

Psychological Consequences of Armed Conflict in J&K

Syed Shehna* Chandra Shekhar**

Abstract:

The current study was carried out to evaluate the emotional regulation and traumatic experiences of children in Kashmir, in comparison with the children of Jammu including the gender dimensions. A total sample of 180 students was taken; out of which 90 were from Kashmir (45 male and 45 female) and another 90 were from Jammu (45 male and 45 female), the age group was 10-13 yrs. All participants were selected using purposive sampling technique. Materials used were Difficulties in emotion regulation scale (DERS) by Gratz & Roemer, (2004), and The Children's Revised Impact of Event scale (CRIES) by Perrin, Meiser-Stedman, & Smith, (2005). Mean, S.D & t-test were used for statistical analysis. The results indicated that there was a significant difference in emotional regulation (DERS) and The Children's Revised Impact of Event scale (CRIES) across regions and gender respectively.

Key Words: Difficulties in Emotional regulation, Impact of event, Armed Conflict

About Authors: *Senior Research Fellow (Corresponding Author, email id: syedshahna@gmail.com)

**Sr. Assistant Professor, P.G. Department of Psychology, University of Jammu, Jammu-Tawi (J&K)

Introduction:

Armed conflict is the use of armed violence to resolve local, national and/or international disputes between individuals and groups that have a political, economic, cultural and/or social (as opposed to interpersonal or criminal) origin. The term armed conflict is preferred to that of war because its usage commonly encompasses a far broader range of circumstances and conditions, from violent political protest or insurgency, to violence enacted by trained and organized military units and to genocide (Thukral & Ali, 2005). India and Pakistan have a disputed ownership of the Kashmir valley for many years, resulting in high levels of exposure to violence among the civilian population of Kashmir (India) including children (Jong, Kam, et al. 2008). The dispute is as old as the two states themselves, dating back to the circumstances of their independence from Britain and the partition of the subcontinent in 1947 (Bose, 2003). A number of children grow up in conflict ridden areas of Kashmir, where

there is violence and strife. They know no other reality. Amone-P'Olak, et al (2006) assessed the prevalence of war experiences and the use of specific cognitive emotion regulation strategies among formerly abducted adolescents at three rehabilitation centres in Uganda. Strong relationships were found between specific cognitive emotion regulation strategies and posttraumatic stress (PTS), Internalizing and Externalizing symptoms. A part from witnessing or directly becoming victims of the situation, conflict also affects the social sector such as health and education, that directly impact the life of a child. This eventually puts many children at risk of being easily indoctrinated into becoming child combatants (Thukral & Ali, 2005). A study by Baker & Ahmed (1990) assessed the psychological impact of traumatic environment on children living in the occupied West Bank and Gaza Strip. Results indicated conduct and psychological problems including disobedience, conflicts with others, sleep disturbances, fears, and depression along with a high percentage of

depressive symptoms. Ignorance, isolation, illness, violence and social upheaval have produced a “lost generation” which implies to the failure in terms of providing a long term support to the civilians in general and specifically to the children of conflict. A particularly gruesome practice of encouraging children to witness public amputations and executions in conflict situations has an enormous impact on the impressionable minds of children (Bhutta & Dewraj, 2002). Elbert, et al (2009) examined traumatic experiences, PTSD, and co-morbid symptoms in relation to neuropsychological and school performance in school children affected by two decades of civil war and unrest. Twenty-five percent met the criteria for a diagnosis of PTSD. Traumatized children reported lasting interference of experiences with their daily life, which was corroborated by memory testing, scores in school performance and ratings of social withdrawal. Depressive symptoms and poor physical health were frequent in these children. In most analyses of armed conflict, children are invisible and are typically regarded as passive, incidental victims or inconsequential actors. Recognizing that children comprise approximately half the population of war-torn countries, requires action research aimed at constructing culturally appropriate intervention and prevention efforts that assist children and families in the post-conflict reconstruction and development (Wessells, 2014). A study examined pre- and post-conflict data from 84 children, living in Kenya, during the political conflict of 2007. Results indicated that children's disaster experiences (home destruction, death of a parent, parent and child harm) were associated with adjustment difficulties and that emotion regulation is an important protective factor post-disaster. Emotion regulation was associated with less aggression and more pro-social behavior post-conflict (Kithakye, et al. 2010).

