

The Impact of Border Conflict on Children's Education and Development in the Rajouri district of Jammu & Kashmir

Sohrab Sharma^{1*}, Palash Kakati², Nenavath Shiva Ram³, Dr. Dipen Basumatary⁴, Prajjwal Yadav²

^{1*}Research scholar, Department of Sociology, Hemvati Nandan Bahugna Garhwal University (A Central University), Uttarakhand, India. Email: sohrab.9645@gmail.com

²Research scholar, Department of Sociology, Kumaun University, Nainital, Uttarakhand, India. Email: palashkakati17@gmail.com, prajjwalyadav786@gmail.com

³Research scholar, Department of Culture and Media Studies, Central University of Rajasthan, India. Email: shivayrt@gmail.com

⁴Assistant Professor, Department of Sociology, PNGB Govt. Model College Kakopather, Tinsukia Email: dipenbasumatary99@gmail.com

*Corresponding Author: Sohrab Sharma

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ABSTRACT:

This paper investigates complex role of cross-border shelling on both the education and psychosocial wellbeing of school going children within the high conflict border of Jammu and Kashmir in India. The study employed a concurrent mixed-method design that recruited quantitative surveys of 420 (aged 10-16) students in high-exposure districts and compared them with a control group (n=150) in low-exposure districts to designate that study, the qualitative in-depth interviews, and focus group discussions with children, their parents and teachers. Quantitative data indicated that exposure to shelling significantly negatively correlated with school attendance ($r = -0.72$, $p < .001$) with high-exposure schools missing 40 percent (72 days) of an academic year on average. These students had also a significantly worse academic performance ($M=49.8$ vs. $M=68.5$, $p < .001$) and had more prevalence of clinical PTSD (38 vs. 8), anxiety symptoms (45 vs. 12) and depression symptoms (32 vs. 9) than their counterparts in the control group (all $p < .001$). The strongest predictor of PTSD symptoms was direct shelling exposure (0.41 , $p = 0.001$). The qualitative analysis revealed four major themes. The researchers conclude that the effects of cross-border shelling are chronic and toxic stressors that form a syndemic, with educational disruption and psychological trauma being inevitably connected and mutually reinforcing. The landmark conclusions support the shift in paradigm where the ad-hoc management of crisis is replaced by the systematic application of trauma-informed educational ecosystems, school-based mental health services and resilient learning systems designed to accommodate conflict-affected borderlands.

Keywords: Cross-border shelling, psychological trauma, educational disruption, border conflict, community resilience, Rajouri district.

1. Introduction

Jammu and Kashmir (J&K) has long been a geopolitical hotbed, and its civil population has been the long-term victim of a long-term conflict. Border villages along the Line of control (LoC) are heavily militarized areas and, the native people are highly impacted by the cross-border shelling. It is a threat to their lives, which takes place regularly (A. Chaudhary et. al. 2019). In these border villages people are suffering from anxiety and fear due to the sound of artillery and mortars shelling. Mostly the news reports, briefing of policies are mostly concerned about the security and political aspects, while the social aspect of these conflict are remained neglected. Children are the prime victim of these conflicts, who are not just watching, but are living in the middle of the conflict, and this violence not only disrupts their schooling but also their entire routine life (Betancourt et. al. 2008). Educational institutions which are supposed to be a safe and stable place for the growth and open many opportunities in future are become more vulnerable and inaccessible for these children. While parents in frontier villages like Jhangar and Sarya of Rajouri district maintain high academic aspirations for their children, these goals are frequently undermined by fragile educational continuity caused by school closures and chronic emotional stress (Sharma et. al. 2025).

