immediate-intervention group reporting more dramatic positive effects. While the randomised clinical trial conducted among high-school students in postwar Kosovo did have a wait-list control group, a significant limitation of the study conducted among children and adolescent Kosovo refugees in Gaza was the lack of a control group.

Even if all of these measures are promptly and successfully implemented, **healthcare and legal support** becomes a necessity in the case of safeguarding what is left of these children in terms of their psychological wellbeing. Ensuring regular health check-ups and access to medical care is essential to address physical and mental health issues resulting from the conflict. Malnutrition is often a concern in conflict zones. Providing proper nutrition and addressing any health-related issues is fundamental to rehabilitation. Establishing or strengthening child protection services to ensure legal rights and protection against abuse, exploitation, and recruitment into armed forces. Advocating for the rights of war-affected children on national and international levels can lead to better policies and support.

It is critical to remember that rehabilitation programs must be culturally sensitive and tailored to the unique circumstances of the affected populations. Collaboration among government departments, NGOs, and international organizations is critical to the success of these activities.

Reintegration:

Rehabilitation and bringing the child back to a normal psychological state also requires normalcy on a social level. Reintegrating the child in their community and social group requires effort in terms of educational initiatives, sensitisation and inclusion, social support from guardians or family as well as economic opportunities to settle in a 'normal' livelihood in the future.

Reintegration typically begins with **schooling**. Schools play a significant role in helping youngsters reintegrate into society. Specialized programs that address the specific needs of war-affected children, such as **trauma-informed education**, can create a helpful learning environment. It is equally important for older children and adolescents to have access to **vocational training and economic empowerment**. Skill-building programs, internships, and small business support all help war-affected youngsters achieve long-term self-sufficiency and inclusion into the community. **Recreational and extracurricular activities** allow kids to reintegrate socially and emotionally. Sports, arts, and other structured activities help youngsters feel normal, improve their social skills, and allow them to discover new interests and talents.

Sensitization and community awareness efforts are crucial to lowering stigma and creating a welcome atmosphere for children who are returning home. Initiatives aimed at promoting inclusion, like awareness campaigns, workshops, and community discussions, can help debunk myths about children harmed by war and foster compassion. For reintegration to be effective, **strong social and familial support** is essential. A sense of security and belonging can be attained through repairing or reestablishing familial ties and

The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration

cultivating positive relationships within the community. Leaders in the community and social professionals can be very helpful in facilitating this process.

CONCLUSION

The profound psychological toll of conflict on children cannot be overstated, with a spectrum of disorders like PTSD, depression, anxiety, and behavioural issues disrupting their lives. Effective intervention strategies, encompassing a multilevel approach and evidence-based therapies like TF-CBT and play therapy, are crucial for mitigating these traumas. Yet, challenges such as limited resources and stigma around mental health persist, necessitating global cooperation and support from organizations like the UN. Comprehensive rehabilitation efforts must also include psychosocial support, education, skill development, and legal protection to address the multifaceted needs of affected children.

In a conflicted country like India, it is ever the more necessary to have empirical research done in this field to initiate rehabilitation and reintegration measures for refugees across demographic identities

REFERENCES

- 5 ways that conflict impacts children's mental health. (n.d.). Save the Children.
- Blackmore R, Boyle JA, Fazel M, Ranasinha S, Gray KM, Fitzgerald G, Misso M, Gibson-Helm M. *The prevalence of mental illness in refugees and asylum seekers: a systematic review and meta-analysis*. PLoS Med. 2020;17(9):e1003337. Doi: 10.1371/journal.pmed.1003337.
- Goldson E. *The effect of war on children*. *Child Abuse Negl*. 1996;20(9):809–819. Doi: 10.1016/0145-2134(96)00069-5.
- Hazer, L., & Gredebäck, G. (2023). The effects of war, displacement, and trauma on child development. *Humanities and Social Sciences Communications*, 10(1). <https://doi.org/10.1057/s41599-023-02438-8>
- Hoppen, T. H., & Morina, N. (2019). *The prevalence of PTSD and major depression in the global population of adult war survivors: a meta-analytically informed estimate in absolute numbers*. *European Journal of Psycho-traumatology*, 10(1). <https://doi.org/10.1080/20008198.2019.1578637>
- Impact of war and forced displacement on children's mental health—multilevel, need oriented, and trauma-informed approaches. (2022, March 14). [ncbi.nlm.nih.gov. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9209349/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9209349/)
- Ruggeri, A. (2024, February 22). *Many children must live with the trauma of war. Here's how to help them*. *BBC.com*. <https://www.bbc.com/future/article/20240220-ukraine-and-gaza-the-hidden-effects-of-war-trauma-on-children>
- Saber, I. F. (2024, February 8). *How the Israel war, blockade affect mental health of Palestinian children*. *Al Jazeera*. <https://www.aljazeera.com/news/2023/10/12/how-the-israel-war-blockade-affects-mental-health-of-palestinian-children>
- Santa Barbara J. *Impact of war on children and imperative to end war*. *Croat Med J*. 2006;47(6):891–894.
- Taha, A. M., & Sabet, C. (2024). *Addressing the mental health crisis among children in Gaza*. *The Lancet Psychiatry*, 11(4). [https://doi.org/10.1016/S2215-0366\(24\)00036-1](https://doi.org/10.1016/S2215-0366(24)00036-1)
- These countries in conflict are the worst places to be a child*. (n.d.). Save the Children. <https://www.savethechildren.org/us/charity-stories/worst-conflict-affected-countries>

The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration

-to-be-a-child#:~:text=1%20in%206%20of%20the,number%20in%20over%20a%20decade

UNICEF (2019) *The United Nations convention on the rights of the child—the children’s version*. <https://resourcecentre.savethechildren.net/document/united-nations-convention-rights-child-childrens-version/>

United Nations General Assembly Convention on the rights of the child. United Nations Treaty Ser. 1989;1577(3):1–23.

War in Ukraine pushes generation of children to the brink, warns UNICEF. (n.d.). <https://www.unicef.org/press-releases/war-ukraine-pushes-generation-children-brink-warns-unicef>

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Nazir, H. (2025). The Psychological Impact of War and Displacement on Children: Trauma, Rehabilitation and Reintegration. *International Journal of Indian Psychology*, 13(4), 1015-1022. DIP:18.01.094.20251304, DOI:10.25215/1304.094