Methodology:

Objectives:

- To assess the levels of DERS and CRIES across Regions i.e. Jammu and Kashmir.
- To assess the levels of DERS and CRIESs across Gender.

Hypotheses:

- There will be no significant difference in the levels of DERS and CRIES across regions i.e. Jammu and Kashmir.
- There will be no significant difference in the levels of DERS and CRIES across Gender

Variables:

Independent variables

Region
Gender

Dependent variables

Difficulty in Emotional Regulation (DERS)
The Children's Revised impact of event s(CRIES).

Experimental Design

A 2x2 factorial design consisting of two independent variables (Region & gender) and two dependent variables (Difficulties in emotional regulation and Impact of events) was used in the study.

Sample:

The purposive sampling consisted of 180 children residing in Jammu and Kashmir; consisting of 90 from each zone i.e Kashmir(including 45 males and 45 females) and Jammu (including 45 males and 45 females).

Tools:

- **Difficulties in emotion regulation scale (DERS; Gratz & Roemer, 2004).** The DERS is a 36-item self-report questionnaire that probes various aspects of difficulties in regulation of an emotional experience. The DERS has shown excellent internal consistency with Cronbach's alpha of .93 for the total, and .80-.89 for the

subscales. Research also shows that DERS has test-retest reliability of .80 for the total score over a period of 4-8 weeks.

- **Impact of Event scale:** The Children's Revised Impact of Events Scale (CRIES) by Perrin, Meiser-Stedman, & Smith, 2005) consists of 13 items and 3 subscales: intrusion, avoidance, and arousal. Total scores range from 0 to 65, with a cutoff at 30 to indicate the children who are at risk of PTSD. Research showed a satisfactory internal consistency. Within this sample, Cronbach's α 's were .73 (avoidance), .84 (intrusion), .76 (arousal), and .88 (total D score).

DATA ANALYSIS AND INTERPRETATION

Results:

The current study was conducted to measure the emotional regulation and traumatic experiences of children in Kashmir in comparison with children in Jammu. After the collection of data and scoring, statistical analysis was done to test the formulated hypotheses of the study. The results have been discussed below:

Table-1: Mean, SD and t-test comparing the regions of Kashmir and Jammu on all 6 dimensions of DERS and CRIES.

Dimensions	Region	N	Mean	Std. Deviation	t-value	p-value
Non-Acceptance	Kashmir	90	18.8667	5.13897	8.513	.000
	Jammu	90	13.0333	3.98156		
Goals	Kashmir	90	18.3444	4.24836	7.102	.000
	Jammu	90	13.8444	4.24836		
Impulse	Kashmir	90	17.9000	3.96346	8.539	.000
	Jammu	90	12.6333	4.30430		
Awareness	Kashmir	90	16.3111	3.68002	1.098	.274
	Jammu	90	15.6667	4.17591		
Strategies	Kashmir	90	23.6444	4.57721	7.477	.000
	Jammu	90	18.3778	4.86810		
Clarity	Kashmir	90	13.3667	4.15825	6.348	.000
	Jammu	90	9.8111	3.30779		
T1	Kashmir	90	108.2000	9.93824	17.704	.000
	Jammu	90	82.7333	9.35180		
Impact of event	Kashmir	90	30.0333	13.21597	3.317	.001
	Jammu	90	24.3111	9.65314		

