
Exploring the Psychosocial problems of people affected by armed conflict in Selected *Woredas* of Wollo: Implications for Intervention

Getnet Tesfaw¹

Abstract

The main objective of this study is to explore how the armed conflict has affected the psychosocial wellbeing of people in selected areas of Wollo, Ethiopia. A sample of 38 people was purposely selected and interviewed about their psychosocial experiences related to armed conflict. The epistemological stance adopted for this study was the phenomenological approach of research that focuses on exploring the lived experiences of participants affected by armed conflict. The results indicated that there were feelings of insecurity, hopelessness, trauma, sexual and physical violence, displacement, and other social and psychological problems among people affected and threatened by armed conflict. The problems were more severe for vulnerable groups such as children, women, the elderly, and people with disabilities. Participants reported that they passed through a terrible, frustrating, and suffocating situation with no access to basic services when their areas were occupied by rebel groups. Thus, government and non-government organizations should design appropriate intervention mechanisms to support people affected by armed conflict. Along with the humanitarian help, psychosocial support has to be intensively provided to people affected by the conflict to mitigate the problems accordingly.

Keywords: Psychosocial problems, phenomenological approach, armed conflict

1. Background of the Study

The impact of armed conflicts on people has been the subject of extensive research, with varying results reported by different studies (Blattman & Miguel, 2010; Justino, 2011; Akresh *et al.*, 2011). The effects of armed conflict, particularly those that are internally induced, are known to differ significantly for various groups of people. Individuals may lose their lives or be forced to abandon the place where they have invested their physical, economic, social, and psychological energy.

¹ Lecturer, Wollo University and PhD fellow at AAU: getnet.tesfaw@aau.edu.et

While the consequences of conflict have been the focus of many researchers, the outcomes appear to vary depending on the country. Some studies suggest that populations can adjust quickly and recover to pre-conflict status (Davis and Weinstein, 2002; Brakman et al., 2004; Miguel & Roland, 2010). However, a growing body of research at the local level suggests that conflict circumstances lead to more fatalities and disabilities than any major disease, devastate communities and families, and undermine the social and economic development of nations (Justino, 2011).

Armed conflict can have both short- and long-term impacts on individuals and communities. In the short term, it can lead to bodily injuries, loss of material and human capital, and negative impacts on social and psychological well-being. In the long term, armed conflict can result in reduced access to education and lower academic achievement, which can have severe consequences for individual human capital accumulation. Research has shown that even minor disruptions in healthcare and education during childhood can have long-term effects on human capital accumulation.

Children who are forcibly separated from their families during conflicts often suffer from denial of access to schooling and healthcare. Additionally, violent conflict almost always leads to reduced educational access and achievement, as demonstrated by various studies (Akresh and de Walque, 2008; Swee, 2015; Justino, Leone, and Salardi 2014). One example of the negative impact of armed conflict on children's physical development is the study conducted by Akresh *et al.* (2012) on the physical effects of the Ethiopian-Eritrean war on young children in Eritrea. The study found that children exposed to the war were 0.42 standard deviations shorter than the comparison group. Due to armed conflict, children became forcibly separated from families, denied access to schooling and healthcare, encountered inadequate food and housing, and experienced displacement from homes and communities (Betancourt *et al.*, 2020). A study on post-genocide Rwandan orphans indicated that children were overburdened by daily responsibilities and the laborious work needed to meet their basic requirements and frequently went without food (Boris *et al.*, 2008; Schaal and Elbert, 2006).

Due to armed conflict, a large proportion of the population might be exposed to severe challenges to their mental health and psychosocial functioning. It appears that children, women, and the elderly are particularly vulnerable to the psychosocial difficulties that come with conflict-induced displacement (Terminski, 2012; Werner, 2012; Brown *et al.*, 2016). Trauma from the war

can cause sadness, guilt, withdrawal, and anger (Mattingly, 2017), as well as trouble sleeping and psychosomatic symptoms (Mattingly, 2017; Jordans *et al.*, 2018).

It has also been evidenced that armed conflict threatens children's psychosocial and mental well-being and directly exposes them to war-related violence and loss, which results in "toxic stress" and implicitly through various day-to-day stressors (Rees *et al.*, 2015; Miller and Jordans, 2016; Eruyar *et al.*, 2018; Jordans *et al.*, 2018).