Longstanding studies in conflict-affected areas around the world have identified armed conflict exposure as one of the strongest negative childhood experiences (ACEs) and have shown that armed conflict adversely affects cognitive development, academic achievement, and mental health (T. S. Betancourt et. al. 2013), (W. A. Tol et. al. 2013). Nevertheless, violence is of a certain type. The qualitative difference of the chronic unpredictable trauma of cross-border shelling with large-scale urban warfare or insurgency. It generates a special psychological atmosphere of hypervigilance and the lack of a feeling of safety, even during the ceasefire, because the threat can be at any moment (Hussain et. al. 2020). In the particular situation of Jammu and Kashmir, there has been an increasing literature that is starting to shed light on the psychological trauma of the war. Some of the early attempts to

record the prevalence of depression and PTSD among children in the Kashmir Valley systematically were done by Margoob et al. (2006). These results have been supported by later literature, which has associated the overall conflict exposure with various mental health disorders (Hussain et. al. 2020). Nevertheless, there is one important drawback, namely, a big part of this research considers the exposure to conflict as a single variable, without disaggregating the particular effects of various forms of violence, including the particular, resonant trauma of artillery battles along the border. This study aims to fill this gap of critical research. The study argues that cross-border conflict has a dual impact on children. Firstly it destabilizes their education which is consider as most important factor for future socioeconomic development and secondly, it causes extensive psychological trauma that lasts throughout the lifetime. By examining conflict in detail, this study provides specific and effective interventions.

The study has following guiding questions:

- i. How does shelling disturb the regular calendar by damaging the school buildings and disturb the physical access to school?
- ii. How can the effects of such exposure on the cognitive functioning and academic performance of children be estimated, based on formal tests?
- iii. What are the psychosocial impacts in children, that is, the occurrence and intensity of PTSD, anxiety, and depression symptoms?
- iv. What are the perceptions, experiences and ways that children, parents and teachers live with these interconnected challenges in their lives?

2. LITERATURE REVIEW

2.1 Global Nexus of Conflict and Education

The harmful dependence of the armed conflict and education is a time-proven global issue. The groundbreaking report of UNESCO (Sharma et. al., 2025) entitled *The Hidden Crisis: Armed Conflict and Education* was a strong demonstration that conflict is among the greatest setbacks to Education for All (EFA) objectives. Education attacks are not

just collateral damage, but they may be strategic, intended to destabilize communities and discourage the future development (Bruck et. al. 2021). The most obvious is the destruction of the school infrastructure, the more insidious are the so-called soft attacks: the atmosphere of fear that does not allow students and teachers to attend school, militarization of school premises, and the loss of educational quality in the long term (Shah et. al. 2022). Besides access, the conflict inhibits the very cognitive abilities that are needed to learn. The repeated stimulation of the body systems of stress response, the so-called fight or flight mechanism, redirects the cognitive resources of the higher-order thinking on survival (Shonkoff et. al. 2008). The neurobiological effect can be seen in the classroom in the form of impaired concentration, memory, and executive functioning, resulting in poor performance in schools and dropout (Betancourt et. al 2013).

2.2 The Psychological Burden of War to Children.

The psychological effects of war on children are far-reaching. Literature is abundant with studies that indicate the presence of conflict exposure to various mental health disorders, and the most common are PTSD, anxiety, and depression (Thabet et. al 2008), (Panter-Brick et. al. 2014). In specific, PTSD is defined by the intrusion memories (nightmares, flashbacks), avoidance of trauma reminders, changes in mood and cognition of a negative nature, and hyperarousal (2013). Noises, clear skies (which make shelling easier), or even the school bell can be used to trigger children in shelling-prone regions. Studies in similar settings give grim comparisons. An experiment of children living in Gaza revealed that exposure to bombardment was by far the best predictor of PTSD and anxiety symptoms, and a large number of children developed lifelong phobia and somatic symptoms (Thabet et. al 2008). In Afghanistan, Panter-Brick et al. (2014) showed that there was a dose-response relationship: the more cumulative exposure to traumatic events, the more severe mental health problems were likely to be experienced. Nevertheless, another important factor that is brought to the fore in this study is the concept of resilience or the ability to stay mentally

well despite hardship, which is usually facilitated by the existence of certain protective mechanisms, including family support, community cohesion, and access to education (Betancourt et. al 2008).

