

Consequences of War Trauma: An Impact on Mental Health

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War trauma has long-term implications on people's mental health, even after the fighting has ended. This article investigates the varied effects of combat trauma on mental health. The experience of war, which is marked by pervasive violence, loss, and the continual prospect of death, has a permanent impact on the mind. Post-traumatic stress disorder (PTSD) is a common result that causes intrusive memories, hypervigilance, and emotional numbness. Depression frequently coexists with trauma-induced feelings of despair and hopelessness. Furthermore, the loss of social support networks during conflict heightens feelings of isolation and alienation, exacerbating psychological suffering. The consequences go beyond individual suffering to social dynamics, as communities deal with the collective trauma of battle. Unresolved trauma puts a burden on interpersonal connections, increasing the risk of domestic violence and substance misuse. Children growing up in the aftermath of war suffer special challenges, with their developmental paths interrupted by exposure to violence and loss. Trauma transmission between generations contributes to the perpetuation of the mental distress cycle. Addressing the effects of war trauma requires a holistic strategy that recognizes the interdependence of human and society well-being. Accessible mental health treatments, trauma-informed care, and community-based therapies are critical for reducing

the long-term effects of combat trauma. It is feasible to reduce the impact of war trauma on impacted communities by developing resilience, restoring social relationships, and offering avenues for healing.

Keywords: War, Post- Traumatic Stress Disorder, Mental Health, Gender-based Violence, Depression.

Introduction

War trauma, an invariable outcome of armed war, encompasses the human experience, inflicting deep psychological scars on both people and civilizations. This introduction delves into war trauma, its various expressions, far-reaching repercussions, and the need of addressing its influence on mental health.

Armed conflict, which is marked by violence, loss, and the breakdown of social relationships, exacts a toll that goes beyond the physical battlefield. battle trauma comprises a wide range of psychological scars caused by the harsh reality of battle, from acute stress reactions to long-term mental problems including post-traumatic stress disorder (PTSD), depression, and anxiety.

Soldiers and civilians in combat zones face continual risk, witness atrocities, and endure significant disruptions to routine. For troops, war trauma shows as hypervigilance, intrusive flashbacks, and emotional numbness, which can make it difficult to transition to civilian life when they return. Meanwhile, civilians face the fear of bombs, relocation, and the loss of loved ones, with long-term consequences for mental health and communal resilience.

War trauma extends beyond human suffering to penetrate society processes, eroding social cohesiveness and increasing existing vulnerabilities. Unresolved trauma puts a burden on interpersonal connections, contributing to higher incidence of domestic violence, substance misuse, and family breakup. Furthermore, intergenerational trauma transmission maintains cycles of psychological suffering by altering subsequent generations' developmental trajectories.

The Vietnam War was notable for its harsh intensity, unorthodox combat techniques, and uncertain aims, all of which led to the enormous psychological toll on soldiers and civilians alike. Soldiers

were constantly exposed to warfare, experiencing the wreckage of war and dealing with the ever-present possibility of injury or death. War trauma manifested in a variety of ways, ranging from acute stress reactions on the battlefield to long-term psychological scars like post-traumatic stress disorder (PTSD) upon homecoming.

The Vietnam War challenged traditional concepts of warfare, blurring the distinction between fighters and civilians and subjecting noncombatants to new levels of brutality and trauma. Civilians faced bombardment, displacement, and the loss of loved ones, causing severe psychological misery and societal upheaval. The war's influence went well beyond the battlefield, penetrating Vietnamese culture and moulding collective memory and identity for future generations. The aftermath of the Vietnam War saw an increase in mental health disorders among veterans, with many suffering from PTSD, depression, drug addiction, and difficulty reintegrating into civilian life. Furthermore, the war's legacy reverberates across Vietnamese communities, where the impacts of trauma coexist with attempts to rebuild and heal.

Examining the complexity of war trauma in the context of the Vietnam War provides insight into the long-term effects of battle on mental health, as well as the need of addressing the needs of people impacted by war trauma. It is possible to honour the experiences of people affected by the Vietnam War by acknowledging, supporting, and providing comprehensive mental health interventions.