During prolonged and post-conflict situations, psychosocial problems appear in a variety of forms, including anxiety (stress disorder) and depression (Borba *et al.*, 2016; Devakumar *et al.*, 2015). It appears that wars in Africa continue to cause much mental distress and morbidity in many African communities and retard socio-economic development (Musisi and Kinyanda, 2020). Diagnoses such as post-traumatic stress disorder, depression, and anxiety are increasingly seen in today's Africa in their various forms (Musisi and Kinyanda, 2020). It has been reported that civilians are more likely victims than combatants in Africa's wars. Most of these victims are women, children, and elderly people (Kinyanda *et al.*, 2010; Betancourt TS, 2009; Okello, Onen TS, and Musisi 2007). A study by Kim *et al.* (2007) among six camps for displaced persons due to armed conflict in Darfur found that the prevalence of major depression was higher in women and children.

The inability to address anxiety, depression, trauma, and other psychosocial problems can result in household impoverishment, reduced economic growth, and decreased social well-being. Failure to treat and intervene in such war-related problems may trigger "cycles of violence" that contributed to the loss and other destructions (Betancourt *et al.*, 2020; Almedom and Summerfield, 2004; Smith and Jones, 2015). In Rwanda, the violence and brutality of the conflict left many families and communities devastated and traumatized, while also resulting in the destruction of infrastructure, disruption of businesses and industries, and a long-lasting impact on the country's economic development (Cohen and Deng, 2013). The violence and trauma of the conflict have also had a lasting impact on social relations in Sudan, including the displacement of communities and the loss of social support structures (Hassan *et al.*, 2019).

In the case of Ethiopia, following the outbreak of war in 2020, a lot of crises have been reported. According to a report by the Internal Displacement Monitoring Centre (IDMC) (2021), Ethiopia has experienced a surge in conflict-related displacement, with over 2 million people displaced by

violence and conflict in 2020 alone. The trauma and violence of displacement can have long-lasting psychological effects such as depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health disorders (IDMC, 2021). Physical and psychosocial crises have also been reported, along with an increase in armed conflict with the Tigray rebel forces in the Amhara and Afar regions as of June 2021.

Even if different humanitarian help is provided to people affected by armed conflict when the area is freed from the armed groups, the psychosocial crises that people faced during and after the conflict have not yet been investigated.

I believe that the psychosocial situation of people in relation to armed conflict has to be studied, and a comprehensive intervention approach has to be designed to treat “trauma” and related problems to prevent it from triggering new “cycles of violence”. Psychosocial crises related to war may occur not only due to direct exposure to the war but also through unintended problems such as harm to or death of relatives, economic problems, displacement, and continuous disturbances of daily life.

Thus, this article aimed to explore the psychosocial problems of people affected by armed conflict in selected areas of Wollo for possible intervention. The psychosocial challenges in this article are conceptualised and operationalized as various social, emotional, behavioral, cognitive, and related psychological problems due to armed conflict.

2. Objectives of the Study

The major objective of this study was to explore the psychosocial impact of armed conflict in selected woredas of Wollo, Ethiopia. The study explored how armed conflict affected the emotional, social, and related psychological well-being of people in selected areas of Wollo.

3. Research Design and Method

3.1. Research Setting

This study was conducted in selected woredas of Wollo, Ethiopia, a place where people were under siege by armed groups for more than 48 days. Due to armed conflict, people were directly affected by and threatened by armed groups. People in the area have been exposed to multiple conflict-induced displacements.

3.2. Research Design

A qualitative research design was employed to investigate the psychosocial problems of people affected by armed conflict. A phenomenological type of qualitative research approach was used to explore the psychosocial experiences of people affected by armed conflict. This method helped various groups of people share their experiences in relation to the conflict. Moreover, systematic observation was also used to get more data about the situations of people affected by armed conflict.