2.3 The Jammu and Kashmir Situation: Legacy of Trauma.

Having a pervasive environment of psychological distress is the result of the conflict in J&K. Research works done in the last 20 years have continually indicated a high prevalence of mental illness among the population. Margoob et al. (2006) reported that more than 55% of the Kashmir Valley population had many signs of mental distress and children had a high level of fear, sleeping disturbances, and problems of behavior. A relatively recent study by Hussain and Margoob (2020) on the border districts indicated that 35 percent of adults screened positive on PTSD and 38 percent on major depression and that one of the most significant risk factors was direct exposure to violence. Nevertheless, there are two major limitations of the current studies on children in J&K. First, it tends to pay less attention to the specificities of the border areas of the Jammu division, where shelling is the basic violence form, and more attention is given to the Kashmir Valley, where the main and most frequent mode of violence is the one-dimensional conflict. Second, as has been mentioned, it often uses general indicators of conflict exposure that fail to draw the line between the continual, low grade stress of political unrest and the sudden, life-threatening stress of shelling. This research is based on this groundwork by making a conclusive study into the particular implications of cross-border shelling thus providing a more refined and practical insight to policymakers and practitioners.

2.4. THEORETICAL FRAMEWORK

2.4.1 Toxic Stress and Ecological Systems. Two theoretical frameworks are applied in this study in a complimentary way. To begin with, the Ecological Systems Theory (1979) by Bronfenbrenner et. al (1979) assumes that the development of a child is affected by a set of interconnected environmental systems, starting with the immediate one (family, school) and going to the broader system (cultural values, political conflict). The shelling across

borders riotously interferes with almost all these systems: it disrupts the family (microsystem), seals schools (mesosystem bond between family and school), and is a process of the political fight on a larger scale (macrosystem). Second, biology of adversity suggests the notion of toxic stress as an explanation of the observed outcomes on a neurobiological basis (Shonkoff et. al. 2012). The concept of toxic stress that is used is the intense, repeated or prolonged programming of the body systems to respond to stress without the cushioning effect of an adult support system. This may interfere with the formation of the brain architecture and other organ systems, which causes long-term problems with learning, memory and emotional management, and exposes individuals to the threat of stress-induced illness and mental illness. Cross border shelling, which is unpredictable and terrifying, is a time-honoured cause of toxic stress, especially when the individuals who were caring are traumatized and are less equipped to offer a buffering presence.

3. METHODOLOGY

3.1 Paradigm and Design of research

The research paradigm used in this study was pragmatic research paradigm, which focused on the research problem and appreciated the contribution of various sources of data. This was selected as a sequential mixed-methods design, in which quantitative data collection and analysis would be performed before and inform the qualitative part (Creswell et. al.2018). This design made it possible to have a broad and generalizable view of the issue provided by the quantitative survey, and then grasp the processes and lived experiences in detail using the qualitative interviews and FGDs.

3.2 Study Setting and Context

The research was conducted in the Rajouri district of Jammu & Kashmir. In this district, the research targeted three blocks, namely, Nowshera, Doongi, and Manjakote, directly influenced by the cross-border conflict. These blocks have rugged landscape with numerous villages right in the line of the LoC. As it concerns the people, they are more engaged with subsistence farming and agriculture. The selection of these blocks was done intentionally

and they were selected based on the available data in Jammu and Kashmir Home department and South Asia Terrorist Portal (SATP) that indicated that these blocks are the highly targeted in cross-border firing and shelling within the five years prior to the study.

3.3 Participants Sampling Procedures

Multi-stage stratified random sampling of Quantitative Phase was used. In the initial phase, the schools located within a 0-10 km buffer zone of the LoC in the identified blocks of the Rajouri district (Nowshera, Doongi, Manjakote) were stratified and classified based on their type (Government/Private) and the level (Primary/Middle/Secondary). The selection of these strata was random since twelve schools were picked. The second phase involved all the students in the sampled schools in Grade 6-10 hence a sample of 420 was acquired (Mean age=13.2 years, SD=1.9; 52% male). A control group of 150 students was chosen in the schools in hinterland (more than 20-25km in relation to the LoC) of district and was compared to the best possible degree regarding age, gender, and socioeconomic status with the help of an indicator (parental education and occupation).

