

## ANALYSIS OF THE EFFECTIVENESS OF PSYCHOLOGICAL SUPPORT PROGRAMS FOR CIVILIANS DURING AND AFTER THE WAR IN LEBANON AND ARTSAKH<sup>‡</sup>

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### Abstract

*This article presents the psychological impacts of war on human life, especially on children in areas of conflict and war. The study offers various research on the short-term and long-term effects of war and violence on individuals, especially children. It sheds light on the presence and quality of psychological support offered to civilians during the war and the post-war period in Lebanon and Artsakh. It investigates the presence of programs that prepare individuals to be resilient during pre-armed conflict times in the era of peace. The paper offers recommendations that will lead to the placement of emotional intelligence and social-emotional learning programs that help develop children's self-awareness, offer them self-regulation tools and allow them to remain motivated at times of peace and war. The post-conflict programs will help civilians reduce anxiety and the impact of stress to overcome several psychological problems caused by wars in the population during times of peace and post-conflict.*

**Keywords:** psychological support, resilience, emotional intelligence, war zones, conflict resolution, psychological problems.

### INTRODUCTION

War is “an intense armed conflict between states, governments, societies, or paramilitary groups such as mercenaries, insurgents, and militias. It is generally characterized by extreme

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violence, aggression, destruction, and mortality, using regular or irregular military forces.” (according to Wikipedia).

According to the Britannica dictionary, in the popular sense, “war is a conflict between political groups involving hostilities of considerable duration and magnitude. In the usage of social science, certain qualifications are added. Sociologists usually apply the term to such conflicts only if they are initiated and conducted following socially recognized forms. They treat war as an institution recognized by customs or law. Military writers usually confine the term to hostilities in which the contending groups are sufficiently equal in power to render the outcome uncertain for a time. Armed conflicts of powerful states with isolated and powerless peoples are usually called pacifications, military expeditions, or explorations; with small states, they are called interventions or reprisals; and with internal groups, rebellions or insurrections. Such incidents, if the resistance is sufficiently strong or protracted, may achieve a magnitude that entitles them to the name “war.””

The definition of war differs in the dictionary, yet its impact on the destruction of lives and nations remains the same. The devastation of the destroyed entities remains the same whether in Artsakh, Lebanon, Ukraine or anywhere else in the world.

Wars may have different definitions and categories of philosophical, political, economic, technological, legal, sociological, and psychological approaches. Yet, all categories define a loss, whether physical, emotional, social, materialistic... Everyone loses during a war, loss of homes, lands, schools, family and sometimes loss is beyond that ...Loss of safety, hope, motivation and dreams.

The War in Artsakh was an armed conflict that impacted Artsakh, Armenia, and a whole diaspora. It reached millions of lives and was a turning point for so many. The identity of Armenians was shaped by loss and demotivation, yet with resilience, hope, trust, and faith for a better tomorrow. Wars end, yet the impact they leave remains forever.

Shoib et al. (2022) state that the war has left a tremendous effect on mental health, and these psychosomatic illnesses continue to leave traces on the individuals who were not able to heal. National and international organizations can be vital in promoting their well-being and ensuring their healthy integration into society. (Shoib et al, 2022)

The effects of war in Artsakh, according to the literature review, matched the long-term impact that the Lebanese war had left on the civilians. As reported in the previous findings, if these

challenges are not catered for, these members will not be able to care for their mental health and emotional well-being.

The war in Lebanon affected every generation, from the babies who became orphaned, wives who became widows at instances and men who suddenly lost the care and love in their houses. Parents lost children, and everyone had a sad story to tell; those who did not lose their lives lost their hope in the nation and travelled abroad to offer safe zones for their remaining family members.

The current paper investigated the post-post-war mental rehabilitation, social, emotional and psychological support during and the aftermath. It also sheds light on the preparedness of emergency plans for communities in Armenia and Lebanon as a sample from the diaspora.

The implications of the research focused on the need of civilians for pogroms pre and post-war to target their resilience and mental health. The research post-war in Lebanon showed that ministries of health and education can collaborate to set programs and curricula targeting these skills with learners, parents and educators to ensure their emotional health and healing process so they are incorporated into the community to be active citizens of hope, beyond loss and despair.

The future may look bright, according to the findings in Lebanon and through education, lives can be transformed, and individuals can heal, recover and move forward with the right intervention programs.