3.3. Population and Sampling

The population of this study is people affected and threatened by armed conflict in selected *woredas* of Wollo. Though armed conflict can affect all segments of people, its impact on vulnerable groups is expected to be high. Thus, 38 people were selected purposefully to explore their psychosocial problems with armed conflict. An attempt was made to include children, women, and the elderly. Of the 38 participants, five were children, 13 were women, and 8 were elderly. 12 of them were participants, both youth and adults. The participants were selected in Kutaber, Tehulderie/Haik, and Dessie City. Kutaber and Haik were places where there was heavy fighting for an extended period. Each group of people from various groups was included to explore the prevalence of the problem. Both displaced and non-displaced participants were included in the study. Participants who experienced multiple displacements were included. The non-displaced participants were people who stayed in the war areas.

3.4. Tools for Data Collection

Interview guides were primarily employed to collect data. Moreover, observations and field notes were used to substantiate the data. Interview guides were prepared based on the literature. Based on the aforementioned objective of the study, interview guides were initially developed in English. Back-and-forth translations into Amharic and English were also made and collected. Data were collected using the local language, Amharic.

3.4.1. Interview Guide

An interview guide consisting of open-ended questions was primarily developed by the researcher and translated into Amharic with the help of a language expert at Wollo University. This guide was composed of eight items exploring how armed conflict affected the psychosocial experiences of people (e.g., “How do you explain the impact of conflict? Anything you want to say

about armed conflict and its influence?") Feelings they had during conflict (e.g., "How did you feel during the conflict? And how do you feel now? Is anything special that stands out in your mind related to your feelings because of armed conflict? How do you cope with the problems you face?").

3.4.2. Data Collection Procedure

Regarding the procedures of data collection, participants were informed about the purposes of the study and participated only after providing informed consent. During the interviews, the participants were encouraged to talk freely and could express their experiences without interruption. The in-depth interviews were conducted in Amharic, which is commonly spoken in the study area. Participants were asked about their memory of traumatic stress and other psychosocial problems due to and after conflict (each interview took about 45–60 minutes).

3.5. Data Analysis

The qualitative data analysis was conducted through a step-by-step procedure. The audio recordings gathered through interviews were transcribed. All the data were read bit by bit continuously until the researcher got the whole meaning. After a thorough reading of the data, categories or codes were made to reduce the data into manageable sets of themes. In line with the aforementioned objective, the analysis was made thematically. During analysis, people's experiences during and after the conflict were captured. Finally, the main themes (based on the category) were identified, and the categories were brought together and presented under those themes. During the synthesis of the coded data, two major themes and one emerging theme are prepared for the analyses. Decisions about the major themes are made based on the relatedness and essence of issues raised and captured in the processes of coding and synthesis. The analysis was done using NVivo 12 software.

4. Findings

In this section of the study, the major findings are presented. Some of the participants had left their residences and fled to Dessie and Kombolcha and returned home when the towns were freed from the rebel group. In the first place, due to the conflict, a huge number of individuals had taken up residence in Dessie and Kombolcha, as well as in the neighboring districts, in schools, and other locations, before the areas were occupied by the armed groups. Unfortunately, some people have experienced multiple displacements due to the security challenges observed in different regions. For example, some

people were displaced from Wollega and resided in Northern Wollo, and secondly, they were forced to migrate from North Wollo to Dessie. Sadly, these people were displaced for the third time from Dessie to other places when the rebel forces approached and occupied the town. It is a well-established fact that armed conflict takes a heavy toll on people's psychosocial well-being. The violence and its effect may traumatise people who have observed their families and significant others being killed and wounded. It was also apparent that people were in the armed groups for more than 48 days with no access to basic services.

Regarding the psychosocial crises, the major problems captured during the analyses include feelings of insecurity, hopelessness, feelings of separation, displacement, signs of psychological stress, feelings of being intimidated, trauma, feelings of being marginalized, the experience of hardship, different forms of psychological and sexual abuse, and other social and psychological problems. Participants reported that the protracted conflict has resulted in significant impacts on people's livelihood at the household level in the area, which consequently created concerns regarding access to food, medical, and other basic services. Lack of access to banking and other social services affected the lives of people in the area.

