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Living in the Shadow of Protracted Border Disputes: A Socio-Psychological Study of Displacement and Economic Insecurity

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Abstract

Protracted border disputes rarely end in a single decisive event; instead, they settle into the landscape as a chronic condition that residents inhabit for decades. This paper synthesises psychological, economic, and political-geography scholarship to examine how populations living along contested and militarised borders experience displacement and economic insecurity as intertwined, mutually reinforcing conditions rather than separate hardships. Drawing on systematic reviews of mental health among internally displaced persons (IDPs) and refugees, borderland ethnographies, and economic assessments of trade disruption, the paper argues that the psychological toll of border conflict is inseparable from the erosion of livelihoods, land access, and social continuity that accompanies it. Using the Line of Control (LoC) between India and Pakistan, the Sudan-South Sudan and Darfur borderlands, the Democratic Republic of Congo's Great Lakes frontier, and the Syria-Lebanon border as illustrative regional cases, the paper documents convergent findings: elevated and highly variable prevalence of post-traumatic stress disorder (PTSD), depression, and anxiety (ranging from single digits to over 80% across settings); sustained loss of agricultural and trade-based livelihoods; and a distinctive psychology of "perpetual insecurity" in which residents cannot fully return to normal life even during lulls in violence. The paper situates these findings within Conservation of Resources theory, the daily-stressors framework, and acculturation-stress models, and it examines the topic from multiple analytical vantages — state-security, human-security, feminist political economy, and clinical-epidemiological — to show how each lens foregrounds different harms and different policy remedies. The paper concludes that durable responses to protracted border disputes require integrating mental health services, livelihood restoration, and cross-border economic normalisation rather than treating trauma and poverty as separate policy silos.

Keywords: *protracted displacement; border disputes; economic insecurity; post-traumatic stress; internally displaced persons; conservation of resources theory; Line of Control; borderland studies*

1. Introduction

Borders are usually described in the language of geography and law — a line on a map, a treaty clause, a demarcation pillar. For the people who live beside them, however, a contested border is something closer to a weather system: an ambient, unpredictable pressure that shapes when a family plants its fields, whether children walk to school, and whether a household's savings

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will survive the season. Where a boundary dispute remains unresolved for years or decades, this pressure becomes a permanent feature of daily life rather than an episodic crisis. Scholars refer to this condition as a "protracted" situation, borrowing language originally developed by the United Nations High Commissioner for Refugees (UNHCR) to describe refugee populations who remain in a "long-standing and intractable state of limbo" in which "basic rights and essential economic, social and psychological needs remain unfulfilled after years in exile" [3]. The same descriptive logic extends naturally to the borderland populations who are repeatedly displaced, resettled, and re-displaced by recurring skirmishes along contested frontiers, even when they are never formally counted as refugees.

The scale of the underlying phenomenon is substantial. By UNHCR's own accounting, the 2017 Global Trends Report recorded 65.6 million forcibly displaced people worldwide, a figure that had risen further by the early 2020s to more than 82 million according to subsequent UNHCR estimates [2,5]. A large and growing share of this population — more than two-thirds by some counts — is not caught in a fast-moving emergency but in a "protracted refugee situation" that has persisted, on average, for well over a decade [3,4]. Analysts working within the Protracted Refugee Situations Project at Oxford's Refugee Studies Centre have shown that the average duration of major refugee situations rose from nine years in 1993 to seventeen years by the end of 2003, a trend line that has not reversed since [3]. For populations living directly on or near an active line of control, ceasefire line, or unresolved international boundary, this protraction is compounded by a second layer of instability: even those who are never forced across an international border may be displaced, internally, again and again, each time the line becomes "hot."

This paper takes as its central proposition that the psychological and economic dimensions of life along a protracted border dispute cannot be understood in isolation from one another. The clinical and epidemiological literature on displaced populations has, for good reason, focused heavily on the prevalence of PTSD, depression, and anxiety disorders [1,11-14]. Economic and development literature, meanwhile, has separately documented the erosion of agricultural productivity, trade income, and asset bases in conflict-affected borderlands [24,26,33,34]. Yet the borderland ethnographic literature — accounts of the Line of Control villages of Jammu and Kashmir, the IDP settlements of Darfur and Central Sudan, and the cross-border camps of the Thai-Cambodian and Syrian-Lebanese frontiers — repeatedly shows that these are not two separate hardships experienced in parallel, but a single lived condition in which the loss of a herd, a harvest, or a market crossing is itself a psychological event, and in which the anticipation of the next shelling episode is itself an economic constraint on investment, labour supply, and risk-taking [19,20,23-26].