## **EXPOSURE TO VIOLENCE AND MENTAL HEALTH: A BRIEF LITERATURE REVIEW**

The destruction that occurs during wars to buildings and lands is visible throughout the hardship and later stages of the rebuilding process. The situation is not the same for mental health and emotional well-being. The scars of war remain unseen and, in many instances, ignored. The United Nations has set “Transforming our world: the 2030 Agenda for Sustainable Development: People, Planet, Prosperity, Peace and Partnership” all affected by wars and a disbalance needs to be addressed.

In the last three decades, research has shown that frequent components of assistance programs in ongoing and post-conflict contexts are increasingly becoming an area of interest and action for agencies working in such environments (Torre, 2019)

It is a fact to recall that the term “humanitarian psychiatry” emerged on December 7, 1988,

when northern Armenia was struck by a devastating earthquake measuring 6.9 on the Richter scale, and a team of psychiatrists were 2 included in the international humanitarian response. This practice soon became the norm; during the 1990s, psychological trauma and the consequences of exposure to conflict and violence on mental health became more salient, receiving increased attention. (Fassin and Rechtman, 2009).

Since the 1980s, efforts to target and resolve conflicts during wars have also undertaken the important role of psychosocial support as one of the main areas of humanitarian aid. The phenomenon has been critically called a “psychologization” of non-Western populations (Enomoto 2011; Pupavac 2005). As nations, nongovernmental organizations consider this type of support vital during and after the war. These psychosocial supports are not regarded as essential needs by the individuals affected by the conflicts (Torre, 2019).

The terminology “psychosocial rehabilitation” slowly transpired to the new broadly used expression “mental health and psychosocial support” or “MHPSS” (IASC 2007). The emergence of the “MHPSS” acronym sheds light and highlights how psychological perspectives have become inseparable from humanitarian programs.

The IASC guidelines are an undeniable step forward in the field of PSS, and their importance cannot be underestimated; however, it can be argued that they also represent the final step towards making the field of “MHPSS” relevant in every aspect of humanitarian aid, thus stabilizing the conception of “complex emergencies” as “psychological emergencies”.



The 2004 World Bank toolkit “Integrating Mental Health and Psychosocial Interventions into World Bank Lending for Conflict-Affected Populations” states that: “there has been a tendency to implicitly assume that the impact of trauma caused by mass violence (i) may be transitory and non-disabling, and (ii) that interventions in the emergency phase are sufficient”.

Figure 1. IASC Intervention Pyramid (2007)

Among the consequences of war, the impact on the mental health of the civilian population is

one of the most significant. Studies show the need to target the mental health of all society populations, especially women and children, elderly and disabled, who are affected the most.

University of Ulster psychology professor Ed Cairns, PhD, states that children are affected with risks that may affect their lives later on if left unaddressed. They witness violence and bloodshed and experience the loss of many basic resources, starting from safe homes to deportation, loss of family members and basic necessities of life: schools, health care, adequate shelter, water and food. That makes it difficult for communities to give children an environment that fosters healthy cognitive and social development. When children realize the disrupted family surrounding them, watching family members being lost, kidnapped or killed, the fleeing effect imposes enormous stress on children, say psychologists.

It is a fact that "When parents are emotionally affected by war, that alters their ability to care for their children properly," explains Mike Wessells, PhD, a Randolph-Macon College psychology professor with extensive experience in war zones. "War stresses increase family violence, creating a pattern that then gets passed on when the children become parents."

Another consequence of war is stigma and discrimination. Children associated with armies are often stigmatized because they participated in the war. Meanwhile, hostile environments prohibit some ethnic-minority children from attending schools and parents from earning money to provide for their children.

"Discrimination and attack can lead to the construction of an identity of themselves as victims," explains Wessells. "And that can become a warrant for future acts of violence to make sure that no one can ever do that to them again."

The images of war remain in the minds of children who lose hope in some instances and want to give up on life, and this hopelessness affects all their future relationships. Wessells, who works with the Christian Children's Fund, explains that in many refugee camps, children grow up feeling as if they've lost everything and can't do anything to make things better for themselves. In other regions, children's war experiences can give them a cynical view of adults and society, says James Garbarino, PhD, co-director of Cornell University's Family Life Development Center and author of a book about how American gang warfare has similar effects.

Many children, exposed to horrible acts of violence during their developmental years, come to accept violent acts as a normal part of life. "This is putting young people at risk for continuing

cycles of violence," explains Wessells. "Violence is the way they will use to discipline their children or deal with a conflict with their spouse."

Kathleen Kostelny, a senior research associate at the Erikson Institute for Advanced Study in Child Development, gives the following example: With the best intentions, a relief agency pulls a truck into a refugee camp and throws bags of rice into the crowd. A better approach, she says, would build community participation, perhaps asking the refugees to distribute the rice. While refugees need food and water, they also need to feel like they have control over their lives, Kostelny explains.