4.1.Theme One: Psychosocial Challenges during the Conflict

In this study, the major challenges faced by people during the conflict have been explored. The interview data and observation checklists showed that participants were highly affected by the armed conflict. It was a unique experience for some of them to be under siege by rebel groups for more than 48 days with no or a lack of services. The feelings of being killed, intimidated, and hopelessness were found in people as the result of being occupied by armed groups. Many people were displaced from the area and resided in the nearby town and rural areas. But these people were also exposed to another displacement when the rebel groups approached and occupied the area. Regarding this, a participant who was displaced from his home with his children from Haik described the situation as follows:

With my family, I first went to Kommblocha when the armed groups were occupying the surrounding areas of the town, Haik. We again moved from Kombolcha to Addis Ababa when the areas were also occupied. My daughter panicked. She even can't get out of the trauma she observed during that time.

The above quotes implied that it was a difficult situation for children's psychological well-being. Internally induced armed conflict can cause people to be displaced many times.

In a similar vein, the synthesised data revealed that children, women, and the elderly, as well as those who couldn't have access to move from the war area, were highly vulnerable to psychological and social problems. It was explained that people who stayed in their places of residence were suffering from a feeling of insecurity and uncertainty since the area was fully under the control of the armed groups. Regarding this, a participant who stayed in his residence during the war from Kutaber explained the situations of war as follows:

We suffered from a lot of heavy fighting when the rebel groups were trying to capture Kutaber and the surrounding area. First, the rebel groups were temporarily occupying the town and were taken out by the government forces. Secondly, we became occupied again by the armed groups. Many people lost their lives. Homes, villages, and institutions were damaged. We lost hope, frustrated since we couldn't predict the situation. Imagine life under the rebel armed groups for a long period confined to home with many fears.

The above quote vividly explained the situation of people impacted during armed conflict. It appears that the protracted war caused loss of life and many damages, including material and psychosocial. During the field observation, it was possible to observe the consequences of war, such as the destruction of different services such as schools, health, and financial institutions, as well as roads and villages, which consequently influence the psychological well-being of people.

As indicated previously, women and children were the most exposed groups affected by armed conflict. During interviews and observations, it was demonstrated that women were worried about the various forms of violence against their children. It was a difficult time for them to protect their daughter from sexual violence, as a woman from Kutaber described her experiences as follows:

I did not expect such a horrible and life-threatening conflict. When it was approached in our area, things became complicated. My husband has not been around since he went to the war front. I was very worried about my daughters since we were hearing a lot of bad things about rape. I passed through those terrible days at home with feelings of

insecurity about being killed and raped. Children are still experiencing distress and difficulties sleeping.

Similarly, another woman in Tehuldereie, Haik, reflected on the challenges that she faced during the conflict as follows:

I have faced my challenges and was shocked when I arrived in Haik. The war damaged everything. We couldn't get out of our home even to fetch water due to fear of sexual violence. We lacked food, water, electricity, and other important things. There were no health services, either. We were worried a lot. Currently, we also feel a sense of insecurity. We have not only recovered from the economic challenges but also from psychological trauma.

The above quote implied the psychosocial consequences of armed conflict. The above quote implied that women's feelings of insecurity are associated with observing sexual violence and the damage of many things during the war. Economic insecurity and lack of other services could have a greater impact on the psychosocial well-being of people during armed conflict.

It has been found that during the conflict, the shutdown of service organizations such as health institutions, water, electricity, telecom, banks, and others increased the level of psychological problems. People who were taking medicine were more worried about the situation. It has also been raised due to the lack of transposition and shutdown of telecom that some people were forced to search health professionals' homes door to door while women faced difficulties giving birth at home. Regarding this, a participant in this study said that in the early morning he was waiting for a nurse whom he knew at the gate of the church to request that he provide support for a neighboring woman who was in the labor to give birth.

In this study, children's experiences and perceptions during the conflict have also been explored. Children have been highly vulnerable since they are not physically, mentally, and emotionally mature enough to bear the problem. Children interviewed in this study reported that they experienced a sense of separation from their families due to the conflict that occurred in their communities. The interview data also showed that children felt a sense of emptiness due to separation from either their parents, friends, or other significant others. It appears that they developed frustration and a sense of aloneness in the temporary shelter. In this regard, a 13-year-old girl who has been displaced during the conflict described the situation as follows:

Due to the conflict, I lost everything. I did not know the whereabouts of my family and friends. I was displaced along with my grandparents and forced to live with them at the school.