Table-1 shows the mean, S.D, t-values and p-values on all the 6 dimensions of emotional regulation of both the regions. Mean and S D on the dimensions of Non Acceptance, Goals, Impulse, Awareness, Strategies and clarity of emotional regulation in Kashmiri children is **18.8667** and **5.13897**, **18.3444** and **4.24836** , **17.9000** and **3.96346**, **16.3111** and **3.68002** , **23.6444** and **4.57721**, **13.3667** and **4.15825** respectively. t- values of **8.513** , **7.102**, **8.539** , **1.098** , **7.477** , **6.348**

with p-values of .000, .000, .000, .274, .000, .000 respectively ($P < 0.05$) indicate that outcome value for all the dimensions of Kashmiri children is significant except for the dimension of awareness, wherein the outcome value is non-significant. Similarly, Mean and S D on the dimensions of Non acceptance, Goals, Impulse, Awareness, Strategies and clarity of emotional regulation in Jammu children is **13.0333** and **3.98156**, **13.8444** and **4.24836**, **12.6333** and **4.30430**, **15.6667** and **4.17591**, **18.3778** and **4.86810**, **9.8111** and **3.30779** respectively. t-values of **8.513**, **7.102**, **8.539**, **1.098**, **7.477**, **6.348** with p-values of .000, .000, .000, .274, .000, .000 respectively ($P < 0.05$) indicate that the outcome value for all the dimensions of Jammu children is significant on the scale of emotional regulation, except for the dimension

of awareness, wherein the outcome value is non-significant. The total Mean and S.D of children of Kashmir region is 108.2000 and 9.93824 and for the children of Jammu region is 82.7333 and 9.35180, whereas total t-value is 17.704 with p-value of .000 ($P < 0.05$) that indicates the total outcome value on the scale of emotional regulation (DERS) is significant. Likewise for CRIES, the total Mean and S.D of the children of Kashmir region is 30.0333 and 13.21597 and for the children of Jammu region is 24.3111 and 9.65314, whereas the total t-value is 3.317 with p-value of .001 ($p < 0.05$) which indicates that the total outcome value for CRIES is significant.

Table-2: Mean, SD and t-test comparing the Males and Females of Kashmir and Jammu on all 6 dimensions of DERS and CRIES.

Dimension	Gender	N	Mean	Std. Deviation	t-value	P-value
Non-Acceptance	Male	90	14.8333	4.54256	-2.808	.006
	Female	90	17.0667	6.02579	-2.808	.006
Goals	Male	90	14.5889	4.08311	-4.419	.000
	Female	90	17.6000	5.01190	-4.419	.000
Impulse	Male	90	14.7667	4.96063	-1.373	.172
	Female	90	15.7667	4.81115	-1.373	.172
Awareness	Male	90	16.1667	4.03148	.605	.546
	Female	90	15.8111	3.85669	.605	.546
Strategies	Male	90	20.3444	5.66313	-1.664	.098
	Female	90	21.6778	5.06991	-1.664	.098
Clarity	Male	90	11.8778	4.13216	.934	.352
	Female	90	11.3000	4.16904	.934	.352
T1	Male	90	92.4556	16.32477	-2.566	.011
	Female	90	98.4778	15.14294	-2.566	.011
Impact of event	Male	90	24.9556	7.68321	-2.539	.012
	Female	90	29.3889	14.67758	-2.539	.012

Table-2 shows Mean, S D, t-values and p-values on all the 6 dimensions of Emotional Regulation of Boys and Girls. Mean and S.D on the dimensions of Non-acceptance, Goals, Impulse, Awareness, Strategies and clarity of emotional regulation in Males is 14.8333 and 4.54256, 14.5889 and 4.08311, 14.7667 and 4.96063, 16.1667 and 4.03148, 20.3444 and 5.66313, 11.8778 and 4.13216, respectively. t-values of -2.808, -4.419, -1.373, .605, -1.664, .934, with p-value of .006, .000, .172, .546, .098, .352 respectively, indicate that the outcome values for first two dimensions (Non-acceptance & Goals) are significant. Whereas, the values for all the other dimensions are non-significant. In the same way mean, S D, t-value and p-value for t1 of boys is calculated which is 92.4556, 16.32477, -2.566 respectively. ; and the p value is .011, which is a significant value. Similarly, the mean and S.D. on the dimensions of Non-acceptance, Goals, Impulse, Awareness, Strategies and Clarity of Emotional Regulation in Females is 17.0667 and 6.02579, 17.6000 and 5.01190, 15.7667 and 4.81115, 15.8111 and 3.85669, 21.6778 and 5.06991, 11.3000 and 4.16904 respectively. t-values of Females is similar to that of boys with the same p-value as boys. Therefore, t1 for both Males and Females is significant. Likewise for CRIES, the total Mean and S.D of Males is 24.9556 and 7.68321 and of Females is 29.3889 and 14.67758, whereas the total t-value is -2.539 with p-value of .012 ($p < 0.05$) which indicates that the total outcome value for CRIES is significant