Vietnam War and the Post-Traumatic Stress Disorder

It was during the fervour of anti-Vietnam military protests in the United States that veterans, partly as a result of their political involvement, were able to campaign for an independent examination of the consequences of their military service. With 18.7% having a lifetime history of Post-Traumatic Stress Disorder, the National Vietnam Veterans' Readjustment Study was a watershed moment in quantifying the psychological consequences of war (Ayer et al. 2015). Beyond Post-Traumatic Stress Disorder, the consequences of traumatic battle stress included an increased likelihood of depression, personality disorders, suicide, and alcohol dependence.

The struggle of Vietnam veterans to be recognized for their psychological traumas aided in the adoption of the diagnosis of Post-Traumatic Stress Disorder and the establishment of the area of traumatic stress studies. This information, in turn, led to worldwide acknowledgment of the predicament of the psychological wellness of civilian casualties of war, such as refugees and torture victims, and their specific demands for treatment. Other tragedies of war, such as the bombing of Hiroshima and the indoctrination of prisoners of war, were also chronicled by activist psychiatrists in the Vietnam veterans' movement. The work aided the medical profession's vital role in the anti-nuclear struggle.

Following the fall of Saigon and the conclusion of the Vietnam War in 1975, many Vietnamese came to the United States in quest for a better life. Thousands of Vietnamese people, children and families piled into boats and travelled to the United States, leaving behind their possessions, loved ones and previous lives. Except for their recollections of the fall of Saigon, the horrors of communist re-education camps, and the atrocities of the Vietnam War, these folks had lost everything. Numerous Vietnamese people may have endured psychological trauma as a result of these experiences, comparable to the numerous Vietnam War-era US soldiers who might have suffered from Post-Traumatic Stress Disorder.

Post-Traumatic Stress Disorder, a syndrome characterized by intrusive thoughts, flashbacks, nightmares, and heightened anxiety, is one of the most common mental health effects of conflict. Women, who are frequently care-givers and are responsible for their families' well-being, may bear the additional load of concern and anxiety over the safety and security of their loved ones. Constant worry over the safety of their children, partners, and extended family members can aggravate the symptoms.

Post-Traumatic Stress Disorder is a mental illness that can develop after experiencing or witnessing a traumatic event such as a natural catastrophe, accident, terrorist act, violent personal attacks, or war. The symptoms might vary depending on how severe the illness is. In rare circumstances, it results in depression. According to Office

of Minority Health, it states that between 48% and 55% of patients with Post-Traumatic Stress Disorder also have depression. The Vietnam War's Post-Traumatic Stress Disorder and psychological trauma contribute to the high incidence of depression in the Vietnamese American population, which has been reported to be as high as 50%. Individuals suffering from depression may get Post-Traumatic Stress Disorder later in life. Perhaps it was identified in up to 70% of Southeast Asian migrants getting mental health care.

The link between Post-Traumatic Stress Disorder and depression is clearly seen in Vietnamese Americans who were affected by the horrors of the Vietnam War. More comprehensive research is needed to investigate the prevalence of Post-Traumatic Stress Disorder in the elderly American people, who were part of Vietnam war. However, among the Vietnamese-American community, mental health disorders can be viewed as a weakness or a curse, discouraging many people suffering who actual need help. Furthermore, many Vietnamese Americans speak minimal English, making it difficult to communicate their mental health difficulties to a doctor who does not know Vietnamese. The frequency of Post-Traumatic Stress Disorder and depression among Vietnamese American senior citizens may have long-term consequences for future generations. A person suffering from despair, distrust, terror, and other Post-Traumatic Stress Disorder symptoms may pass their disease on to future generations. Inter-generational transfer or trauma is the term used to describe this phenomena. Inter-generational transmission may occur when a parent with Post-Traumatic Stress Disorder passes on his disease to his offspring. In certain circumstances, Post-Traumatic Stress Disorder can force people to relive horrific events. These symptoms may impact a child's belief system and or behaviour in family households. Many younger generations of Vietnamese Americans are already experiencing inter-generational trauma.

