Effect of 2025 Regional Conflict on Psycosocial Health of Loc Students Enrolled at University of Poonch Rawalakot

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ABSTRACT

This quantitative study investigated the effect of the 2025 regional conflict escalation along the Line of Control (LOC) on the psychosocial health of students enrolled at the University of Poonch Rawalakot (UPR), Pakistan. Guided by the Conservation of Resources (COR) Theory and the Ecological Systems Theory, the research examined two primary indicators: mental health and family bonding. A cross-sectional survey design was employed, using purposive sampling to select 80 students from conflict-affected families. Data were collected via a structured online questionnaire disseminated through Google Forms and analyzed using descriptive statistics and linear regression in SPSS. Findings revealed a high prevalence of conflict-related psychological distress, with significant proportions of students reporting anxiety (62.5%), hypervigilance (63.8%), sleep disturbances (62.6%), and hopelessness (51.3%) linked directly to the conflict. Family dynamics were also profoundly affected, with many students reporting altered communication (58.8%), increased protective behaviors (57.5%), and shared family anxiety (65.1%). The study concludes that the 2025 conflict escalation has effects on both the psychological wellbeing and family functioning of UPR students. Recommendations are provided for multi-level interventions and university-based mental health services.

Keywords: *Line of Control (LOC), Psychosocial Health, Mental Health, Family Bonding, Conflict, University Students, Conservation of Resources Theory.*

INTRODUCTION:

The pursuit of higher education represents a critical pathway for individual development and societal progress. However, this pursuit can be profoundly compromised when it unfolds within the shadow of protracted armed conflict. For students residing in conflict zones, the academic journey is inextricably linked with experiences of insecurity, loss, and pervasive psychological threat (Miller & Rasmussen, 2021). The Line of Control (LOC) in Kashmir, one of the world's most militarized and volatile borders, creates such an environment, where the realities of geopolitical strife directly permeate the lives and educational trajectories of civilian populations. This study focuses on a particularly vulnerable yet under-researched group within this context: university students at the University of Poonch Rawalakot (UPR), whose psychosocial wellbeing is tested by the persistent and escalating tensions along the LOC.

The genesis of the current geopolitical tension lies in the partition of British India in 1947, which left the princely state of Jammu and Kashmir disputed between the newly formed nations of India and Pakistan. The first war over the territory concluded in 1949 with the establishment of a ceasefire line, later renamed

the Line of Control (LOC) after the 1972 Simla Agreement (Schofield, 2021). This demarcation, however, did not resolve the underlying territorial claim but merely frozen it in place, creating a permanent flashpoint. The LOC is therefore not an internationally recognized border but a heavily militarized frontier, a 740-kilometer scar across the Himalayan landscape that symbolizes one of the world's most intractable and dangerous disputes (Ganguly, 2022). Its unresolved status has fueled multiple wars, a persistent insurgency, and a relentless arms race, with the specter of nuclear escalation adding a grave dimension to the regional security dilemma.

For the civilian populations living in the districts adjacent to the LOC in Azad Jammu and Kashmir (AJK), life is fundamentally shaped by this unresolved conflict. Communities in regions like Poonch and Rawalakot exist in a state of perpetual "securitization," where daily routines are mediated by military presence, movement is restricted by checkpoints and curfews, and the rhythm of life is intermittently shattered by artillery exchanges (Wirsing, 2023). This environment generates what psychologists term "continuous traumatic stress" (Kaminer, 2021), a condition distinct from post-traumatic stress disorder (PTSD) because the threat is ongoing, not past. Here, hypervigilance is not a symptom of illness but a rational, adaptive strategy for survival, and psychological distress is normalized across generations as an inevitable cost of geography and politics.

The impact of this environment extends beyond individual psychology to erode the very fabric of social and community life. Economic development is stifled by insecurity, limiting investment, disrupting agriculture, and constraining livelihoods. Critical infrastructure, including schools and hospitals, often lies within range of shelling, making consistent service delivery a challenge. Social ceremonies, community gatherings, and even mundane travel are planned with contingency for sudden violence, fragmenting the connective tissue of communal life (International Crisis Group, 2021). This multi-layered disruption creates a context where poverty, limited opportunity, and psychological strain intersect, compounding vulnerabilities for families and young people.

For the students of UPR, the 2025 escalation represented a crisis within a crisis. The chronic background anxiety of LOC life erupted into acute, overwhelming distress. Students reported being unable to concentrate on studies due to the audible conflict, experiencing sleeplessness from anxiety, and facing profound helplessness when communication blackouts left them unable to verify the safety of loved ones. The university's academic calendar was disrupted, exams were postponed, and the very sense of the campus as a safe haven was compromised. This acute phase provides a critical, time-bound lens through which to examine the cumulative impact of protracted conflict on student wellbeing, as it stripped away the thin veneer of routine to expose the underlying vulnerabilities.

The psychological impact of conflict in Kashmir is not a recent phenomenon but has historical roots tracing back to the 1947 partition of the Indian subcontinent. The violent division created deep psychological scars among civilian populations, with many experiencing what would now be recognized as post-traumatic stress disorder (PTSD) from witnessing mass violence and displacement (Chopra, 2025). Literary accounts like Khushwant Singh's 'Train to Pakistan' (1956) vividly depict the psychological devastation wrought by partition-era violence, illustrating how trauma became embedded in collective memory.

Subsequent conflicts have layered additional psychological burdens on Kashmiri populations. The 1965 Kashmir War exposed civilians to combat proximity, resulting in widespread PTSD among those living near conflict zones (Naik, 2016). The 1971 war introduced new dimensions of trauma through mass killings and refugee movements, contributing to emotional depletion and persistent fear of violence in border regions (Ahmad & Balamurgan, 2020). The 1999 Kargil War represented a particularly significant psychological turning point, as it was the first extensively televised conflict in the region. Constant media

coverage of artillery shelling and military operations created what researchers term "mental exhaustion" among civilian populations far beyond the immediate conflict zone (Chopra, 2025).

This historical trajectory establishes that psychological trauma in Kashmir is cumulative and intergenerational. Each conflict has added layers of psychological distress, creating what scholars describe as a "conflict habitus" a social environment where vigilance, fear, and trauma responses become normalized aspects of daily life (Chopra, 2025). For university students at UPR in 2025, this represents not their first exposure to conflict-related psychological stress but rather the latest episode in a multi-generational experience of violence and insecurity.

Psychological Health in Conflict Zones: Global and Local Evidence

Common Psychological Symptoms Across Conflict Settings

Research consistently documents that individuals residing in conflict-affected areas experience a range of psychological symptoms that typically include anxiety, concentration difficulties, sleep disturbances, and appetite changes (Gvilava & Shanava, 2024). Depending on the severity and duration of exposure, these symptoms can develop into more serious conditions including PTSD, dissocial behavior, panic disorders, and adjustment disorders. The mechanism of "secondary traumatization" where trauma spreads through social environments even to those not directly exposed to violence further extends the psychological impact of conflict beyond immediate combat zones (de Jong et al., 2008).

Recent research specific to the 2025 Indo-Pak conflict escalation provides detailed insights into the psychological manifestations among affected populations. Chopra's (2025) comparative study between communities living near conflict zones versus those further inland documented several significant findings:

Anxiety from military activity: Individuals near conflict zones were nine times more likely to experience anxiety from drone activity, highlighting how constant surveillance and threat perception create psychological distress.

Panic during disruptions: Residents in conflict zones were three times more likely to panic during unanticipated blackouts, demonstrating how infrastructure disruptions become psychologically triggering in insecure environments.

Hypervigilance and perceived danger: Those living near borders were eight times more likely to perceive their proximity as dangerous, indicating heightened individual risk perception and feelings of defenselessness.

Mental fatigue: Conflict zone residents were approximately 5.3 times more likely to experience psychological exhaustion from continuously monitoring blackout schedules and security updates.

Risk Factors for Psychological Distress

Research from Kashmir identifies both general and gender-specific risk factors for psychological distress. General factors significantly associated with mental health problems include feelings of personal insecurity ('not feeling safe'), poor self-rated health, and inability to work or maintain daily activities (de Jong et al., 2008). A striking finding from this research was that one-third of surveyed individuals had contemplated suicide within the 30 days preceding the survey, aligning with previous studies documenting high suicide rates in conflict-affected regions.

Gender-specific risk factors reveal how conflict interacts with social roles and cultural expectations:

For men: Violation of modesty, forced displacement, and physical disability from violence were significant risk factors, particularly distressing as they interfere with cultural expectations of dignity protection and family provision (de Jong et al., 2008).

For women: Dependency on others for daily living, witnessing killings, and experiencing torture were primary risk factors, with witnessing violence potentially linked to feelings of helplessness and guilt (de Jong et al., 2008).

The Escalating Mental Health Crisis in Kashmir

The protracted conflict in Kashmir has resulted in a deteriorating mental health landscape with specific characteristics. Research documents that the conflict has not only caused thousands of deaths and created widows and orphans but has fundamentally disrupted social relationships and family structures (Naik, 2016). This environmental stress has pushed many young people toward drug use or anti-social behaviors as coping mechanisms.

Quantitative Evidence Reveals Alarming Trends

Hospital records from Srinagar show psychiatric patient numbers increasing from 1,700 in 1989 to approximately 60,000 by 2005 (Naik, 2016).

A survey from the 1990s indicated that initial anxiety due to fear evolved into widespread depression among the population.

Approximately 1.8 million adults in Kashmir (about 45% of the adult population) exhibit significant symptoms of mental distress (Naik, 2016).

Specific symptoms reported include sleeplessness, persistent fear, nervousness, anger, aggressiveness, depression, flashbacks, and substance abuse, often leading to suicidal ideation, attempts, and social dysfunction (Naik, 2016). The persistent dysfunction associated with these mental health problems can last up to five years post-conflict, affecting productivity, nutrition, health, education, and broader development efforts (Murthy & Lakshminarayana, 2006).

Mental Health Effects of Conflict on University Students

Prevalence and Types of Disorders

Armed conflicts significantly increase the prevalence of psychiatric disorders beyond the 1-3% typically observed in normal circumstances (Florence Baingana et al., 2005). The high stress levels in conflict environments can catalyze the emergence of psychiatric conditions that might otherwise remain dormant. Among university students specifically, research documents particularly severe impacts due to their developmental stage and academic pressures.