Discussion:

The current study aimed at assessing the Emotional Regulation and Traumatic experiences of Children in Kashmir conflict among male and female school students across different regions i.e Kashmir (conflict zone) and Jammu (non-conflict zone). The first objective of the study was to assess the levels of Emotional

Regulation and CRIES across region i.e Jammu and Kashmir. On the dimensions of Emotional Regulation and CRIES a significant difference was found across region. The Second objective of the study was to assess the levels of Emotional Regulation and CRIES across Gender. On the dimensions of Emotional Regulation and CRIES, again a significant difference was found across gender.

Conclusion:

The present study found that there was a significant difference in DERS and CRIESs of Kashmir and children of Jammu. There were also significant differences in DERS and CRIES across gender.

References:

- Amone-P'Olak, K., Garnefski, N. & Kraaji, V. (2006) Adolescents caught between fires: Cognitive emotion regulation in response to war experiences in Northern Uganda. *Journal of Adolescence*. Vol 30(4).655-669.
- Baker & Ahmad M.(1990). The psychological impact of the Intifada on Palestinian children in the occupied West Bank and Gaza: An exploratory study. *American Journal of Orthopsychiatry*. Vol 60(4).496-505.
- Bhutta, A.Z.& Dewraj, L.H. (2002). Children of war: the real casualties of the Afghan conflict. *British Medical Journal*. Vol 324(7333): 349-352.
- Bose, S. (2003). Introduction. *Kashmir: Roots of conflict, Paths to peace*. Pp-2. Harvard University Press
- Elbert, T., Schauer, M., Schauer, E., Huschka, M. & Neuner, F. (2009). Trauma-related impairment in children-A survey in Sri Lankan provinces affected by armed conflict. *Journal of Abuse & Neglect*. Vol 33(40).

- Gratz, K. L. & Roemer, E. (2004). Multidimensional Assessment of Emotion Regulation and Dysregulation: Development, Factor Structure and Initial Validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*. Vol 26(1). 41-54.
- Jong, D.,K., Ford, N., Kam, D., V., S., Lokuge, K., Fromm, S., Galen, V., R., Reilley, B. & Kleber, R. (2008). Conflict in the Indian Kashmir Valley I: exposure to violence. *Conflict and Health; Bio Med Central*. 2:10. DOI:10.1186/1752-1505-2-10.
- Kithakye, M., Morris, S, A., Terranova, M., A. & Myers, S., S. (2010). The Kenyan Political Conflict and Children's Adjustment. *Child Development*. Vol 81(4).1114-1124. DOI:10.1111/j.1467-8624.2010.01457.x.
- Perrin, S., Meiser-Stedman, R. & Smith, P. (2005). The Children's Revised Impact of Event Scale (CRIES): validity as a screening instrument for PTSD. *Behavioural and Cognitive Psychotherapy*. Vol 33(04):487-498
- Thukral, G., E. & Ali, B. (2005). Status of Children in India Inc. *Child Development*. HAQ Centre for Child Rights. 139-140.
- Wessells, G., M. (2013). Children, Armed Conflict, and Peace. *Journal of Peace Research*. Vol 35(5). 635-646. doi: 10.1177/0022343398035005006.

