

Letter

Silent scars: how armed conflict is traumatising Kashmir's children, and the need for critical intervention

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In early May 2025, a renewed conflict along the India–Pakistan border sent shockwaves through the whole of Kashmir. At various psychosocial mental health camps in Uri, conducted by our team from the child psychiatry department (IMHANS Kashmir) with support from UNICEF India, we witnessed an unsettling reality: the children of the conflict are carrying invisible wounds. Over a fortnight in mental health camps, we observed dozens of children and teens showing signs of panic and anxiety and living in terror of another attack. UNICEF warns that armed conflict is ‘*even more traumatic*’ for children, and that they are at risk of long-term mental health problems if we don’t help them.¹

When speaking with families in village camp areas, we learned that during shelling and firing, entire communities had huddled in bunkers for a few hours or until the threat had subsided. Many children had not been able to sleep on these nights, and, post-conflict, they continued to report trouble sleeping, nightmares about bombs, irritability, persistent fearfulness and anticipation that the violent events would recur. Some of the children continued to experience palpitations in response to loud sounds and refused to play outside. A few children also reported headaches and palpitations before going to sleep, which we have observed during earlier conflicts between the two nations. What may last just one night leaves a haunting imprint on a child’s mind for weeks or even years. UNICEF reports that a child’s mental wounds are often ‘*invisible*’, unlike a broken arm, and that this kind of trauma shows up in nightmares, worry or withdrawal.¹ Their trauma whispers rather than screaming.

Research has shown that children exposed to conflict have far higher rates of anxiety, depression and post-traumatic stress disorder than the general population.^{1–3} After prolonged violence, 22% of survivors of any age will experience a diagnosable mental health disorder.⁴ However, with appropriate and timely intervention, children also show great resilience. If they feel safe and supported by family and community, many of them can recover.

Tragically, children’s mental health often goes unattended and unnoticed. As UNICEF’s executive director has warned, when kids grow up in armed conflict, ‘*their deep mental scars are often overlooked*’.⁵ Unlike adults, children may lack words for their fear and may not be able to explain themselves appropriately. In emergencies, families and aid workers understandably tend to focus on treating injured adults, rebuilding homes and providing other resources. At the same time, children’s quiet cries, nightmares, clinging, sudden bedwetting or isolation are often ignored. If left unaddressed, trauma in childhood is not outgrown but can evolve

into lifelong struggles with learning, relationships, substance misuse or even self-harm.^{1,5}

However, there is hope. Children have a remarkable capacity to recover if provided with timely support. We advocate early and immediate deployment of psychosocial mental health camps across the conflict zones of both nations, which should cater to children and adolescents, along with the general population. A multi-tier response should follow. Initially, a team comprising mental health specialists should be deployed in border areas. This should be followed by teachers, parents and local volunteers trained in basic psychological first aid. Simple interventions such as group play therapy, storytelling or relaxation exercises can be a minimal approach.¹ Parents must also be supported, as a calm, cared-for parent helps a child feel safe. Every child deserves a chance to be a child, not a witness to armed conflict and violence. Let us not wait for more evidence. The time to act is now.

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Declaration of interest

None.

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