The 2025 conflict escalation has created specific contemporary challenges. Routine gunshots, curfews, and blackouts disrupt societal functioning and promote learned helplessness among student populations (Chopra, 2025). The closer students live to conflict zones, the stronger their emotional turmoil, perceived danger, and erosion of safety perceptions and social confidence.

Global evidence establishes consistent patterns across conflict zones:

Post-Traumatic Stress Disorder (PTSD): Studies among internally displaced persons and refugees indicate PTSD rates ranging from 15% to 53% as a consequence of conflict exposure (Murthy & Lakshminarayana, 2006). Specific research from Kashmir indicates one out of five adults suffers from PTSD, with 21% of the adult population showing PTSD symptoms (Ahmad & Balamurgan, 2020).

Depression and Anxiety: Recent studies from Afghanistan show depression rates at 68%, anxiety at 72%, and PTSD symptoms at 42% among conflict-affected populations (Murthy & Lakshminarayana, 2006). In Kashmir, gender differences are pronounced, with 60% of women and 47% of men likely diagnosed with depression, and 39% of women and 28% of men experiencing anxiety issues (Ahmad & Balamurgan, 2020).

Suicide and Self-Harm: Kashmiri women are particularly vulnerable to self-destructive tendencies due to prevailing fear, stress, and vulnerability. A 2018 study reported 17,000 suicides in the valley over two decades, mostly among women (Ahmad & Balamurgan, 2020).

Factors Influencing Symptom Severity

Recent research from conflict zones identifies specific factors that increase mental health symptom severity among affected populations. Amsalem and colleagues (2025), studying the aftermath of the October 2023 attack in southern Israel, found that 75% of participants reported above-threshold symptoms of anxiety, depression, or PTSD immediately after the events, with 67% still reporting symptoms 90 days later.

Three factors significantly increased symptom severity:

Traumatic Loss: Individuals who experienced family members or close friends being killed, injured, or kidnapped showed consistently higher rates of anxiety, depression, and PTSD across all time points.

Forced Displacement: Those forcibly displaced exhibited elevated levels of mental health symptoms, as displacement induces acute stress, anxiety, and feelings of insecurity and instability.

Economic Hardship: Income loss or economic challenges were associated with higher rates of anxiety, depression, and PTSD, as financial burdens create feelings of helplessness.

The Impact on Indirectly Affected Populations

The mental health ramifications of conflict extend beyond immediately affected populations to indirectly affected groups. Research on Jordanian residents during regional conflicts found that 68.0% expressed anxiety and 83.8% expressed depression alarmingly higher than global estimates of 5.0% for depression and 4.0% for anxiety disorders (Al-Ajlouny et al., 2025). This study revealed that 65.0% of participants displayed both anxiety and depression indicators, with 25.9% showing severe levels.

Demographic patterns emerged clearly:

Gender disparities: Females scored higher than males in depression, anxiety, and severity scores, with 70.0% of females showing anxiety indications compared to 61.0% of males.

Age patterns: Younger populations reported higher stress scores, consistent with findings of increased psychological impact among young adults.

Media exposure: Individuals who followed and posted about conflict events reported significantly higher stress and symptom scores.

The study also examined resilience, finding a mean resilience level of 2.97 (on a scale where only 1.0% reported high resilience, 52.5% normal, and 46.4% low resilience). Resilience showed a significant negative correlation with stress scores ($r = -0.413$, $p < 0.001$), indicating that elevated stress depletes resilience resources (Al-Ajlouny et al., 2025).

Family Bonding in Conflict Settings

The Protective Role of Family Relationships

Strong family bonds serve as a primary protective factor against conflict-related mental health problems. Research from diverse conflict settings consistently demonstrates that family cohesion and support significantly predict better psychological outcomes even after controlling for severity of conflict exposure. In Gaza, families that maintained emotional warmth, open communication, and mutual support despite external stressors had children who showed significantly lower rates of PTSD (18.3% vs. 42.7% in low-cohesion families) and depression (21.5% vs. 51.2%) (Quota et al., 2008).

Specific family processes distinguish resilient from struggling families in conflict zones:

Maintenance of routines and rituals despite disruption

Open communication about feelings and experiences

Age-appropriate sharing of information about the conflict

Parental emotional availability despite their own distress

Collaborative problem-solving approaches

How Conflict Disrupts Family Bonding

While family bonds can be protective, conflict systematically undermines family relationships through multiple mechanisms:

Physical separation through displacement, migration, or security restrictions

Communication breakdown from infrastructure damage or imposed blackouts

Economic stress and resource scarcity creating family conflict and difficult allocation decisions

Shared trauma overwhelming family systems and parental capacity

Value conflicts between generations with different conflict experiences

Vicarious traumatization where family members experience secondary trauma

For university students at UPR, these disruptions are particularly acute. Displacement of families from border villages creates physical separation that prevents regular contact. Communication blackouts during

the 2025 escalation severed students' ability to verify family safety. Economic hardship creates guilt about educational expenses and pressure to contribute to family income. These multiple stressors simultaneously attack both individual mental health and family support systems.

METHODOLOGY

A research design serves as the blueprint for collecting, analyzing, and interpreting data (Kerlinger, 1986). This study employed a quantitative, cross-sectional survey design. A cross-sectional design is appropriate for collecting data at a single point in time to assess the prevalence of psychological states and relational dynamics during and immediately following the 2025 conflict escalation (Creswell, 2014). This design facilitates the objective measurement of mental health symptoms and family bonding levels, allowing for the analysis of relationships between these variables as posited by COR and Ecological Systems theories.

Research Method

The survey method was utilized, employing a structured questionnaire to gather data directly from respondents. This method is effective for quantifying subjective experiences, perceptions, and emotional states (Neuman, 2011). It enables the systematic measurement of how conflict exposure depletes personal and familial resources (COR Theory) and how these effects manifest within the student's microsystem (Ecological Systems Theory).

Sampling Technique: Purposive sampling, a non-probability technique, was employed (Patton, 2002). This method was chosen to deliberately select information-rich cases relevant to the research problem. Only students who self-identified as belonging to LOC-adjacent families and reported being affected by the 2025 conflict were included in the final sample. This aligns with the study's theoretical focus on a specific group experiencing particular environmental stressors (Exosystem/Macrosystem) and resource challenges.

Sample Size: A sample of 80 respondents was obtained. This size was deemed sufficient for an initial exploratory and descriptive study of a specific, geographically defined population, enhancing the reliability of patterns observed while remaining practical for detailed univariate and relationship analysis.

Data Analysis Plan

Data analysis proceeded in two primary phases using Statistical Package for the Social Sciences (SPSS):

Univariate Analysis: Descriptive statistics including frequencies, percentages, means, and standard deviations were calculated to summarize and describe the profile of the sample and the distribution of responses for each variable (e.g., prevalence of specific mental health symptoms, levels of family bonding). Charts and graphs were generated for visual representation.

Bivariate Analysis: To examine the relationships central to the research questions and theoretical framework, correlational analysis (e.g., Pearson's r) was conducted to assess the strength and direction of the association between mental health scores and family bonding scores. This analysis directly tests the theoretical proposition that family bonds (a microsystem resource) correlate with psychological stress outcomes.

Section A: Analysis of Mental Health Indicators

This section presents the frequency, percentage, and graphical analysis of 13 items designed to measure the mental health symptoms prevalent among UPR students due to exposure to the 2025 conflict. The responses are categorized on a five-point Likert scale from Strongly Agree to Strongly Disagree.

Table 1: *I feel anxious whenever I hear firing at LOC.*

	Frequency	Percentage
Agree	32	40.0%
Strongly Agree	18	22.5%
Neutral	19	23.8%
Disagree	6	7.5%
Strongly Disagree	5	6.3%

Graphical Representation:

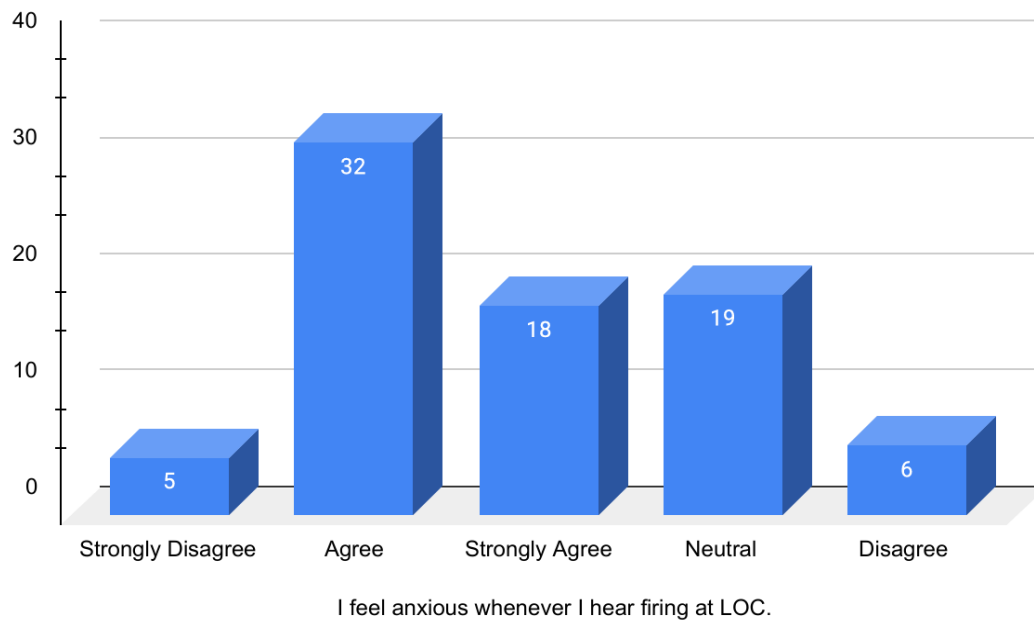I feel anxious whenever I hear firing at LOC.