The above quote implied that children's feelings of insecurity are associated with the feeling of losing their families and other significant others. Similarly, a 12-year-old boy also added that he left his family behind when the war started in his community and described the situation as follows:

I was displaced along with relatives. I was living with relatives since my mother migrated three years ago to Saudi Arabia. I was so frustrated. I didn't believe that we could continue our education there since we heard that schools were destroyed. Even though there are many children in the schools that served as shelters, I couldn't make friends as easily as before.

Furthermore, a 15-year-old child who lived with their family when the rebel groups occupied the area for an extended period described the psychosocial challenges as follows:

I developed feelings of frustration and difficulty sleeping due to the flashbacks that I saw during the conflict. It was a difficult time for me. We heard guns' day and night. There was no schooling and no friends around. I was scared as a result of the armed conflict.

It appears that children who lived in the war-affected area shared similar feelings during the conflict. Similarly, one of the participants in this study explained that it was difficult to tell the children about the ongoing situation. The participant also added that sometimes his children are still perceiving different sounds, such as the sound of a gun, since they are not yet out of traumatized situations. Parents believed that their children had not fully recovered from the psychological stress they had been exposed to as a result of the conflict.

Armed conflict was also found to affect the elderly. It has been reported that older people could not either escape from the war zone or get adequate social support due to the crisis. Elderly participants in Dessie mentioned that the time was so difficult for them. They mention that they could not access their monthly retirement salary from the bank since the service was not accessible during the war. Most of the elderly reported that they were worried and depressed as a result of the shortages and inaccessibility of drugs. It was also explained that the breakdown of social support networks as a consequence of

armed conflict also led to an increased feeling of isolation and loneliness among the elderly.

Thus, such psychosocial consequences highlight the need for long-term support and assistance for those affected by the conflict, including access to mental health services and other forms of psychosocial support.

4.2. Theme Two: Psychosocial Challenges during 'Post-conflict'

In this study, the psychosocial experiences of people in 'post-conflict' settings were also investigated. After the study areas are free from rebel groups, many displaced people return to their homes. Different services, such as schools, health institutions, financial sectors, and others, have already started their service. Both the government and humanitarian agencies have started to support the people who have been affected by the conflict. However, psychological distress and trauma have not yet been explored since economic challenges are assumed to be more prevalent. Regarding this, a participant working in a government institution from Dessie described the psychosocial situation of 'post-conflict' as follows:

Even if many organizations and offices are starting their services, people are still experiencing a feeling of insecurity. People are not recovered from a traumatic situation. What has been done is on humanitarian support, overlooking the psychosocial intervention mechanisms.

The above quote implies that in 'post-war time', the aftermath of the conflict is reflected in the lives of participants. It seems that the feeling of insecurity is associated with the challenges people pass through during the conflict. From interview and observation data, it is understood that minimal effort has been given by psychologists to intervene and treat people affected by conflict. It has been mentioned that the psychosocial impact in the form of depression, stress, and trauma is still reflected in women and children. In this regard, one of the participants who is teaching in Tehulderie, Haik, mentioned that when the school reopened after the protracted war, he observed depressive behavior in students. He also added that some of the students are talking about the war and the difficult situations they have passed through with their parents and prefer to take military training rather than attend their education.

The interview data and observation showed that children associate things with the challenges they passed through. Due to some security challenges, one can hear gunshots in the town and the surrounding area. Such instances disturbed

and frustrated children a lot, as a participant from Dessie said, ‘My daughter frequently asked me if they were coming ‘whenever she heard gunshots. In this study, it has been found that the various forms of material and economic support might not bring lasting solutions to the people who suffered from the previous challenges. Participants expressed their concern that the government and other stakeholders should find a compressive intervention approach that recovers people from the damage and assures a feeling of security. It has been found that there are people who did not yet bring back their children and other family members who were displaced and living with relatives elsewhere outside of the study area. People who return from displacement do not feel safe and psychosocially adjusted after the war. Regarding this, a woman in Kutaber who was displaced during the conflict but returned home describes the aftermath of the conflict as follows:

For me, war affected everything. I flee for my safety with my children. I left my home here empty-handed, leaving everything due to the heavy conflict that happened in our locality. When my children observed many people leaving their homes, they became so frustrated. They witnessed many shocks. Even if we return home, they can't sleep properly. My elder brother sometimes shouts about the incidents he saw. Girls do not feel as secure going to school alone as before.