The impact of assault on women during and after war

The Phenomenon of a women's mental health during and after the war have had an important part in psychiatric history. For women, war-related loss and trauma can lead to severe depression

and difficult grieving. The loss of family members, homes and communities can be very traumatic. Women may carry the emotional burden of bereavement while also seeking to give comfort and security for their families. The lack of closure and the destruction of customary mourning rituals can intensify the difficulties of grieving in the aftermath of conflict. War frequently increases gender-based violence, such as sexual assault and rape. Women may be subjected to these heinous acts of abuse, which can leave profound psychological scars. Sexual assault trauma can cause extreme mental suffering, self-blame and a lack of confidence in others. Aside from the immediate impact, these encounters can result in long-term mental health difficulties and depression.

Forced relocation during war disproportionately affects women. This displacement can lead to the loss of a person's home, community and cultural identity. Displacement can cause feelings of loss, confusion and estrangement due to upheaval and uncertainty. Women may struggle with issues of identity and belonging, which can lead to anxiety and depression.

Women are the primary care-givers for their families in many cultures. Wartime stress, paired with care giving obligations, can result in acute mental and physical tiredness. Women may struggle to satisfy their family's demands while still dealing with their own mental trauma. The carer load that results might aggravate current mental health disorders or contribute to the development of new ones. Women may encounter special barriers to receiving mental health care in post-conflict settings. Women may be discouraged from getting assistance if mental health disorders are stigmatized, particularly in traditional or patriarchal settings. Furthermore, women encounter additional hurdles on their road to healing and recovery due to restricted access to mental health treatments and resources.

The psychological effects of war on women are significant and diverse. It is critical that society and governments recognize and prioritize the special issues that women confront in the aftermath of conflict. Providing accessible and gender-sensitive mental health care, addressing issues of gender-based violence, and cultivating a supportive

community are critical steps towards assisting women in rebuilding their lives and finding a road to healing and resilience in the aftermath of conflict. War has severe and far-reaching implications for society, and one of the most distressing is the frequency of sexual assault, including rape. Here are some specific details on rape victims' wartime experiences:

Sexual Violence Prevalence:

Sexual assault during armed wars is a global issue that affects people of all genders, but women and girls are disproportionately affected. Due to failures in law and order, relocation, and a culture of impunity, conflict zones create an ideal setting for perpetrators to conduct sexual abuse.

Types of Sexual Violence:

Rape, sexual slavery, forced prostitution, forced pregnancy, and other types of sexual coercion or assault are all examples of conflict sexual violence.

❑ Psychological and Physical Trauma:

Rape victims suffer from significant psychological trauma, including PTSD, depression, anxiety, shame, guilt, and worthlessness. Survivors frequently suffer from physical injuries, sexually transmitted infections (STIs), and unplanned pregnancies, in addition to psychological anguish.

❑ Social Rejection and Stigmatization:

Victims of sexual assault endure enormous shame in many civilizations and are frequently isolated from their communities. This stigma can compound survivors' psychological suffering, resulting to feelings of isolation and alienation.

❑ Long-term Consequences:

Wartime sexual assault can have long-term consequences that stretch far beyond the conclusion of the war. Survivors may endure chronic physical and mental health concerns, as well as difficulties developing and sustaining relationships.

❑ Children Born of Rape:

Women who become pregnant as a consequence of a rape confront particular obstacles. Others may endure further trauma as a result of societal rejection or abandonment if they opt to keep their children.

❑ Legal and judicial stumbling blocks:

Due to circumstances such as a lack of evidence, fear of revenge, and weak or corrupt judicial systems in conflict-affected countries, holding offenders accountable for wartime sexual abuse can be extremely difficult.

❑ International Intervention and Legal Frameworks:

The international community has acknowledged the gravity of wartime sexual abuse and taken attempts to alleviate it. The International Criminal Court (ICC), for example, has the authority to punish persons for sexual crimes committed during armed situations.

❑ Assistance and Rehabilitation:

Humanitarian organizations, governments, and non-governmental organizations (NGOs) are working to offer survivors with assistance and rehabilitation. This may involve medical and psychiatric care, legal help, and social stigma reduction activities.

❑ Prevention and Awareness:

Education and awareness-raising activities are critical in reducing sexual assault during conflict. Societies may seek to reduce the frequency of these horrible actions by establishing a culture of respect, consent and gender equality.