Figure 1: *I feel Anxious whenever I hear firing at LOC*

The results show that 40% of students agree that they feel anxious whenever they hear firing at the LOC. Another 22.5% strongly agree, while 23.8% are neutral. 7.5% disagree, and 6.3% strongly disagree, showing that a smaller portion of students do not feel anxious when hearing firing at the LOC

Table 2: I often imagine that sudden bombing could start which leads to life threat.

	Frequency	Percentage
Agree	33	41.3%
Strongly Agree	16	20.0%
Neutral	16	20.0%
Disagree	6	7.5%
Strongly Disagree	9	11.3%
Total	80	100%

Graphical Representation:

Count of I often imagine that sudden bombing could start which leads to life threat.
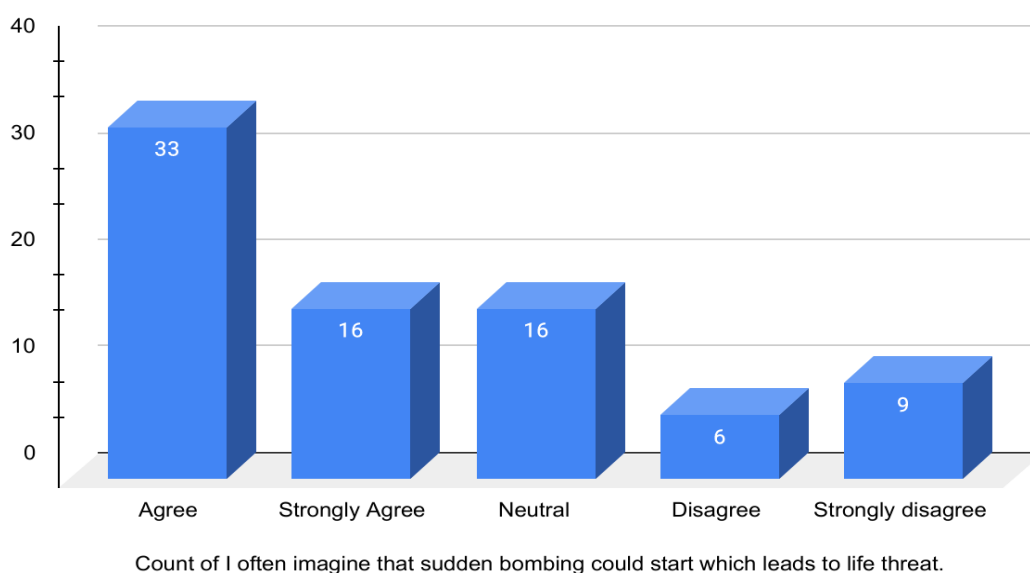
Figure 2 often imagine that sudden bombing could start which leads to life threat.

The results show that 41.3% of students agree that they often imagine sudden bombing could start, which leads to a life threat. Another 20% strongly agree, while 20% are neutral. 7.5% disagree, and 11.3% strongly disagree, showing that a smaller portion of students do not experience such fearful thoughts.

Table 3: This conflict distracted my attention at campus.

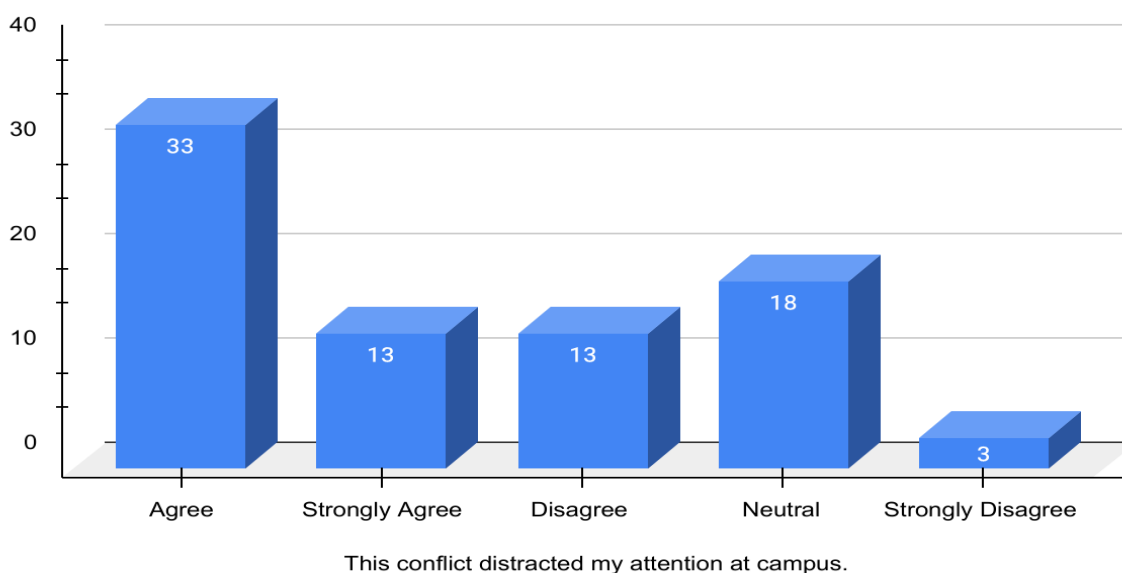|	Frequency	Percentage
Agree	33	41.3%
Strongly Agree	13	16.3%
Neutral	18	22.5%
Disagree	13	16.3%
Strongly Disagree	3	3.8%
Total	80	100%

Graphical Representation:

Figure 3 This conflict distracted my attention at campus.

The results show that 41.3% of students agree that this conflict distracted their attention at campus. Another 16.3% strongly agree, while 22.5% are neutral. 16.3% disagree, and 3.8% strongly disagree, showing that a smaller portion of students did not feel their attention was affected by the conflict.

Table 4: Loud noises (planes, thunder, gunshots) make me panic as if an attack has started.

	Frequency	Percentage
Agree	29	36.3%
Strongly Agree	22	27.5%
Neutral	13	16.3%
Disagree	11	13.8%
Strongly Disagree	5	6.3%
Total	80	100%

Graphical Representation:
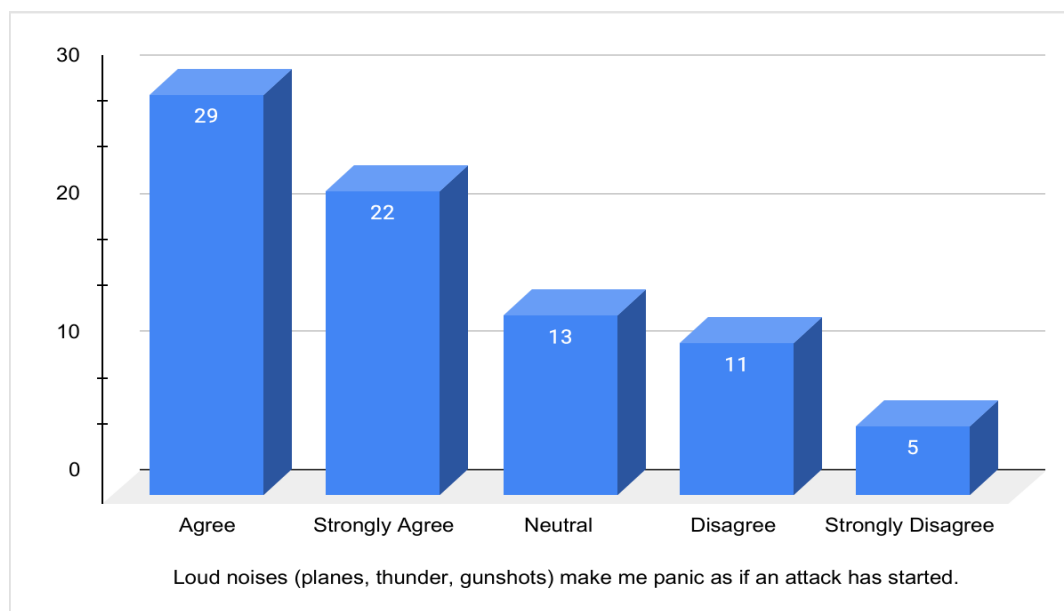
Figure 4 Loud noises (planes, thunder, gunshots) make me panic as if an attack has started.

The results show that 36.3% of students agree that loud noises (planes, thunder, gunshots) make them panic as if an attack has started. Another 27.5% strongly agree, while 16.3% are neutral. 13.8% disagree, and 6.3% strongly disagree, showing that a smaller portion of students do not panic when they hear such loud noises.

Table 5 I have nightmares about lives of my beloved ones.

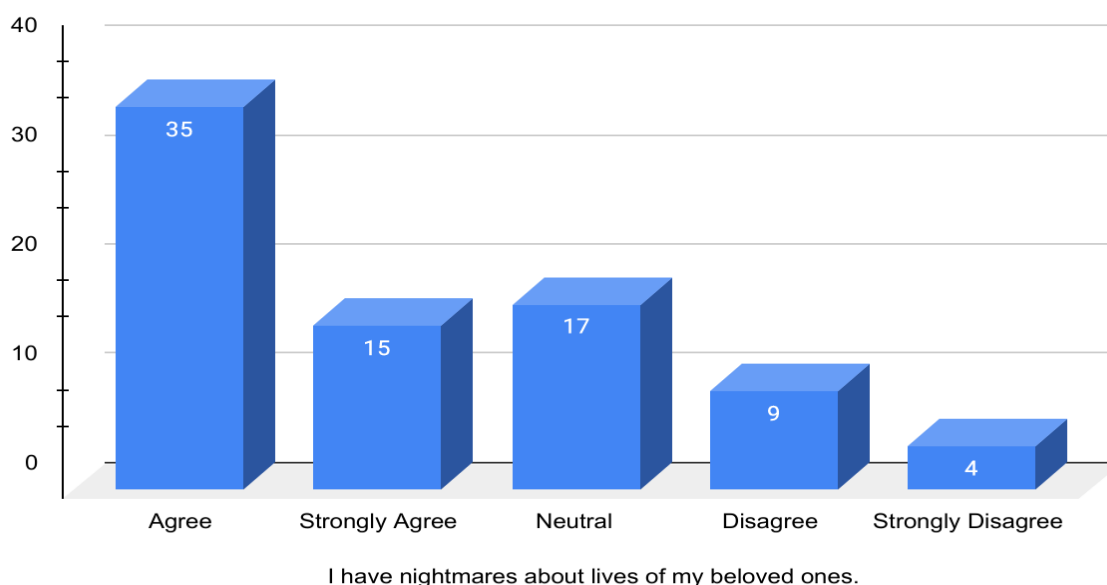|	Frequency	Percentage
Agree	35	43.8%
Strongly Agree	15	18.8%
Neutral	17	21.3%
Disagree	9	11.3%
Strongly Disagree	4	5.0%
Total	80	100%

Graphical Representation:

Figure 5 I have nightmares about lives of my beloved ones.