The above emblematic quote from a woman explained the re-experiencing of shock on children. It appears that people are not feeling safe and psychologically adjusted because of the incident that happened in their locality. After the war, surprisingly, people enter home early in the evening, which they did not do during the pre-conflict.

In sum, the impacts of protracted armed conflict that happened in the study exposed people to traumatic events as well as increased levels of daily stressors. Being exposed to war trauma and threatened violence has been found to cause high levels of the development of a wide range of psychological problems among children, women, and the elderly. The systematic observation and the synthesised data implied that in the ‘post-conflict’ period, post-traumatic stress, depression, anxiety, and related psychosocial problems were also found to be reflected.

In the ‘post-war’ period, participants also indicated that they were feeling ‘lucky’ or ‘blessed’ since they had survived the difficult situations. Participants reflected that they are ‘lucky’ since they survived the conflict that lost people in the area. Even if most of the participants experienced feelings of

trauma, they considered themselves ‘lucky’ to flee and save their lives. Thus, stakeholders who are working with people affected by armed conflict can provide psychosocial support and the necessary services that boost their esteem and further their aspirations.

5. Discussion

Through qualitative research methods, this study explored the psychosocial challenges of people affected by armed conflict in selected areas of Wollo, Ethiopia. The qualitative data indicated that study participants faced many psychosocial challenges, such as heightened stress, anxiety, trauma, and a feeling of insecurity. Women, children, and the elderly were some of the most vulnerable groups during the conflict. Consistent with this finding, previous results also mentioned that in prolonged and post-conflict situations, psychosocial problems including anxiety (stress disorder and depression) and related problems occurred (Borba et al., 2016; Devakumar et al., 2015). Moreover, findings by the African Committee of Experts on the Rights and Welfare of the Child (ACERWC, 2016) demonstrated that protracted conflicts exposed children associated with armed forces and armed groups to a range of physical injuries and disabilities and psychological stress.

Similar studies conducted in Tanzania on refugee children as a result of internal displacement reported that children experienced a feeling of social isolation, stigmatization, harassment, exploitation, and fear of physical abuse, as well as a lack of access to continuing education (Mann, 2012). In the study, people who were exposed to heavy fighting in the area whereby there have been increased their level of frustration, displacement, and feelings of insecurity. Consistent with these results, prior findings also showed that exposure to armed conflict and observing people dying increased the risk of suffering from post-traumatic stress disorder (PTSD) or depression (Gade and Wenger 2011; Cesur et al. 2013). It has been argued that experiences of war are so extreme that they don’t just cause suffering; they cause ‘traumatization’. It was also demonstrated that the impact of war includes long-term physical and psychological harm to children and adults, as well as a reduction in both material and human networking (Murthy & Lakshminarayana 2006). Moreover, a cross-sectional study conducted among 118 Lebanese hostages of war found that psychological distress made up 42.1% of the sample compared to 27.8% in the control group (Saab et al., 2003).

Therefore, psychosocial support for people affected by conflict has to be given attention to relieve them from the trauma. Having no support is believed to

add to the multiple hazards that people have suffered, as reported in the case of Somalia so far (Santino, Regilme, & Spoldi, 2021). Lack of intervention in the problems of people affected by armed conflict may also contribute to inviting another 'cycle of violence' (Betancourt et al. 2020). The post-reconstruction process of the conflict has to include those people who have been exposed to and threatened by armed conflict. Currently, even if the armed conflict is not there as before, some people are still in a traumatized situation.

6. Conclusion and Implication

This study explored the psychosocial challenges of people affected by armed conflict in selected areas of Wollo. Psychosocial problems such as stress, frustration, depression, trauma, feelings of intimidation, and violence, as well as trauma, were identified by people who were affected by armed conflict. It has been found that children, women, and the elderly were the most affected segments of the population.

The psychosocial crises are also reflected after the 'post-war' period. Therefore, the implication of this finding is that a comprehensive intervention approach has to be designed and implemented to support people affected by war. Psychosocial support by psychologists and mental health professionals has to be given to people in the reconstruction of the post-conflict period. Along with the humanitarian support in the form of material, psychosocial help has to also be provided.