"Sometimes damage can be done when you're not sensitive--even though the agenda is to help," she explains. "Psychologists can help NGOs raise the level of psychological awareness."

Children are the most affected individuals during the war because they have essential basic needs of empathy, care, and love during growth, and they are not receiving these as they grow during the war due to the loss of a parent or parents who are not ready to show compassion and love during war. Second, children's prospects for education change, and they lose their opportunity to have better life options; thus, their whole life path changes and hope is lost during this growth stage and personality development. Finally, children are affected, whether personally or through having parents and close members affected by death, injury, disability, illness and other psychological, moral, spiritual, and social sufferings that change one and for all the lives of these children. However, there are remedial strategies offered to implement work on the legal aspect, economic support and also make special consideration for children who undergo war. Creating equity and minimizing social stereotypes allow these impacts to be minimized on these children. Rehabilitation programs for children and efforts may offer hope in the post-war era. (Santa Barbara, 2006)

To sum up, armed conflict around the world is affecting children in their own backyards, homes and all that represented their safety and stability once. Children in the heat of war need to be addressed to break the cycles of violence and instill foundations of mental health in these children.

## **EDUCATION AND SOCIAL-EMOTIONAL LEARNING IN HEALING EDUCATION**

WHO attributes to deal with the psychological traumas of war were highlighted by the resolution of the World Health Assembly in May 2005, which urged member states "to strengthen

action to protect children from and in armed conflict" and the resolution of the WHO Executive Board in January 2005, which urged "support for implementation of programs to repair the psychological damage of war, conflict and natural disasters? Resolution on health action in crises and disasters. Geneva: World Health Organization; 2005. Life after conflicts and wars remains essential to set to a normal life away from violence.

Introducing children of war into life and successful, happy routines is an effort to investigate and invest in for the sake of a better future.

Historically, much of the work on predicting academic success, from elementary school to college, has focused on the impact of various cognitive abilities, socio-demographic factors and economic variables. The fact that much of the variance in academic success remains unaccounted for by these variables has encouraged researchers to investigate additional predictors, including personality and cognitive factors. In recent years, increased attention has been paid to emotional and social competency's role in academic success. (Parker, Summerfeldt, Hogan, & Majeski, 2004).

Children can move from the circles of violence and despair into the safe circles of self-knowledge and support of the community. Recent research in many countries that underwent wars and explosions offers the concept of Healing and recovery education to target the loss in children. (Parker, Saklofske, Wood, Collin 2009)

The current study offers insight into psychosocial support knowledge perception, as well as implications and practices in the mental well-being of children. It investigates if communities were offered psychosocial support throughout or after conflicts in Lebanon and Artsakh. Survey participants had a say in what they believed were efficient means of assistance during wars. It also allowed participants to identify topics for psychosocial programs, institutions, and organizations that they think are important to offer these services to the community.

It is through hearing those who went through the war that organizations can equip themselves to anticipate any conflict regions and prepare for the emotional well-being of individuals as a preventive matter. When war arises, it sets strategies to support those going through war and then offers support to communities after the war.

## RESEARCH QUESTION

The research aims to investigate civilians' biggest fears and needs during war. It studies the



psychological and social aspects of war and civilians to understand their material and social/psychological needs.

It sheds light on

What were the biggest fears of civilians during the war?

What were the needs of civilians during the war?

What topics of psychosocial support and pieces of training did civilians need post-war?

What were some recommendations to introduce social-emotional health programs in pre-and post?

### **RESEARCH INNOVATION**

Murthy and Lakshiminarayana (2006) explain that this has the largest impact on the most vulnerable members of the community, such as women, more than men and children. This impact on emotional health and well-being must be investigated, understood, managed, and regulated. Research generally investigates populations living in the same geographic areas and going through similar experiences.

According to the World Health Organization, 80% of the population has either been in a conflict and war or has someone experienced it or a similar situation.

The effects of stress and trauma continue and affect the lives of individuals, and practical tools need to be prepared that comprehend the culture and offer resilience to these civilians and pre and post-war eras. (Murthy & Lakshiminarayana, 2006).

This study aims to join Armenian civilians from Lebanon and Artsakh and investigate their lives, thoughts, feelings and attitudes.

It offers recommendations to countries to work on emotional health and resilience during peace to prepare individuals for any type of challenges to any degree, even in wars. Such recommendations aim to equip the young.

### **METHODOLOGY**

The research literature focused on the Murthy and Lakshiminarayana (2006) research tools and has created an authored survey tool to focus on understanding the mental health of individuals from their various cultures. UNICEF has multiple publications in the field on disaster and mental health, trauma interventions in war and other children's rights to live safe lives. The research started



with a natural observation of the various challenges and stress-related physiological disorders individuals suffered in the post-war era.