The results show that 43.8% of students agree that they have nightmares about the lives of their beloved ones. Another 18.8% strongly agree, while 21.3% are neutral. 11.3% disagree, and 5% strongly disagree, showing that a smaller portion of students do not experience such distressing dreams.

Table 6: I stay alert even after war because I fear the peace will not last.

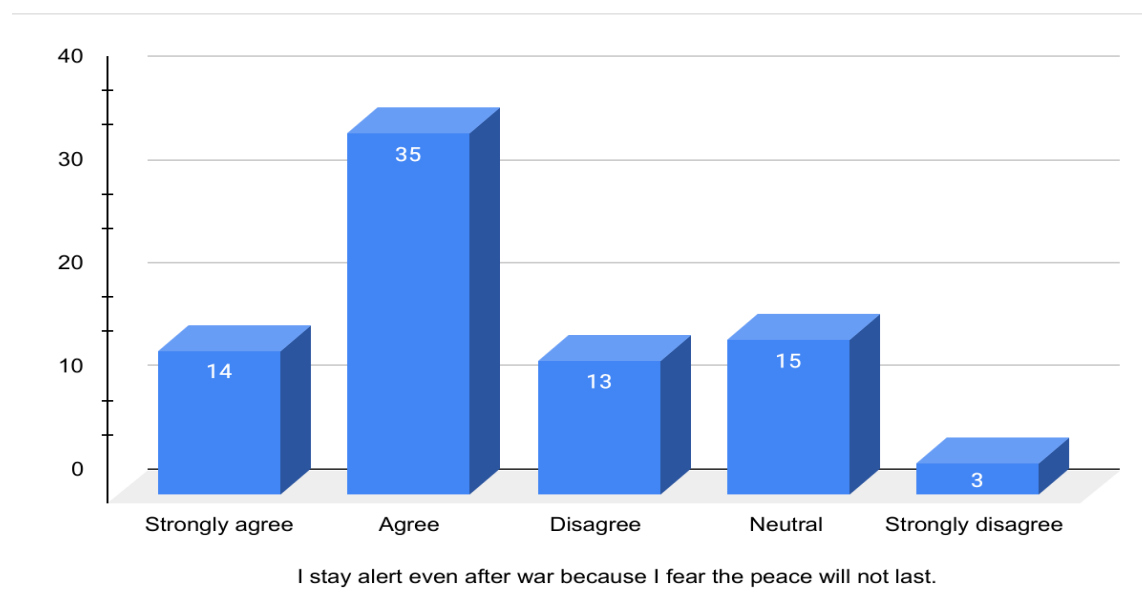|	Frequency	Percentage
Agree	35	43.8%
Strongly Agree	14	17.5%
Neutral	15	18.8%
Disagree	3	16.3%
Strongly Disagree	13	3.8%
Total	80	100%

Graphical Representation:

Figure 6: I stay alert even after war because I fear the peace will not last.

The results show that 43.8% of students agree that they stay alert even after war because they fear the peace will not last. Another 17.5% strongly agree, while 18.8% are neutral. 16.3% disagree, and 3.8% strongly disagree, showing that a small portion of students do not remain alert after the conflict.

Table 7: I feel Discomfort when I hear news about rising tension between countries.

	Frequency	Percentage
Agree	36	45.0%
Strongly Agree	21	26.3%
Neutral	9	11.3%
Disagree	10	12.5%
Strongly Disagree	4	5.0%
Total	80	100%

Graphical Representation:

I feel discomfort when I hear news about rising tension between countries.
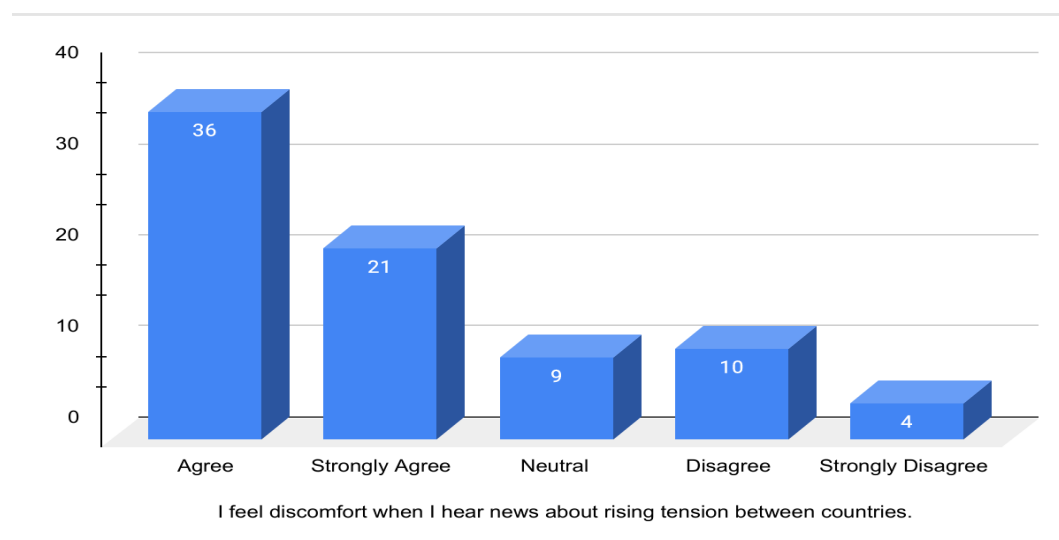
Figure 7: I feel Discomfort when I hear news about rising tension between countries.

The results show that 45% of students agree that they feel discomfort when they hear news about rising tensions between countries. Another 26.3% strongly agree, while 11.3% are neutral. 12.5% disagree, and 5% strongly disagree, showing that a smaller portion of students do not feel discomfort when hearing such news.

Table 8: *I sometimes stay awake at night imagining what would happen if bombing started.*

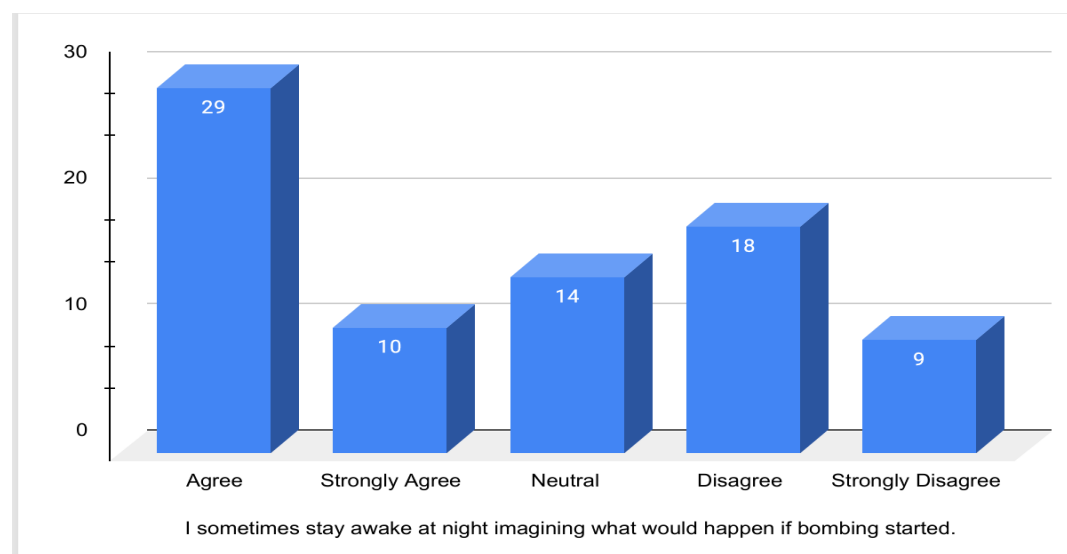|	Frequency	Percentage
Agree	29	36.3%
Strongly Agree	10	12.5%
Neutral	14	17.5%
Disagree	18	22.5%
Strongly Disagree	9	11.3%
Total	80	100%

Graphical Representation:

Figure 8: I sometimes stay awake at night imagining what would happen if bombing started.

The results show that 36.3% of students agree that they sometimes stay awake at night imagining what would happen if bombing started. Another 12.5% strongly agree, while 17.5% are neutral. 22.5% disagree, and 11.3% strongly disagree, showing that a smaller portion of students do not experience such anxiety at night.

Table 9 I feel physically weak or shaky when I think about a possible attack.

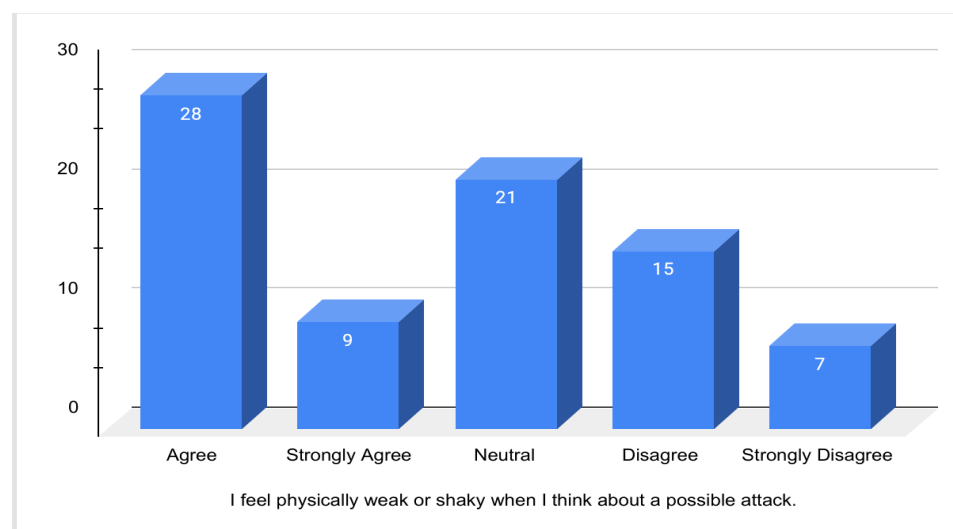|	Frequency	Percentage
Agree	28	35.0%
Strongly Agree	9	11.3%
Neutral	21	26.3%
Disagree	15	18.8%
Strongly Disagree	7	8.8%
Total	80	100%

Graphical Representation:

Figure 9: I feel physically weak or shaky when I think about a possible attack.