Furthermore, studies that prioritize child development, the long-term effects of exposure to conflict, and protective and mitigating factors against the harmful effects of conflict on children should be done. Various government and non-government bodies that played an important role in the recovery phase should consider the psychosocial crises that have been overlooked so far.

Limitations

Data for this study were collected from selected areas in Wollo that have been exposed to armed conflict by using purposive sampling. The war affected all populations of north and south Wollo, but this study focused on Kutaber, Tehulderie (Haik), and Dessie. Unless a compressive quantitative approach that comprises many people from the areas that have been affected by the war is employed, the findings of this qualitative study cannot be applied to the

larger population. The study has a small sample size, which may mean the analyses are underpowered. and may not be generalizable.

References

- Akbulut-Yuksel, M. (2009). The long-run effects of warfare and destruction on children: Evidence from World War II. *University of Houston and IZA*.
- Akresh, R., & de Walque, D. (2008). Armed Conflict and Schooling: Evidence from the 1994 Rwandan Genocide. IZA Discussion Papers 3516. *Institute for the Study of Labor (IZA), HiCN Working Papers*, 47.
- Akresh, R., Lucchetti, L., & Thirumurthy, H. (2012). Wars and child health: Evidence from the Eritrean–Ethiopian conflict. *Journal of development economics*, 99(2), 330-340.
- Almedom, A. M., & Summerfield, D. (2004). Mental well-being in settings of ‘complex emergency’: An overview. *Journal of biosocial science*, 36(4), 381-388.
- Betancourt, T. S., Keegan, K., Farrar, J., & Brennan, R. T. (2020). The intergenerational impact of war on mental health and psychosocial wellbeing: lessons from the longitudinal study of war-affected youth in Sierra Leone. *Conflict and health*, 14(1), 1-8.
- Betancourt TS, Speelman L, Onyango G, Bolton P ((2009). Psychosocial problems of war-affected youth in Northern Uganda. *Transcultural Psychiatry* 46 (2):238–56. doi: 10.1177/1363461509105815
- Boris, N. W., Brown, L. A., Thurman, T. R., Rice, J. C., Snider, L. M., Ntaganira, J., & Nyirazinyoye, L. N. (2008). Depressive symptoms in youth heads of household in Rwanda: correlates and implications for intervention. *Archives of Pediatrics & Adolescent Medicine*, 162(9), 836-843.
- Blattman, C., & Miguel, E. (2010). Civil war. *Journal of Economic literature*, 48(1), 3-57.
- Brakman, S., Garretsen, H., & Schramm, M. (2004). The strategic bombing of German cities during World War II and its impact on city growth. *Journal of Economic Geography*, 4(2), 201-218.
- Borba, C. P., Ng, L. C., Stevenson, A., Vesga-Lopez, O., Harris, B. L., Parnarouskis, L., & Henderson, D. C. (2016). A mental health needs assessment of children and adolescents in post-conflict Liberia: results from a quantitative key-informant survey. *International journal of culture and mental health*, 9(1), 56-70.

- Brown, W. J., Bruce, S. E., Buchholz, K. R., Artime, T. M., Hu, E., & Sheline, Y. I. (2016). Affective dispositions and PTSD symptom clusters in female interpersonal trauma survivors. *Journal of interpersonal violence*, 31(3), 407-424.
- Cesur, R., Sabia, J. J., & Tekin, E. (2013). The psychological costs of war: Military combat and mental health. *Journal of Health Economics*, 32(1), 51-65.
- Cohen, R., & Deng, F. M. (2013). *Massacres and morality: Mass atrocity in an age of civilian immunity*. Penn State Press.
- Davis, D. R., & Weinstein, D. E. (2002). Bones, bombs, and break points: the geography of economic activity. *American economic review*, 92(5), 1269-1289.
- De León, A. (Ed.). (2012). *War along the border: the Mexican Revolution and Tejano communities* (No. 6). Texas A&M University Press
- Devakumar, D., Birch, M., Rubenstein, L. S., Osrin, D., Sondorp, E., & Wells, J. C. (2015). Child health in Syria: recognising the lasting effects of warfare on health. *Conflict and health*, 9(1), 1-4.
- Elbedour, S., Ten Benschel, R., & Bastien, D. T. (1993). Ecological integrated model of children of war: Individual and social psychology. *Child abuse & neglect*, 17(6), 805-819.
- Erucar, S., Maltby, J., & Vostanis, P. (2018). Mental health problems of Syrian refugee children: the role of parental factors. *European child & adolescent psychiatry*, 27(4), 401-409.
- Gade, D. M., & Wenger, J. B. (2011). Combat exposure and mental health: the long-term effects among US Vietnam and Gulf war veterans. *Health Economics*, 20(4), 401-416.
- Internal Displacement Monitoring Centre (IDMC). (2021). *Global report on internal displacement*. Geneva, Switzerland: IDMC.
- Jordans, M. J., Broek, M. V. D., Brown, F., Coetzee, A., Ellermeijer, R., Hartog, K., ... & Miller, K. E. (2018). Supporting children affected by war: Towards an evidence-based care system. In *Mental health of refugee and conflict-affected populations* (pp. 261-281). Springer, Cham.
- Justino, P. (2011). The impact of armed civil conflict on household welfare and policy responses. *Securing Peace: State-Building and Economic Development in Post-Conflict Countries*, 19.
- Justino, P., Leone, M., & Salardi, P. (2014). Short-and long-term impact of violence on education: The case of Timor Leste. *The World Bank Economic Review*, 28(2), 320-353.