The research population were from Lebanon and Artsakh. The participants in Lebanon received the Google form prepared by the researcher to shed light on the psychological living of these civilians. An initial contact was formed to inform the participants of research participation needs. A week later, the link was shared with the participants. The link was in Armenian and English, and the researcher offered on-call support to those who had difficulty understanding questions.

A focus group was formed to discuss the questions and brainstorm on their thoughts and feelings, and they relived the moment when they were placed with individuals who lived the war together.

The participants from Artsakh were contacted by social workers working on the ground, who offered support. These discussions were foundation along with the survey to better understand civilians and offer beneficial recommendations.

The individuals had difficulty understanding terms such as mental health psychosocial support, and support was given to ensure that all filled the link based on a common understanding.

## **DATA AND POPULATION**

The research investigated 50 individuals from two populations that underwent war (31.2% males and 68.8% females). The majority, 43.8%, of the participating individuals were from ages 35-55, and the other populations ranged from 20-35, 41-50, and 55-60+, with percentages – 15.5%, 9.4% and 25%, respectively. Forty per cent of the participants were from Artsakh and 60% from Lebanon. The war was viewed in the eyes of 93.8% of the participants who were living in the country during the war. The remaining 6.2% had left the country prior to or upon the start of the wars.

The survey in English and Armenian languages was a Google document shared through different channels on social media. Part one included demographics about the participants, and the questions were in Armenian and English to ensure civilians from Artsakh had no linguistic difficulty answering. The items mainly offered options, with the possibility of adding options to minimize the writing effort that may have been needed from those filling out the form. The second

part of the questionnaire mainly asks about psychosocial and other types of support if they were offered during or after the war. It also asks participants to share experiences that caused the greatest fear and what would have helped them the most. Finally, it asks those who lived through the war to elaborate on what could be done to help post-war individuals and offer support if any other war occurs in the future.

“What were the biggest dangers surrounding you?” questioned the visual forms of war, and the answers varied from bombs, snipers, finding food and shelter for my family to security and survival, gunfire zone, a neighbourhood full of mines to fear on the lives of the soldiers on the line, and loss of a family member.

Participants answered the question “What could have helped during the war?” by finding means to flee the country, support groups, psychosocial and emotional ways to keep calm during wars, manage stress, and find shelter and pray. Medical support, safe shelters, a strong army, and psychological support to children to explain what was happening in the country were on the list.

Eighty-five per cent of participants answered that they received no support during the war. Out of the 15%, ten per cent responded that they had received support from church groups, community, and government, while the 5 per cent did not specify.

Participants were asked what they needed the most financial support, nutritional, psychosocial, sanitary, or other. 33.8 % considered required financial support, 30.6 % answered that they needed psychosocial support, 20.6% responded that their need was nutritional, while the last 15% considered sanitary needs. In the psychosocial support system, individuals were asked what topics could have helped them, and the answer came as a need to learn how to deal with and manage trauma, anxiety, fear, insecurities and helplessness, PTSD, depression and anxiety.

The recorded needs of the displaced family were acceptance and psychosocial support, shelter and health, followed by equal education and food. The question is, what is your understanding of the definition of psychosocial? This shows that individuals cannot define the term except by using words such as psychology, supporting community, behavioural, mental health, depression, and inner peace. There were not two participants who defined the term the same.

The 75% majority were aware of the mental health and psychosocial support systems offered in their community, yet only 21.9% had attended such sessions.

What are the most urgent psychosocial needs that need to be addressed for the displaced

community shortly? Dealing effectively with trauma was the need for 59.4% of the participants. Next came mental health and positive psychology, 40.6% and 37.5%.

Most participants considered adding units to school curricula as a crucial need; some considered special centres for well-being as a need, and others appreciated the need for social-emotional support and municipal interventions. A vast majority answered that psychosocial support programs during wars can help a maximum of up to 50%. It is pre- and post that such programs are needed, according to 43.8 % of the participants. Post-war psychosocial support topics were similar to those mentioned during the war, yet the schools became the desired place to introduce such programs, followed by official governmental organizations.

## **DISCUSSION AND CONCLUSIONS**

This kind of research could be done in person, where the one-to-one observation could also account for further research evidence. A thorough and in-depth literature review of these two communities would also be recommended. However, the two groups still did not have sufficient post-war data. A larger pool of participants would also increase the credibility of the research, along with different age groups with which to compare the impact.