The results show that 35% of students agree that they feel physically weak or shaky when they think about a possible attack. Another 11.3% strongly agree, while 26.3% are neutral. 18.8% disagree, and 8.8% strongly disagree, showing that a smaller portion of students do not experience physical weakness or shakiness in such situations.

Table 10 I often check news or border updates several times a day because of fear.

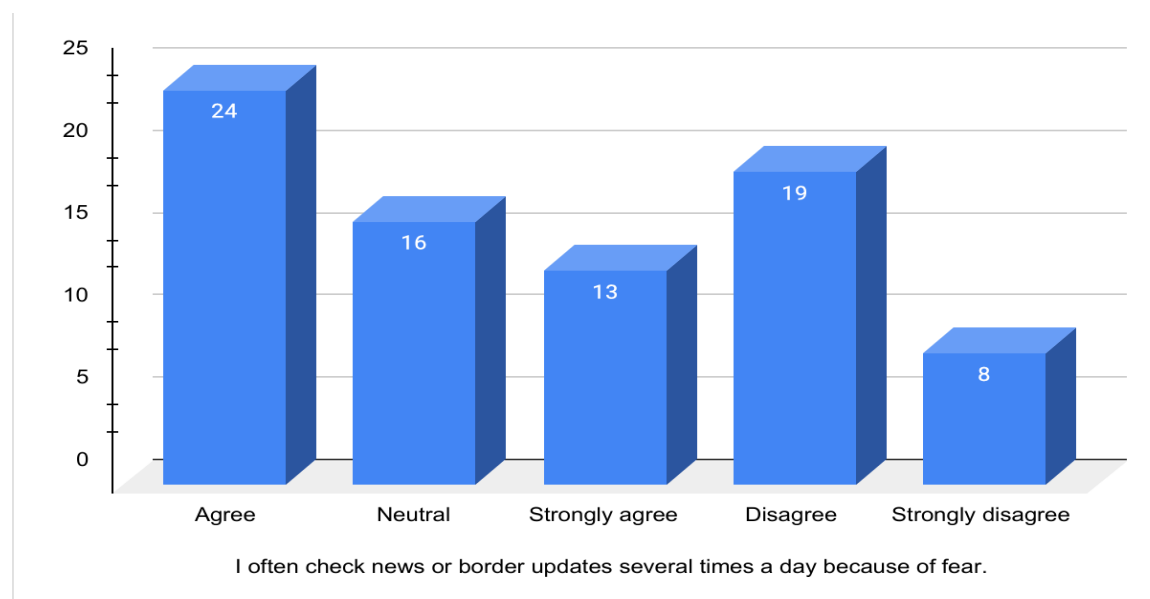|	Frequency	Percentage
Agree	24	30.0%
Strongly Agree	16	16.3%
Neutral	13	20.0%
Disagree	19	23.8%
Strongly Disagree	8	10.0%
Total	80	100%

Graphical Representation:

Figure 10 I often check news or border updates several times a day because of fear.

The results show that 30% of students agree that they often check news or border updates several times a day because of fear. Another 16.3% strongly agree, while 20% are neutral. 23.8% disagree, and 10% strongly disagree, showing that a smaller portion of students do not engage in frequent news or border monitoring due to fear.

Table 11 My heart beats fast when I hear the word 'war.'

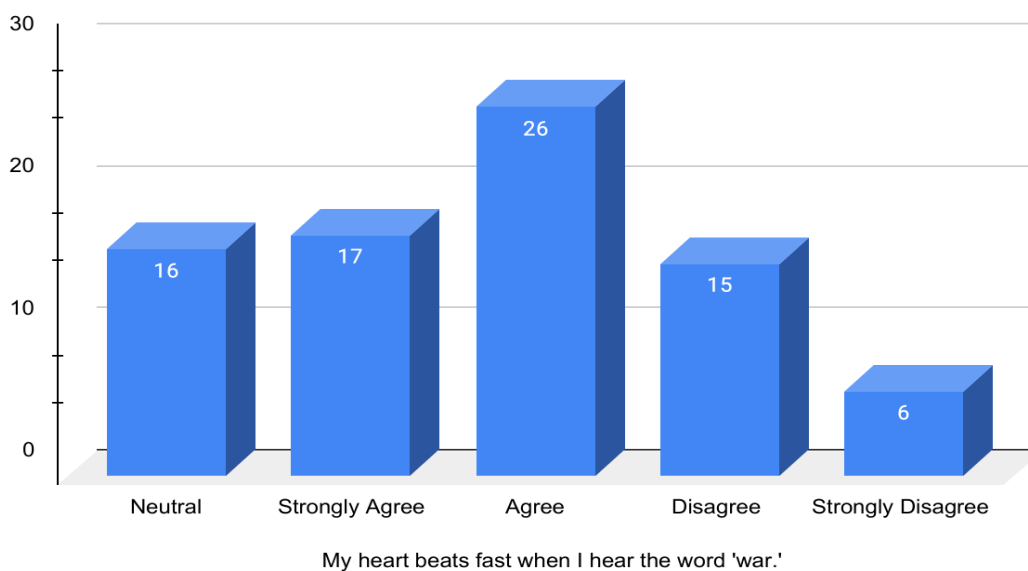|	Frequency	Percentage
Agree	26	32.5%
Strongly Agree	17	21.3%
Neutral	16	20.0%
Disagree	15	18.8%
Strongly Disagree	6	7.5%
Total	80	100%

Graphical Representation:

Figure 11 My heart beats fast when I hear the word 'war.'

The results show that 32.5% of students agree that their heart beats fast when they hear the word "war." Another 21.3% strongly agree, while 20% are neutral. 18.8% disagree, and 7.5% strongly disagree, showing that a smaller portion of students do not experience a rapid heartbeat in response to the word "war."

Table 12: I feel hopeless at times, as if the future has become uncertain because of the conflict.

	Frequency	Percentage
Agree	30	37.5%
Strongly Agree	11	13.8%
Neutral	17	21.3%
Disagree	15	18.8%
Strongly Disagree	7	8.8%
Total	80	100%

Graphical Representation:
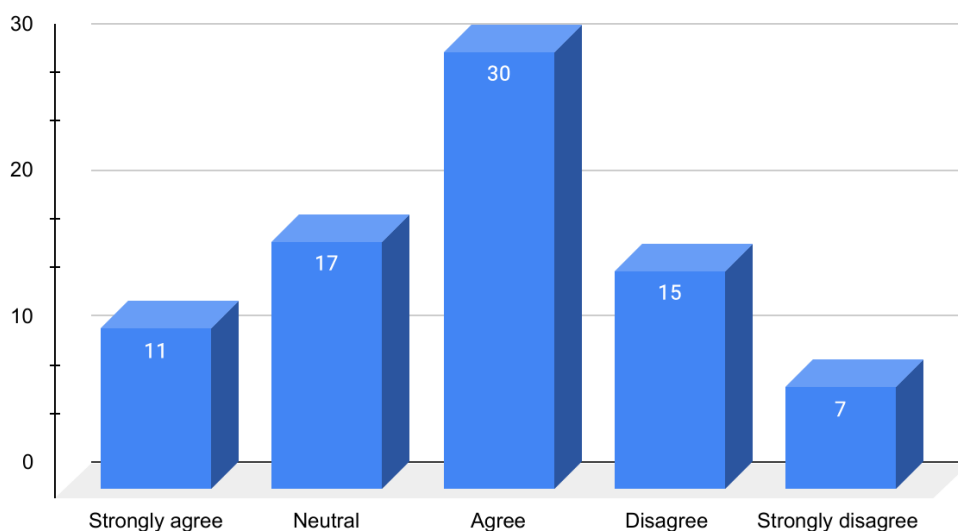
I feel hopeless at times, as if the future has become uncertain because of the conflict.

Figure 12: I feel hopeless at times, as if the future has become uncertain because of the conflict.

The results show that 37.5% of students agree that they feel hopeless at times, as if the future has become uncertain because of the conflict. Another 13.8% strongly agree, while 21.3% are neutral. 18.8% disagree, and 8.8% strongly disagree, showing that a smaller portion of students do not experience feelings of hopelessness linked to the conflict.

Table 13 Fear has become a normal part of my daily routine.

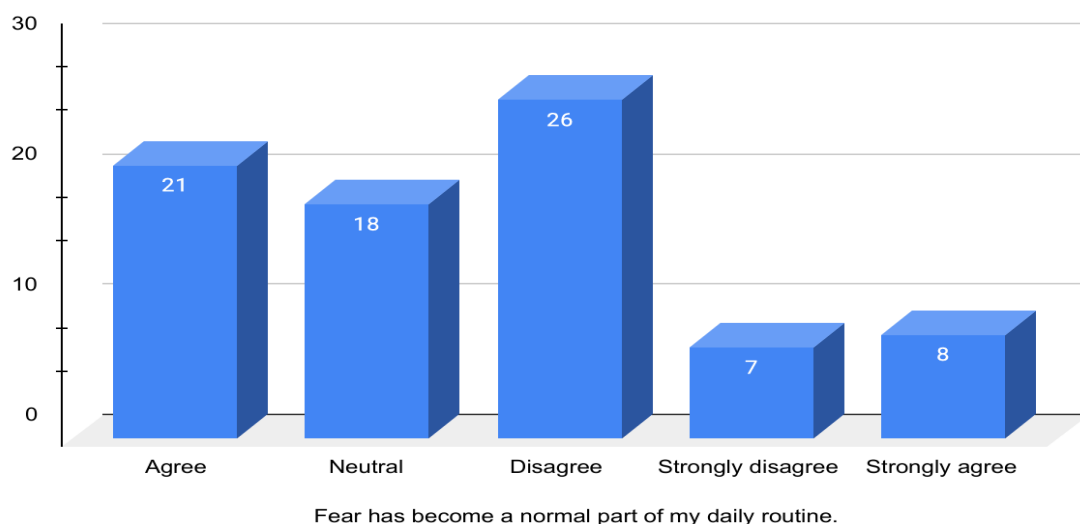|	Frequency	Percentage
Agree	21	26.3%
Strongly Agree	8	10.0%
Neutral	18	22.5%
Disagree	26	32.5%
Strongly Disagree	7	8.8%
Total	80	100%

Graphical Representation:

Figure 13 Fear has become a normal part of my daily routine.

