Psychological and psychosocial impact of explosive weapons

The use of explosive weapons, especially those with wide area effects in populated areas causes significant psychological and psycho-social harm to the population. The psychological trauma of surviving an explosion can result in physical and emotional suffering and the development of clinical conditions, limiting functioning and social participation.

Bombing and shelling likely cause traumatic experiences that may have an impact at:

**Individual level** - Explosions are sudden, loud, and extremely violent event that can kill and injure civilians and their families, neighbors and friends. Explosions thus expose people to one or more events involving death or being threatened by death. This leads in some cases to huge emotional suffering, chronic stress and potential Post Traumatic Stress Disorder or other clinical conditions. Severity and complexity of injuries as well as amputation of the limbs and the new health situation can be sudden and devastating, leading to an increased burden for the care giver and the household. The most common mental health and psychosocial issues reported include continuous fear after the danger disappears, feelings of anxiety and tension, hopelessness, rumination, feelings of despair and pessimism. Those that have been displaced also reported challenges related to loss of homes and possessions, and difficulties in coping with their new environments.

**Family level** - Big explosive weapons can rip people and families apart. Collecting body pieces, discovering disfigured remains and identifying mangled bodies is extremely distressing for relatives and first responders. In some cases, the recognition of the dead is impossible, limiting the process of mourning and grief. The new health situation of a person injured can also increase the burden for the care giver and the household. Thus, family disruption and separation, family tension, aggressive tendencies among men and difficulties in parenting are often observed.

**Community level** - An explosion can destroy houses and infrastructures, disrupt essential services, health facilities as well as symbolic and holy places forcing people to flee and adding a layer of emotional distress. Following bombing and shelling, the community often reacts with signs of mistrust, fear and insecurity.

“If you go through something like this, you will never forget”

According to a study conducted by HI in 2016 in Syria, 46% of respondents and over half of those with disabilities stated that, in their own experience, the most significant effect of explosive weapons use is the development of feelings of fear, stress and distress. Although psychological trauma is of grave concern in the context of EWIPA, mental health and psychosocial interventions and people’s multiple needs are often neglected. Similarly, interventions recognizing that recovery is a mid-term process are often lacking. Lastly, the absence of trained mental health professionals severely curtails the ability to offer support and impedes accurate assessment of the scope of the problem. Traditional stigma can also be a barrier in accessing mental health and psycho-social support (MHPSS) services.

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1 Humanity & Inclusion, 2016, Study Qasef, escaping the bombing, The use of explosive weapons in populated areas in Syria and forces displacement: perspective from Syrian refugees Interview 12, July 21, 2016

2 Humanity & Inclusion, 2016, Study Qasef, escaping the bombing, The use of explosive weapons in populated areas in Syria and forces displacement: perspective from Syrian refugees
In affected areas, many women may become the first caregiver in the family, with the destiny of their husbands unknown and new duties placed on them. If the household is facing disaster, this may overload women's capacity to cope with it, as preoccupation with the needs of the family may lead to them not being able to consider their own needs, especially if they become widows. According to an HI research conducted among Syrian refugees in Jordan in 2016, fear, stress and distress are the second most significant effects of explosive weapons use for women. 61% of them cite fear as the primary effect, whereas for men, this percentage falls to 37%.

“My husband and I suffered from the same injury; he accepted his, but could not accept mine. [...] We separated. He took my children and left for Germany. I live by myself now”

Parents also frequently mention the long-term impact of fear on children who experience nightmares, skin problems, trouble sleeping and bed-wetting due to their exposure to constant airstrikes and bombardment. These problems can also cause significant issues at school and during education such as lack of concentration or memory issues. Disrupted infrastructure and insecurity also reduce access to regular immunization, increasing the likelihood of epidemics. The combination of these factors leads to very high infant and child mortality rates, especially among refugees and internally displaced populations. The resulting child deaths lead to further suffering for parents and siblings.

Recommendations

HI recommends that:

- Preamble of the political declaration specifically highlights the psychological impact of explosive weapons on civilians,
- Text of the political declaration acknowledges the long-term health impacts for victims of explosive weapons and civilian population. It should also recognize, that psychological and psychosocial support is a fundamental pillar of victim assistance on equal footing with emergency and continuing health care; physical rehabilitation (including for physical and sensory impairments) integrated with mental health and psychosocial support; socioeconomic inclusion (including education); data collection; and laws, regulations, and policies.
- Text of the political declaration recognizes that mental health and psychosocial interventions are supported at all level of health system.

With the aim to reduce the vulnerability of people affected by EWIPA and experiencing psychological distress, it is possible to provide psychosocial support through psychological first aid, individual and group counselling sessions, family counselling and referral to external actors. Quality of services should be ensured through capacity building of non-specialized staff and specialized workforce. HI based mental health and psycho social support (MHPSS) interventions aim to develop and implement public policies and strategies, develop programs that address the social determinants of mental health, support the provision of MHPSS services at community level to reduce coverage gap & improve quality of care services, encourage participation of people with lived experiences in all decision making processes, explore strategies that improve psychological well-being of persons with lived experiences, encourage initiatives aimed at strengthening social fabric and solidarity mechanisms among all key actors of a community. In addition, when MHPSS activities are integrated into other sectors, our interventions aim at addressing specific psychosocial consequences of vulnerabilities such as physical and/or functional impairment, health status, and poverty; ensure capacity building of key stakeholders and increase collaboration and coordination among actors to reduce mental health risk factors.

1 These data should be considered cautiously since this does not mean that men are less stressed. We can suppose that men are underreporting emotional feelings and stress (for stigma related reasons and/or social desaribility)