Huge loss and trauma cannot be just targeted through short and one-topic training of work. They need to cover the overall person, the experiences, the loss of history, and the future. The trauma-informed approach offers an interdisciplinary method of understanding traumas and their complexity. It aims to highlight the importance of the individual and the human in the post-war era and use neuroscience, psychology, and other disciplines to understand the nature of and diagnose. It then aims to recommend and offer remedies for recovery.

Artsakh or Lebanon, evidence shows that mental health and psychological support was not offered sufficiently to civilians during wars, and also civilians did not consider it so crucial. However, mental health and social-emotional support programs pre wars are helpful for individuals to move forward through the war. Results show that individuals do not yet have the proper knowledge or awareness about the details of such programs. Awareness campaigns on mental health and psychosocial support programs, especially after wars, are crucial to helping a nation recover, heal and move forward.

Research and development allow organizations and nations to better support individuals and

their mental health as resilience and support before conflicts and after wars. They offer support to observe a resurrection from violence and death to life after war.

Education in post-conflict transitions has become the focus of a growing body of research among educationalists and other specialists as it is seen as being critical to the reconstruction process and consolidating peace and stability (Pigozzi 1999; Bush and Saltarelli 2000; Sinclair 2002; Davies 2004; Kagawa 2005; Tomlinson and Benefield 2005; Penson and Tomlinson 2009; Paulson 2011).

This current study showed that there were not sufficient prewar mental health programs, and neither individual was offered sufficient psychosocial support during wars. Yet it identified that some organizations had offered programs that could be further elaborated and structured to help the civilians and those deported during wars, even sometime after the wars, through education systems and curricula. Schools and governmental organizations have crucial emotional intelligence programs that nurture resilience and motivation and offer individuals practical tools to combat fear, stress and anxiety.

Despite these recent contributions, education in emergencies and post-conflict transition is still in its infancy. The causes of fragility are hotly debated (Mundy and Dryden-Peterson 2011), and there is a need to conduct more research and evaluation to understand the complex and critical processes of educational reconstruction and the processes through which educational systems contribute to promoting or preventing conflict (Harber 2004; Davies 2005; Smith 2005; Novelli and Lopes Cardozo 2008; Brown 2011), especially at the local level. A growing number of country-based case studies are beginning to demonstrate salient insights and notable analytical tools, including Davies' (2011) conceptualization of the 'impact of education on the drivers of fragility and grievance'. Nevertheless, there remains a large gap in the literature between the theorizing of the academic community and the more applied approaches of the practitioner community (Paulson and Rappleye 2007).

There is, therefore, the need to fill the theory–practice gaps and generate a knowledge base of effective approaches to rebuilding education systems emerging from conflict which are sensitive to and can be applied across a range of country contexts (Karpinska, Yarrow and Gough 2007; Brannelly, Ndaruhutse and Rigaud 2009).

UNICEF for every child Armenia and the Armenian Association of Child and Educational

Psychologists offer a recommendation and a basis for further research, stating the impact of trauma on the emotional well-being of children, understanding, validating it, and then moving forward navigating these social and psychological challenges of rejection, to be able to re-live again, inspire, move beyond the witnesses death and burning bodies, towards healing and the community support, to move to hope beyond loss and despair. (Khanamiryan, 2023)

SEL programs target learners, parents, teachers, administrators, the community, and all stakeholders in the education system. Implementing SEL curricula in schools promises hope on the larger scale of preparing lifelong learners, competent learners who know themselves well, understand their strengths and weaknesses and are empathetic citizens in their society. (CASEL, 2021)

SEL helps create equity in the community, a safe haven for all learners, despite their capabilities and background, allowing collaboration and effective communication. These programs improve academic performance, raise learners' self-esteem and increase their chances of building effective lifelong relationships. This interdisciplinary approach of offering academic content parallel to life skills provides a theory to investigate and comprehend its implications.

It is crucial to observe emotional intelligence through the lenses of education and psychology, both nationally and internationally. Developing social and emotional skills may help build more equity in education while improving mental health and wellbeing, increasing tolerance, reducing disruptive behaviours and positively affecting academic performance. Studies have shown that these skills help protect students from becoming targets of bullying and lower the risk of someone being bullied or even bullying others. Through SEL, students can develop empathy and resolve conflicts better. (Farrington, D; Ttofi, M; Zych, I.2019)

On a final note, after decades of war and continuous research, the Ministry of Education and Ministry of Health in Lebanon has set 2023 a national mental health curriculum. The study showed promising evidence that such programs in the community, schools, or specific centres can raise awareness of emotional well-being and inspire hope after the phase of loss and despair.

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