The results show that 26.3% of students agree that fear has become a normal part of their daily routine. Another 10% strongly agree, while 22.5% are neutral. 32.5% disagree, and 8.8% strongly disagree, showing that a larger portion of students do not consider fear as a regular part of their daily life.

Section B: Analysis of Family Bonding Indicators

This section analyzes 13 items measuring how the 2025 conflict has influenced dynamics within the family microsystem, a key protective resource and environmental layer.

Table 14 My family discusses what we will do if firing or bombing starts suddenly.

	Frequency	Percentage
Agree	31	38.8%
Strongly Agree	16	20.0%
Neutral	16	20.0%
Disagree	12	15.0%
Strongly Disagree	5	6.3%
Total	80	100%

Graphical Representation:

My family discusses what we will do if firing or bombing starts suddenly.
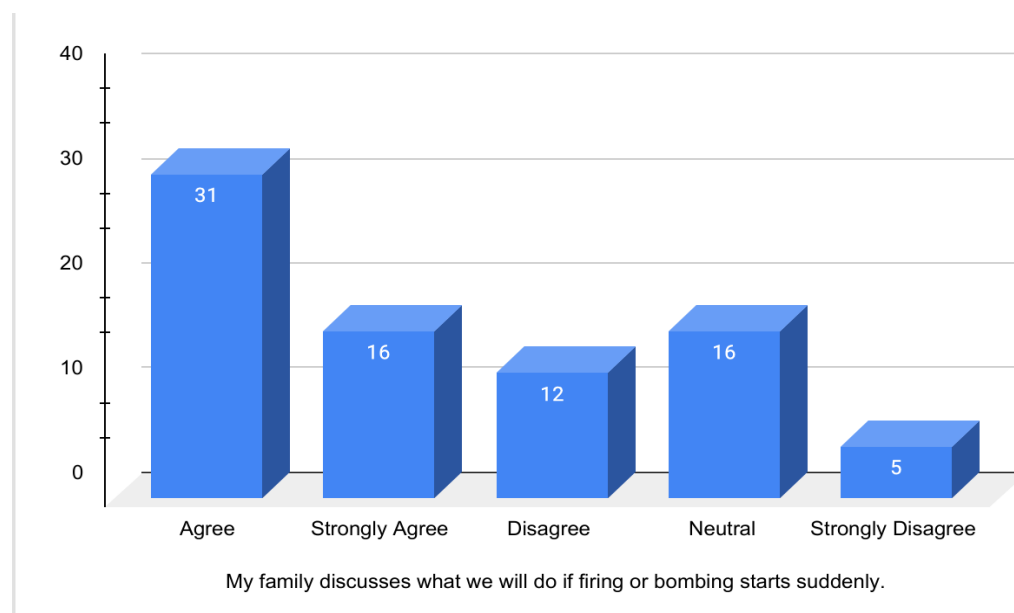
Figure 14 My family discusses what we will do if firing or bombing starts suddenly.

The results show that 38.8% of students agree that their family discusses what they will do if firing or bombing starts suddenly. Another 20% strongly agree, while 20% are neutral. 15% disagree, and 6.3% strongly disagree, showing that a smaller portion of families do not have such discussions.

Table 15 I can sense fear or sadness on my parents' faces when the situation gets tense.

	Frequency	Percentage
Agree	33	41.3%
Strongly Agree	19	23.8%
Neutral	13	16.3%
Disagree	13	16.3%
Strongly Disagree	2	2.5%
Total	80	100%

Graphical Representation:

I can sense fear or sadness on my parents' faces when the situation gets tense.
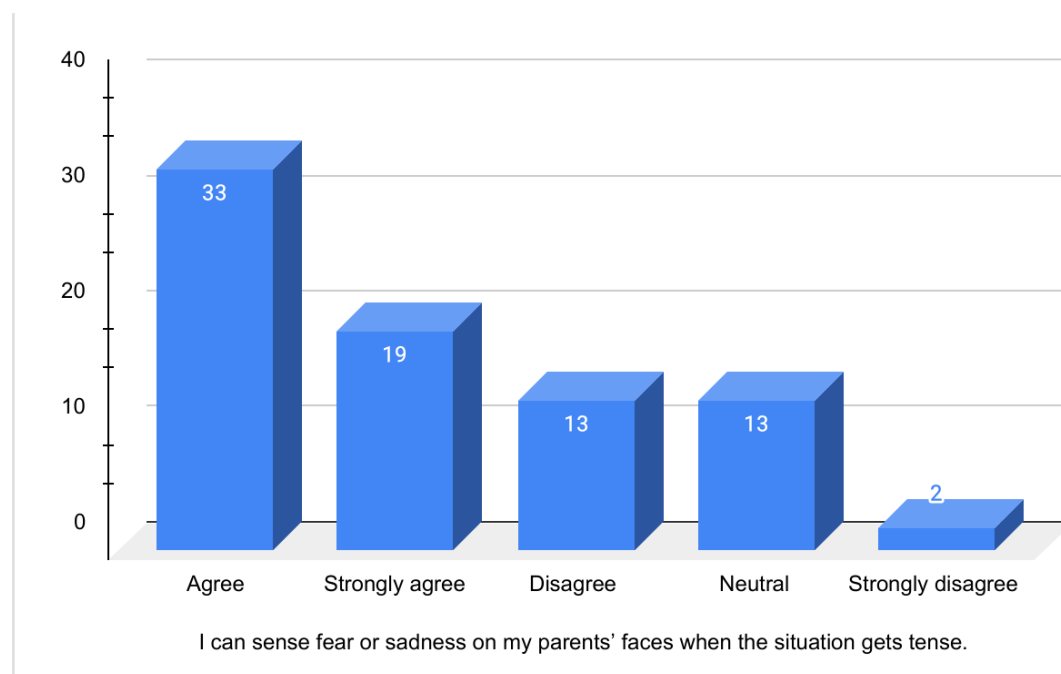
Figure 15: I can sense fear or sadness on my parents' faces when the situation gets tense.

The results show that 41.3% of students agree that they can sense fear or sadness on their parents' faces when the situation gets tense. Another 23.8% strongly agree, while 16.3% are neutral. 16.3% disagree, and 2.5% strongly disagree, showing that a smaller portion of students do not perceive such emotions on their parents' faces.

Table 16 I try to keep my family close because I am afraid something could happen if they go far.

	Frequency	Percentage
Agree	32	40.0%
Strongly Agree	14	17.5%
Neutral	23	28.8%
Disagree	8	10.0%
Strongly Disagree	3	3.8%
Total	80	100%

Graphical Representation:
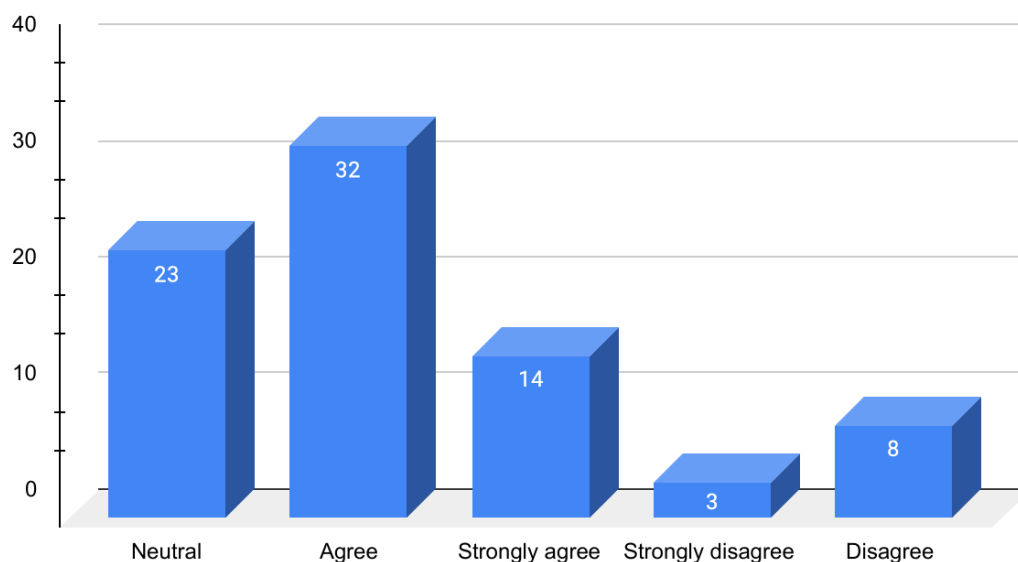
I try to keep my family close because I am afraid something could happen if they go far.

Figure 16: I try to keep my family close because I am afraid something could happen if they go far.

The results show that 40% of students agree that they try to keep their family close because they are afraid something could happen if they go far. Another 17.5% strongly agree, while 28.8% are neutral. 10% disagree, and 3.8% strongly disagree, showing that a smaller portion of students do not feel the need to keep their family close due to fear.

Table 17 My family has talked about leaving home if the conflict becomes worse.