Qualitative Phase: The sampling of the quantitative sample had a qualitative sample based on purposive sampling in order to get a large variety of experiences. The children were chosen on basis of various exposure to shelling (high/ medium/ low on a proximity index) and psychological symptoms (high/ low on the CRIES-13). At last, 25 children, 15 of their parents, and 10 teachers of the high-exposure schools were selected to be involved in intensive interviews (IDIs). FGDs were conducted at the individual level in groups of children (2 FGDs) and parents (2 FGDs) and one with the teachers.

3.4 Data Collection Instruments and Procedures

3.4.1 Quantitative Instruments:

- I. Socio-Demographic and Exposure Inventory: This is self-administered and it gathered the following information; age, gender, grade, parental

- education/occupation, and specifics of exposure to shelling (e.g., close to impact, injured/killed family/friend, damage to property). An overall exposure Index was determined.
- II. School Data Proforma: This is used to systematically retrieve data of the official school record on: student enrollment, daily attendance of the preceding school year, days of official closures because of shelling or curfews and annual scores of academic performance (aggregate marks).
 - III. Child Revised Impact of Events Scale (CRIES-13): This is a 13-item self-report scale that is aimed at screening PTSD in children. It includes intrusion (4 items), avoidance (4 items) as well as arousal (5 items) subscales. A cut-off of 30 and above can be regarded as a valid cut-off point of probable PTSD (Birmaher et. al 1999). It was also very reliable in this research (Cronbach 0.91).
 - IV. Screen for Child Anxiety Related Emotional Disorders (SCARED): A questionnaire with 41 items that can screen five domains of anxiety namely panic/somatic, generalized anxiety, separation anxiety, social phobia, and school avoidance. A minimum score of 25 is a sign of probable anxiety disorder (Tol et. al 2013). It proved to be very reliable (Cronbach 93 = 0.93).
 - V. Short Mood and Feelings Questionnaire (SMFQ): Short scale used to identify fundamental cognitive and affective symptoms of depression among children and adolescents with 13 items. A score of 8 or above indicates likely depression (Braun et. al 2006). It was a reliable scale (Cronbachs 87 = 0.87).

3.4.2 Qualitative Instruments: Semi-Structured Interview Guides: Separate guides were developed for children, parents, and teachers. Key areas of inquiry included:

- i. Children: Daily routines, feelings of safety at school and home, concentration in class,

memories of shelling incidents, fears, dreams, and coping strategies.

- ii. Parents: Perceptions of children's behavioural changes, concerns about education and safety, impact on family life, and coping mechanisms.
- iii. Teachers: Observations of student behaviour and academic engagement, challenges in curriculum delivery, impact of school closures, and perceived training needs.

Data collection was conducted by researchers fluent in the local languages (Pahari, Gojari and Hindi). The quantitative survey was administered in classroom settings over two sessions to prevent fatigue. Qualitative interviews and FGDs were conducted in private, quiet settings, audio-recorded with permission, and lasted between 45-90 minutes.

3.5 Data Analysis

Quantitative Analysis: Researchers examined the data utilizing IBM SPSS Statistics version 28.0. Descriptive statistics, including frequencies, means, and standard deviations, were computed for all variables. Researchers utilized independent samples t-tests and Analysis of Variance (ANOVA) to compare groups, such as high-exposure and control. We employed Pearson correlation coefficients to examine the interrelations among continuous variables, such as the exposure index and test scores. We employed multiple linear regression to identify the most significant predictors of psychological symptoms (PTSD, anxiety, and depression) while accounting for demographic variables.

Qualitative Analysis: The researchers transcribed and translated the audio recordings, employing Braun and Clarke's six-stage framework for thematic analysis. This process included reading the data, coming up with initial codes, looking for themes, reviewing themes, defining and naming them, and writing the report. We used NVivo 12 to organize and code the data. To make the results more reliable, we used peer debriefing, checked the members with a small group of participants, and kept a full audit trail.

4. RESULTS

4.1 Quantitative Findings

The quantitative sample includes 420 students from the border areas (male=52%, female=48%) and 150 students from the control areas (male=51%, female=49%) both groups were well matched, as there is no major difference in terms of age and gender.