The pain of sexual assault in war horizon: A psychological change

Sexual assault in the context of war is a heinous act of human cruelty that causes great bodily, psychological, and emotional agony to its victims. This article delves into the harsh reality of sexual assault in war, exploring its complex effects on individuals and communities, as well as the need of tackling this horrible crime on a worldwide scale. It is critical to acknowledge and confront the suffering of rape victims during the conflict, as well as work towards a society in which such crimes are avoided and survivors receive the care and justice they deserve.

War, with its turmoil, chaos, and disintegration in social norms, provides an environment conducive to sexual assault. Sexual assault is used as a weapon of fear, dominance, and humiliation in wars all over the world, and it targets women, men, and children without regard for gender. From the systematic rape of women in Bosnia and Herzegovina to ISIS' slavery of Yazidi women, sexual violence in conflict knows no boundaries, leaving a path of misery in its wake. "Rape is another horizon of war memory for many, even if it is one of the truest war stories ever" (Nguyen, 2016). there are several unusual experience which are marked as an inevitable consequences of war. Viet Thanh Nguyen, in his work "Nothing Ever Dies"(2016) states

Rape is an inevitable expression of the collective masculine desire that drives men to war, for while not all soldiers are rapist every army rapes. There is no honor to being a rapist and there is neither glory nor fun to being raped, and so memorials to rape victims are rare. Even the experiences of men raped by men are even more invisible and inaudible, anomalous to the entire notion of war (Nguyen, 2016).

Sexual assault inflicts suffering that goes beyond the physical realm, piercing survivors' psyches and leaving permanent wounds that are impossible to repair. Victims of sexual assault in war face tremendous feelings of humiliation, remorse, and betrayal, which are exacerbated by the stigma and social isolation that are frequently associated with their experiences. The trauma of sexual assault pervades every area of survivors' life, destroying their sense of self-worth, depriving them of autonomy, and breaking their belief in mankind.

Ly Le Hayslip is the author of "When Heaven and Earth Changed Places" (1989), an autobiographical book, which is about her experiences during the Vietnam War. Ly Le Hayslip's survival during this turbulent time was defined by extraordinary perseverance, ingenuity, and tenacity. Ly Le Hayslip grew up in a tiny town in Central Vietnam. Her town became embroiled in fierce fighting as the war progressed. Despite the difficult conditions, Ly and her family overcame their perils and hardships. To survive, they depended on their knowledge of the local terrain, close-knit community bonds , and the

help of neighbors and family to survive. Ly describes various episodes of adversity and peril throughout the book. She talks of the continual threat of airstrikes, the paucity of food and supplies, and the persistent terror of enemy forces. Ly's story, however, is peppered with moments of optimism, human connection, and acts of compassion that sustain her and her family. Ly's capacity to adapt to changing conditions is responsible for her survival. She learned to make things with whatever resources she had, frequently depending on her own creativity and resourcefulness. Her deep sense of familial obligation, as well as a desire to protect her loved ones, drove her to take risks and make sacrifices. Furthermore, Ly's ambition to make a better life for herself and her family led her on a risky voyage from war-torn Vietnam to the United States. This voyage was laden with peril and uncertainty, but it eventually enabled her to flee the immediate hazards of the war and seek a new beginning.

Ly Le Hayslip's survival during the Vietnam War was a monument to her incredible bravery, resourcefulness and unshakable devotion to her family's well-being. Her narrative is a poignant reminder of the human spirit's tenacity in the face of incredible suffering. As a survivor Le Ly Hayslip endured tortures, sexual assaults but never gave up as she wanted to live. She understood the real concept of humanity and lived for it too. She suffered from many mental disturbances but bounced back with the support of her family, especially her father.

In every war in every country, one can hear of nurses suffering distress and handling traumatic issues. The wartime environment is entirely distinctive for individuals too. Army nurses are frequently exposed to intense and stressful conditions, such as treating seriously injured soldiers, seeing casualties, and working near battle zones. This continual exposure to trauma can cause acute stress symptoms and may contribute to long-term mental health concerns such as PTSD. Witnessing the suffering and loss of life during a war can cause moral harm, as well as a profound feeling of moral struggle and grief. This might occur when a person believes that their behaviours or decisions contradict their own ideals and beliefs.