- Kim, G., Rabih, T. & Lawry, L. (2007) Basic health, women' s health, and mental health among internally displaced persons in Nyala Province, South Darfur, Sudan. *American Journal of Public Health*, 97, 353-361.
- Kinyanda, E., Musisi, S., Biryabarema, C., Ezati, I., Oboke, H., Ojiambo-Ochieng, R., ... & Walugembe, J. (2010). War related sexual violence and it's medical and psychological consequences as seen in Kitgum, Northern Uganda: A cross-sectional study. *BMC international health and human rights*, 10, 1-8.
- Mann, G. (2012). Beyond war: 'suffering' among displaced Congolese children in Dar es Salaam. *Development in Practice*, 22(4), 448-459.
- Mattingly, J. (2017). Approaches to providing psycho-social support for children, teachers and other school staff, and social and emotional learning for children in protracted conflict situations.
- Miller, K. E., & Jordans, M. J. (2016). Determinants of children's mental health in war-torn settings: Translating research into action. *Current Psychiatry Reports*, 18(6), 1-6.
- Murthy, R. S., & Lakshminarayana, R. (2006). Mental health consequences of war: a brief review of research findings. *World Psychiatry*, 5(1), 25.
- Musisi, S., & Kinyanda, E. (2020). Long-term impact of war, civil war, and persecution in civilian populations Conflict and post-traumatic stress in African communities. *Frontiers in psychiatry*, 11, 20.
- Okello, J., Onen, T. S., & Musisi, S. (2007). Psychiatric disorders among war-abducted and non-abducted adolescents in Gulu district, Uganda: a comparative study. *African journal of psychiatry*, 10(4), 225-231.
- Rees, S., Thorpe, R., Tol, W., Fonseca, M., & Silove, D. (2015). Testing a cycle of family violence model in conflict-affected, low-income countries: a qualitative study from Timor-Leste. *Social Science & Medicine*, 130, 284-291.
- Roberts, B., Damundu, E. Y., Lomoro, O., & Sondorp, E. (2009). Post-conflict mental health needs: a cross-sectional survey of trauma, depression and associated factors in Juba, Southern Sudan. *BMC psychiatry*, 9(1), 1-10.
- Saab, B. R., Chaaya, M., Doumit, M., & Farhood, L. (2003). Predictors of psychological distress in Lebanese hostages of war. *Social Science & Medicine*, 57(7), 1249-1257.
- Santino Jr, S., Regilme, F., & Spoldi, E. (2021). Children in armed conflict: a human rights crisis in Somalia. *Global Jurist*, 21(2), 365-402.

- Swee, E. L. (2015). On war intensity and schooling attainment: The case of Bosnia and Herzegovina. *European Journal of Political Economy*, 40, 158-172.
- Terminski, B. (2012). Mining-induced displacement and resettlement: Social problem and human rights issue (a global perspective). *Available at SSRN*, 2028490, 1-45.
- Werner, E. E. (2012). Children and war: Risk, resilience, and recovery. *Development and Psychopathology*, 24(2), 553-558.