Educational Access and Continuity: The school records gave an analysis that showed a dismal image of disruption. In the high-exposure border region, the schools were technically closed a total of 72 days (SD=15.3) last academic year because of shelling, curfews, and precautionary measures. This was a loss of about 40 percent of the normal 180 day academic schedule. The individual student, to have a strong and statistically significant negative correlation with their annual attendance rate with the index of the exposures ($r = -0.72$, $p < .001$). Moreover, 70 percent of the schools had visible signs of shell splinter or blast damage of the structure such as broken windows, broken walls.

Academic Performance: High-exposure border students scored low academically as compared to their colleagues in the control group. The average of the aggregate scores of the border group was 49.8% (SD= 12.1), versus 68.5% (SD=10.4) of the control group, which differed significantly ($t(568) = 5.89$, $p < .001$). The ANOVA revealed significant main effect of exposure level (low, medium, high, among the border group) on academic scores ($F(2, 417) = 18.45$, $p < .001$) with post-hoc tests indicating that the group with high level of exposure scored significantly lower than the medium and low ones.

Psychosocial Well-being: The prevalence of clinical-level psychological symptoms was dramatically higher in the border-exposed group compared to the control group:

- PTSD: 38% (n=160) of the border group scored above the clinical cutoff (≥ 30) on the CRIES-13, compared to only 8% (n=12) of the control group ($\chi^2(1) = 45.2$, $p < .001$).
- Anxiety: 45% (n=189) of the border group met the screening criteria for an anxiety disorder on the SCARED (≥ 25), compared

to 12% (n=18) of the control group ($\chi^2(1) = 52.1$, $p < .001$).

- Depression: 32% (n=134) of the border group scored above the cutoff on the SMFQ (≥ 8), compared to 9% (n=14) of the control group ($\chi^2(1) = 35.7$, $p < .001$).

Predictors of Psychological Distress: A multiple regression analysis was run to predict PTSD scores (CRIES-13) from gender, age, parental education, and the Exposure Index. The overall regression was statistically significant ($R^2 = .38$, $F(4, 415) = 28.9$, $p < .001$). The Exposure Index was the strongest unique predictor ($\beta = 0.41$, $p < .001$), followed by female gender ($\beta = 0.15$, $p < .01$). Age and parental education were not significant predictors in this model. Similar regression models for anxiety and depression also identified the Exposure Index as the most robust predictor.

4.2 Qualitative Findings

Thematic analysis of the rich qualitative data that was given offered a deeper context and meaning to the quantitative numbers and revealed four key themes.

Theme 1: Education in the Shadow of Fear:

The idea reflects this general mood of anxiety that permeates the education process. Children did not characterize school as a place of safety but rather a place that they felt vulnerable in. The fear was not an abstract one, but the fear associated with the physical environment. A 15 year old girl of Doongi block said, there is no bunker in the school building. We are sitting in the classroom and we are thinking that what would happen should a shell strike this place? Waiting the siren, we are just waiting. This was supported by teachers who reported that students tend to be jumpy and that any loud noise such as a door thrown open, a backfiring car could cause panic and interfere with a lesson lasting a very long time. This hypervigilance made learning directly difficult due to this constant state of hypervigilance.

The Nowshera block has physical bunkers, which is very different from other areas. However, having safety structures doesn't mean that people feel safe mentally. In this case, the "Shadow of Fear" changes

from a lack of infrastructure to being too close to the border. For these students, the bunker is a chilling reminder that danger's always close. The presence of bunkers right at the school gate creates a stressful environment for the children because they keep thinking that their classroom is a target. In these frontier areas, the distance between the textbooks and trench is a few yards. Students never fully relaxed even after having thick concrete walls. For these children education is no more basic right, school bunkers might stop a shell, but they cannot protect a child from daily mental strain.

Theme 2: The Erosion of Academic Self-Concept:

The result of conflict is not only seen in grades dropping, but also the whole identity of children falls apart. They start blaming themselves for poor performance which leads to a heavy sense of guilt and a fractured sense of self-worth. They can't see the invisible wall that is their environment which makes it impossible to learn. The mother of 13 years old girl said "she used to be first in her class till fourth standard as she grew up and start realising the real condition now she isn't able to study, last year during shelling the shell struck a tree behind our home is not just a distraction but a profound trauma."