	Frequency	Percentage
Agree	27	33.8%
Strongly Agree	9	11.3%
Neutral	14	17.5%
Disagree	21	26.3%
Strongly Disagree	9	11.3%
Total	80	100%

Graphical Representation:
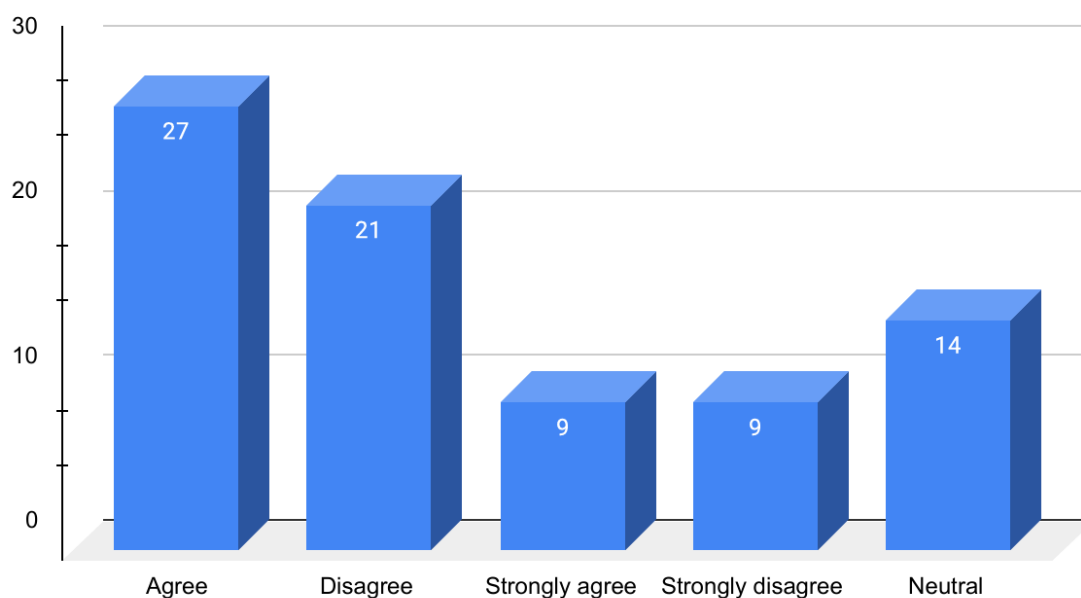
My family has talked about leaving home if the conflict becomes worse.

Figure 17: My family has talked about leaving home if the conflict becomes worse.

The results show that 33.8% of students agree that their family has talked about leaving home if the conflict becomes worse. Another 11.3% strongly agree, while 17.5% are neutral. 26.3% disagree, and 11.3% strongly disagree, showing that a smaller portion of families have not discussed leaving home despite the conflict.

Table 18 I hide my fears from my family so they do not worry about me.

	Frequency	Percentage
Agree	30	37.5%
Strongly Agree	21	26.3%
Neutral	11	13.8%
Disagree	10	12.5%
Strongly Disagree	8	10.0%
Total	80	100%

Graphic Representation:
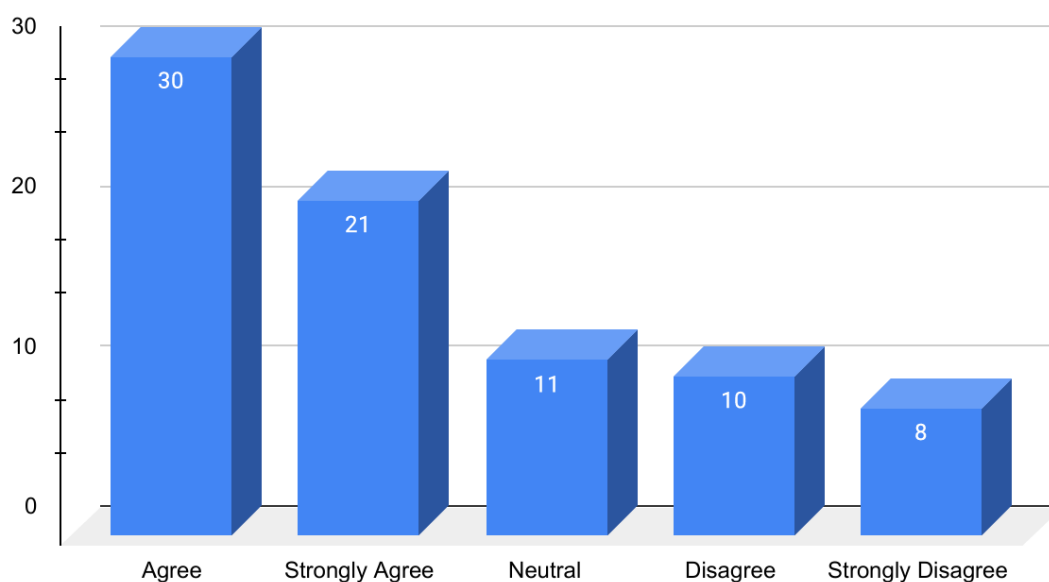
I hide my fears from my family so they do not worry about me.

Figure 18: I hide my fears from my family so they do not worry about me.

The results show that 37.5% of students agree that they hide their fears from their family so they do not worry about them. Another 26.3% strongly agree, while 13.8% are neutral. 12.5% disagree, and 10% strongly disagree, showing that a smaller portion of students do not hide their fears from their family.

Table 19 War-related news creates silence and tension in my home.

|	Frequency	Percentage
Agree	27	33.8%
Strongly Agree	19	23.8%
Neutral	14	17.5%
Disagree	15	18.8%
Strongly Disagree	5	6.3%
Total	80	100%

Graphical Representation:
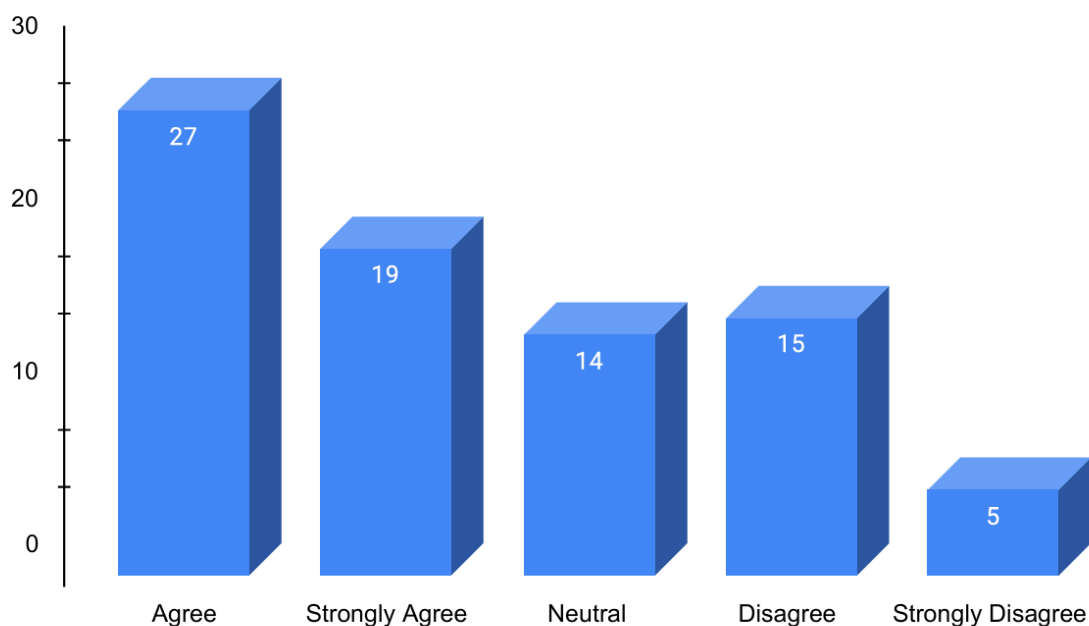
Figure 19: War-related news creates silence and tension in my home.

The results show that 33.8% of students agree that war-related news creates silence and tension in their home. Another 23.8% strongly agree, while 17.5% are neutral. 18.8% disagree, and 6.3% strongly disagree, showing that a smaller portion of students do not feel tension or silence at home due to war-related news.

Table 20 I feel protective toward my younger siblings when I hear sounds from the border.

|	Frequency	Percentage
Agree	38	47.5%
Strongly Agree	12	15.0%
Neutral	16	20.0%
Disagree	7	8.8%
Strongly Disagree	7	8.8%
Total	80	100%
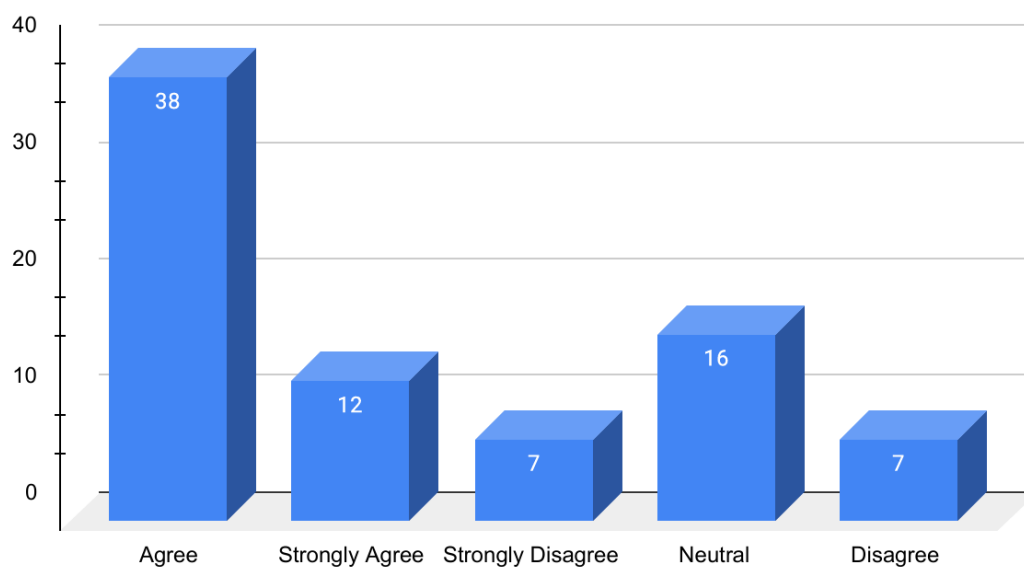
Graphical Representation:

Figure 20 I feel protective toward my younger siblings when I hear sounds from the border.