Army nurses work in high-pressure circumstances where making rapid and correct choices can be the difference between life and death. Chronic stress and anxiety might result from the ongoing requirement for alertness, along with the emotional weight of their responsibilities. It may be emotionally exhausting to provide treatment in a combat zone. The urge to be sensitive and empathetic while dealing with persistent grief and loss can lead to emotional exhaustion and burnout. Army nurses may build bond with their patients, and losing a loved one on a frequent basis may be extremely draining. After witnessing an eighteen-year-old boy dying, Lynda (the author of *Home Before Morning*), tries to take them out of her mind. But for a moment she did. “Then all the images came crashing back to me. I lost control and became hysterical” (Devanter, 1983). The images of the diseased disturb Lynda’s mind resulting in hysteria. However, Lynda’s friends try to soothe her but it could not work. The dumped emotions come to a point where it loses its threshold. Hysteria is the physical outcome of those dumped emotions. The boy’s death acts as an environmental situation producing a pattern of emotions. The dumped emotions are the patterns of activities from the lower part of the brain. The felt emotions are perceived in the cerebral cortex and the hysteria is the bodily activity expressing the emotions which occur after the boy’s death.

Addressing the agony of sexual assault in conflict necessitates a collaborative effort by the international community to bring criminals responsible, offer comprehensive support services for survivors, and address the underlying causes of sexual violence. Legal frameworks, such as the International Criminal Court’s Rome Statute, provide survivors with a road to justice, while efforts focused at empowering women and promoting gender equality seek to undermine the patriarchal systems that perpetuate sexual violence.

Moreover, education and awareness-raising activities are critical in combating cultural attitudes and customs that condone or accept sexual assault. By elevating survivors’ voices, establishing solidarity, and fighting for change, we can address the trauma of sexual assault in war and pave the path for a future free of fear, violence, and injustice.

There are several veterans who did not even get the basic concession on the medical expenditure. Health concern is the basic need that every individual should get, similarly a veteran should be cared for with all the basic needs. Nam, a North Vietnamese army soldier, was largely paralyzed after a mortar punctured his skull during a combat in 1969. The 76-year-old no longer has use of his left arm or leg. And roughly once a month, he experiences a panic episode that necessitates hospitalization in a local hospital's psychiatric ward. His physicians usually give him an anticonvulsant sedative to help him relax. According to his son Bach, the 4.5 million Vietnamese dong (\$211) a month in government disability payments that Nam receives covers roughly 70% of his treatment and hospitalization expenditures (Ives & Nguyen, 2016). However, Nam's treatment is solely drug-based, with no therapy or counselling.

According to Le Hong Loan, a mental health specialist at UNICEF's Hanoi office, the lack of comprehensive mental health care in Vietnam stems from a lack of knowledge among physicians, health officials, and the general population. "If you don't know about depression and anxiety disorders - if you don't see them as mental health - then you don't have a system to respond", she said. "Mental healthcare is not yet a priority".

Vietnam has at least 2.6 million war veterans, but mental health professionals believe it is hard to tell how many of them have mental diseases since the country lacks adequate epidemiological data on mental illnesses (Kanter, 2008). However, if the general population is any indicator, many veterans are likely to suffer from undetected mood disorders that do not qualify as serious mental illnesses, according to doctors. And, like millions of other civilians, veterans would benefit from comprehensive treatment programme that included therapy, counselling, and community-based outreach. Even though there are several therapy or counselling centers, the primary concern should initiate from home and on the other hand the society plays a major role in the aspect of recovery.

Conclusion

In conclusion, the interaction of women and the impact of war trauma, particularly through the perspective of sexual assault, highlights the critical need for comprehensive action to address this heinous violation of human rights. Throughout history and throughout cultures, women have suffered a disproportionate weight of war's horrors, bearing not only the immediate consequences of warfare but also the subtle menace of sexual abuse which ends up in psychological changes.

Documenting the psychological consequences of war is crucial because it persuasively argues for the need to enhance treatment facilities for both veterans and affected civilians worldwide. The large research effort devoted to researching veteran communities has also helped to broaden awareness and acceptance of the impacts of traumatic stress in society, as well as to draw attention to the need for enhanced services. Despite gains in evidence-based care, significant morbidity persists, underlining the need for new therapies and rehabilitation. When considering declaring war, political leaders must keep these long-term, irreversible repercussions in mind. The ultimate form of preventive is to end war, which is sadly at odds with human nature.

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