Theme 3: Somatic and Emotional Traumatic Landscapes:

Both the parents and children frequently deals with the extreme stress and mostly complained about chronic headache, stomach ache, loss of appetite, sleeping problems, nightmares, and bedwetting that don't have any clear medical cause. Emotionally, the impact can be trace easy as some children have become completely withdrawn, sit alone, barely talk, remain irritable and frequently fight with their siblings and cousins and having intense temper tantrums. Mother wrote about her boy: he is no longer the boy. He jump scares at anything, he does not sleep during the night and is not patient with anything. It's like he is always on edge." These characteristics are fully consistent with the clinical pictures of PTSD and complex trauma. The conflict has quietly changed the rules of childhood in homes all over the border area. It is not only about the

broken glass or ruined building anymore. It is in a way a young girl freezes whenever a big vehicle (Load carrier) rattles per her window. Her whole body is on high alert turned into a signal of danger that the people from safe zones can't even imagine. For, her going through the school day is a real struggle as she wonders how long she can handle the constant uncertainty. She keep on staring the ceiling deep down knowing that it cannot keep her safe. Parents can clearly see the stress and situations of their children but they can't do anything.

Theme 4: Weak Coping and Disputed Resilience:

Although tales of endurance were too encountered, they were generally weak and conditional. The coping approaches involved family support especially by mothers; indulgence into religious faith and prayer; and in some cases among older children, a strong conviction to study hard and get out of the place. Nevertheless, these plans were often engulfed by the repetitiveness of the trauma. One more shelling attack might break the months of slow progress. Moreover, even the notion of resilience was disputed. It had to be romanticized by an older member of the community: "It is a service to the external world to refer to these kids as resilient. It gives it the impression that they are okay. They are not fine. They are experiencing agony, and they are adjusting since they have no alternative. It is not resilience, it is survival.

5. DISCUSSION

This paper presents a detailed and disillusioning report on the cross-border shelling of children in border blocks of Rajouri district in Jammu and Kashmir. The results create the vivid image of a broken learning ecosystem functioning in the environment of the prevalent psychological trauma where one sphere causes the other to become more severe. The numerical findings do not leave much to be desired. Losing even four out of ten academic years is disastrous to the continuity of education, and it brings gaps of knowledge and skills that cannot be bridged. This is in line with the evidence found around the world with regard to the effects of conflict on access to education (Sharma et. al 2025). The drastic drop in academic performance is

not only a feature of the lost instructional time but probably influenced by the neurocognitive effects of toxic stress, which disrupts the functions of prefrontal cortex that are used in learning (Shonkoff et. al 2012). The level of PTSD (38%), anxiety (45%), and depression (32%) agree with the prevalence of the same in other conflict areas known to experience bombardments, including Gaza (Thabet et. al 2008) and Afghanistan (Panter-Brick et. al 2014). This high predictive value of the Exposure Index is a reminder that this is not an genericized trauma stress but a direct trauma reaction to the life-threatening violence of shelling.

This realization is immeasurably enhanced by the qualitative results. They go beyond statistics to depict the experience of this trauma. The theme of Education in the Shadow of Fear depicts how the school environment, per se, is a stimulus that compromises its position as a shelter. The Erosion of Academic Self-Concept shows a morbid internalizing of failure as the children accuse themselves of their failure to learn in an un-conducive environment, and this could result in their longterm lack of engagement in the educational process. The textbook example of the way in which trauma is expressed in children is offered by the Somatic and Emotional Landscapes, which prove the quantitative data of mental health with the compelling narrative account. Most importantly, the debate on the topic of Fragile Coping and Contested Resilience poses a simplistic narrative of the optimistic one. It also emphasizes the fact that coping mechanisms are always under threat due to a constant threat of being flooded by the repetitive trauma. This is a cyclical process of traumatic experience, some recovery, retraumatization that is typical of complex PTSD and indicates that the psychological trauma in this case can be more profound and long-lasting in comparison to the trauma caused by one traumatic experience. This result makes it necessary to fundamentally reconsider intervention models that emphasize the development of resilience completely without concomitantly aiming to minimize the cause of the trauma or offer protracted, clinical assistance. It is particularly justified by the fact that the theoretical frameworks are to be applied with the help of the integration of quantitative and