The results show that 47.5% of students agree that they feel protective toward their younger siblings when they hear sounds from the border. Another 15% strongly agree, while 20% are neutral. 8.8% disagree, and 8.8% strongly disagree, showing that a smaller portion of students do not feel the need to protect their siblings in such situations.

Table 21My parents become anxious when they hear distant firing or explosions.

	Frequency	Percentage
Agree	30	37.5%
Strongly Agree	18	22.5%
Neutral	18	22.5%
Disagree	10	12.5%
Strongly Disagree	4	5.0%
Total	80	100%

Graphical Representation:
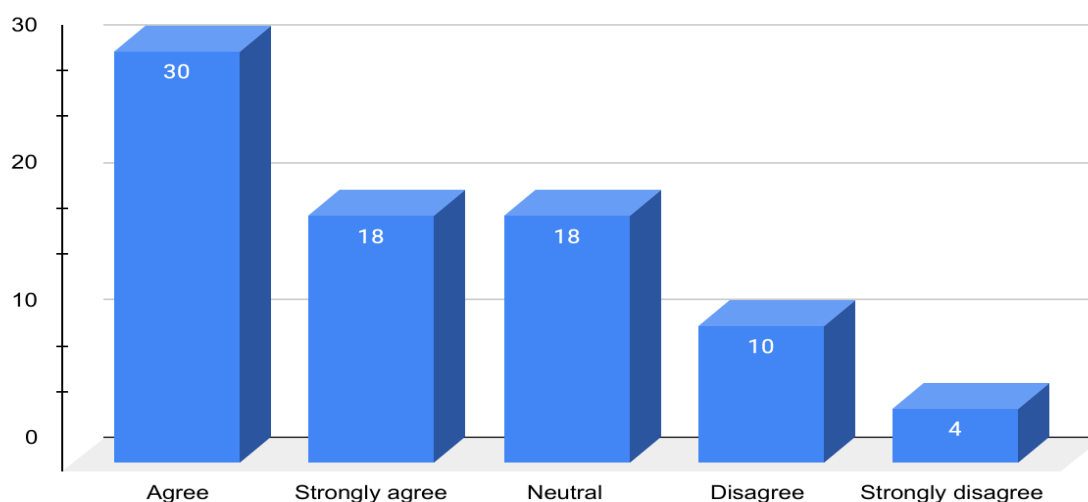
My parents become anxious when they hear distant firing or explosions.

Figure 21 My parents become anxious when they hear distant firing or explosions.

The results show that 37.5% of students agree that their parents become anxious when they hear distant firing or explosions. Another 22.5% strongly agree, while 22.5% are neutral. 12.5% disagree, and 5% strongly disagree, showing that a smaller portion of parents do not show anxiety in response to distant firing or explosions.

Table 22 My family avoids planning events because safety feels uncertain.

	Frequency	Percentage
Agree	28	37.3%
Strongly Agree	9	12.0%
Neutral	15	20.0%
Disagree	16	21.3%
Strongly Disagree	7	9.3%
Total	80	100%

Graphical Representation:

My family avoids planning events because safety feels uncertain.
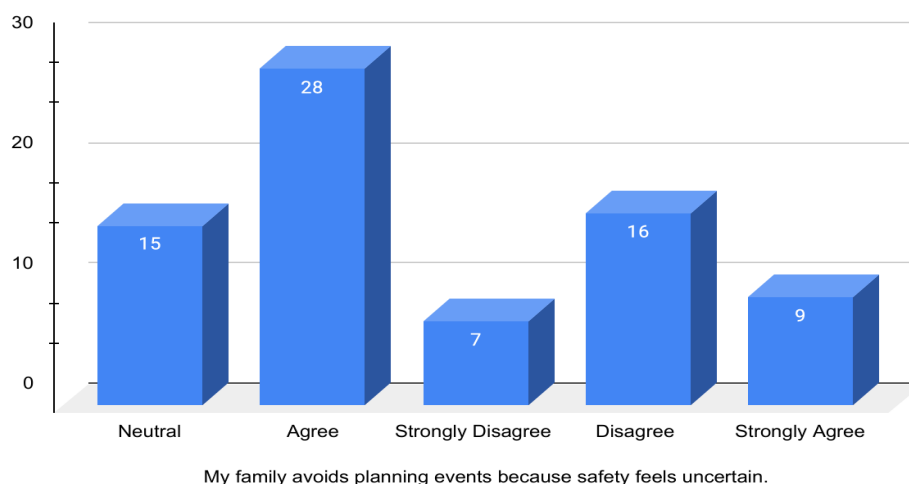
Figure 22 My family avoids planning events because safety feels uncertain.

The results show that 37.3% of students agree that their family avoids planning events because safety feels uncertain. Another 12% strongly agree, while 20% are neutral. 21.3% disagree, and 9.3% strongly disagree, showing that a smaller portion of families do not avoid planning events despite safety concerns.

Table 23 Family gatherings are restricted due to uncertainty at LOC.

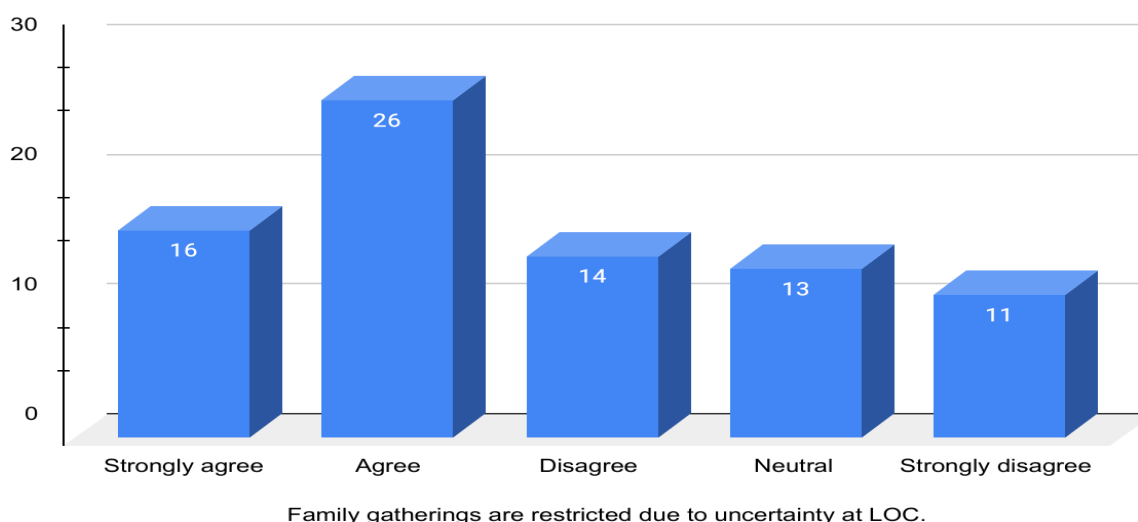|	Frequency	Percentage
Agree	26	32.5%
Strongly Agree	16	20.0%
Neutral	13	16.3%
Disagree	14	17.5%
Strongly Disagree	11	13.8%
Total	80	100%

Graphical Representative:

Figure 23 Family gatherings are restricted due to uncertainty at LOC

The results show that 32.5% of students agree that family gatherings are restricted due to uncertainty at the LOC. Another 20% strongly agree, while 16.3% are neutral. 17.5% disagree, and 13.8% strongly disagree, showing that a smaller portion of families do not restrict gatherings despite the uncertainty.

The study reveals a profound and multifaceted crisis. The quantitative data (Chapter 5) and the summarized thematic findings converge to paint a consistent picture: the conflict has triggered significant mental health deterioration and complex shifts in family dynamics among UPR students.

The Anatomy of Psychological Distress: Quantifying the Crisis

The findings confirm a high prevalence of clinically significant symptoms. The data shows that 68% of students reported elevated stress, worry, and anxiety, while 58% experienced sleep disturbances such as nightmares and restlessness. This aligns with the high frequencies of agreement on items measuring hypervigilance (e.g., 63.8% panicking at loud noises) and intrusive thoughts (62.6% reporting nightmares) in the statistical analysis. Furthermore, 42% reported psychosomatic symptoms like a racing heartbeat or shakiness, corroborating the somatic responses captured in the survey (e.g., 46.3% feeling physically weak). This pervasive distress directly reflects COR Theory's principle of resource loss the conflict systematically depletes students' resources of safety, emotional stability, and cognitive capacity, leading to psychological exhaustion.

The Dual Nature of Family Bonds: Buffer and Battleground

The impact on family bonding is nuanced, reflecting both resilience and strain. On one hand, 61% reported that the conflict affected family closeness, often increasing emotional dependence. This is evidenced quantitatively by high levels of protective cohesion (57.5% keeping family close) and shared anxiety (65.1% sensing fear on parents' faces). For many, the family microsystem became a crucial resource caravan, with 65% of students stating that family support helped reduce fear and anxiety.

On the other hand, this bonding is under immense pressure. 48% reported feelings of overprotection leading to stress, and qualitative themes indicate communication often centers on safety checks rather than emotional connection. The statistical finding that 63.8% hide their fears from family reveals a critical communication barrier. Thus, while the family strives to be a protective microsystem, it is simultaneously a site where the exosystem stressor (the conflict) manifests as tension, silence, and fragile bonds (66.3% agreeing the bond feels fragile).

RECOMMENDATIONS

A multi-tiered, collaborative approach is essential to address this crisis.

Establish an Accessible Psychosocial Support Unit: Create a dedicated, on-campus counseling center with trauma-trained professionals to provide confidential therapy, crisis intervention, and group support sessions.

Fund Targeted Mental Health Initiatives: Earmark government and Higher Education Commission funds for sustainable mental health services and staff training in universities located in conflict-prone regions.

Develop a "Universities in Crisis" Framework: Mandate that all universities in vulnerable zones have updated emergency response plans that integrate psychosocial first aid and continuity of learning protocols.

To assess the levels and manifestations of conflict-related mental health issues among UPR students following the 2025 escalation.

To examine the changes and challenges in family bonding experienced by UPR students as a result of the 2025 conflict.

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