qualitative data. The cascading disruptions throughout the child microsystem (fearful home, unsafe school), mesosystem (broken bond between parent and teacher) and ecosystem (security policies resulting in school closures) confirm the Ecological Systems Theory (Bronfenbrenner et. al 1979). The neurobiological pathway that describes the etiology of the triad of low academic achievement, elevated moral health morbidity, and somatic health is the Toxic Stress model (Shonkoff et. al. 2012).: activation of the stress response on a chronic basis is literally restructuring the developing brains and bodies of such children.

The study has a limitation of cross-sectional which only gives a snapshot of the situation at a given time and cannot be sure of causal pathways. It would be invaluable to have longitudinal studies of the same children in time. Moreover, the research was done in three different blocks of Rajouri districts, which are representative of the LoC, but when the generalization is required to all conflict-prone areas, it cannot be cautiously made.

6. CONCLUSION AND RECOMMENDATIONS

This study has clearly shown that to children in the border regions of Jammu and Kashmir, cross-border shelling does not happen to be a mere background experience but a core and characteristic aspect of their childhood that not only compromises their education and psychological health but also becomes central to them. The educational deprivationpsychological trauma syndemic is a vicious cycle which is already threatening to take away the life chances of a whole generation. This is an emergency, multi-sectoral, and long-term response that is beyond short-term relief. Thus, the evidence-based recommendations that we offer are as follows:

Emergency Systemic Educational Reform:

- Infrastructure: Requirement and finance the building of strengthened bunkers or safe rooms on all schools within 10-km of the LoC.
- Flexible Learning Models: Design a hybrid education model integrating face-to-face learning in calm times with a decentralized

and community-based learning program or a digital based learning program when there is increased tension. This may include the provision of learning materials in the community centers and training young facilitators in the community.

- **Curriculum Adaptation:** Modify the academic calendar to be more flexible and condense the curriculum to core competencies to accommodate the occurrence of frequent closures.

Trauma-Informed Practice Integration:

- **Teacher Training:** In conflict-prone regions, pre-service and in-service teacher training should become trauma-informed care. Educators should be prepared to identify symptoms of traumas, to de-escalate distress, and to use pedagogical interventions that help promote regulated and active learning.
- **School-Wide Approach:** Inculcate the culture of psychological safety, predictability, and affiliation to a school. This involves setting routines, provision of calm-down grounds, and positive teacher student relationships.

Accessible and Scalable Mental Health Infrastructure:

- **School-Based Mental Health:** Incorporate mental health (counsellors, clinical psychologists) into the school system in high-exposure zones. This should be done through services that involve group-based psychosocial activities, universal screening, and individual counselling.
- **Task-Shifting:** Educate and mentor a group of community-based, psychosocial workers and teachers in simple based evidence-based interventions (e.g., some components of Cognitive Behavioural Therapy) to increase the scale of services.

- **Tele-Mental Health:** Use technology to conduct tele-consultation and supervision by specialists in an urban centre to address the challenge of lack of professionals in the area.

Family-Centered and Community-Based Care:

- **Parental Support Programs:** Provide Parents with programs that assist them in knowing the effects of trauma on their children, coping with their stress, and learning to be supportive parents in a conflict situation.
- **Strengthening Community Resilience:** Pledge the Investments on community-led programs that promote social cohesion, positive youth development, and collective coping because the well-being of the child is indistinguishably connected with the wellbeing of their family and community.

It is a strategic and moral obligation to invest in the education and mental health of such children. It is not only an investment in their own future, but also in the long term stability, peace and human development of the area. This evidence can not be overlooked because the cycle of loss and trauma will continue to farreaching effects that will resonate even in future generations.

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