Conservation of Resources (COR) theory, developed by Hobfoll, offers a parsimonious way to hold these two dimensions together analytically [6,7]. COR theory proposes that psychological stress arises from the threatened loss, actual loss, or failure to gain valued resources, and that resources are not limited to material objects but include social status, personal characteristics, and the "energy resources" — time, money, knowledge — that allow further resources to be built [6]. Under this framework, the loss of a field to shelling, a market crossing to border closure, or a breadwinner to displacement is not merely an economic setback that happens to have psychological side effects; it is, in itself, the proximate cause of stress. This paper adopts COR theory, together with complementary frameworks addressing daily stressors [9] and acculturation [10], as the organising theoretical scaffolding for a

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synthesis of the empirical literature.

This synthesis matters beyond the academic interest of reconciling two literatures. Humanitarian and development financing architectures are, in most donor governments and multilateral institutions, organised around a durable institutional division between "humanitarian" funding streams (short-term, life-saving, typically including basic mental health and psychosocial support) and "development" funding streams (long-term, structural, typically including livelihoods, infrastructure, and economic policy) [33,36]. Protracted border disputes fall awkwardly between these categories: they are neither acute emergencies calling for short-term humanitarian relief, nor stable post-conflict environments amenable to conventional development planning, but a persistent third condition in which acute violence recurs unpredictably against a backdrop of chronic, low-grade insecurity. This paper's argument — that the psychological and economic dimensions of this condition are mutually constitutive rather than separable — has a direct institutional corollary: financing and programming architectures that treat mental health and livelihoods as sequential or separately governed priorities are likely to under-serve exactly the populations this paper examines.

The remainder of the paper proceeds as follows. Section 2 develops the conceptual and theoretical framework in more depth, defining protracted border disputes, displacement, and economic insecurity as interlocking constructs. Section 3 reviews the existing empirical literature on the psychological and economic consequences of protracted displacement, organised thematically. Section 4 describes the paper's narrative-synthesis methodology. Section 5 presents four regional case analyses. Section 6 synthesises the quantitative evidence into tables and figures. Section 7 discusses the cross-case findings, and Section 8 examines the topic through four competing analytical lenses. Section 9 draws out policy implications, Section 10 notes the limitations of the study, and Section 11 concludes.

2. Conceptual and Theoretical Framework

2.1 Defining protracted border disputes, displacement, and economic insecurity

A "border dispute" in the narrow legal sense refers to disagreement between states over the location or status of a boundary. In practice, however, the disputes most consequential for civilian populations are rarely purely cartographic; they are disputes over sovereignty, security architecture, and the right to control movement, trade, and settlement across a contested line. The Line of Control dividing Indian- and Pakistani-administered Kashmir is illustrative: it is explicitly not an international border but a military ceasefire line, and its ambiguous legal status has itself been identified by borderland scholars as a source of continued insecurity, since it allows both states to characterise cross-line violence as an "internal" rather than "international" matter [27,28].

"Protraction" adds a temporal dimension. UNHCR's Executive Committee has formally defined a protracted refugee situation as one involving 25,000 or more persons of the same origin who have been in exile for five consecutive years or longer in a given host country [3,5]. While this paper is concerned with a broader population than refugees in the strict legal sense — including internally displaced persons who never cross an international boundary, and "conflict-affected residents" who are repeatedly but temporarily displaced without ever formally entering IDP or refugee status — the analytical logic of protraction, chronicity, and

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"stuckness" that UNHCR identifies applies with equal force to these populations [3,4].

"Economic insecurity" is used in this paper to describe not simply poverty (a static, low-income condition) but the anticipatory and recurrent loss of livelihood assets, market access, and income stability associated with conflict exposure. This distinguishes economic insecurity from chronic poverty: a household that has never been prosperous experiences a different psychological relationship to hardship than one that experiences repeated, unpredictable loss of an asset base it once possessed [6,7]. This distinction matters directly for the psychological literature reviewed below, since Hobfoll's Conservation of Resources theory predicts that acute resource loss is often more distressing than chronic resource lack, because loss creates identifiable, sudden demands that outstrip an individual's coping capacity, whereas chronic lack — however severe — permits some degree of adaptive expectation-setting [6,7].

2.2 Conservation of Resources theory

Hobfoll's Conservation of Resources theory rests on two central axioms: first, that psychological stress occurs when resources are threatened, actually lost, or fail to yield an adequate return on investment; and second, that resource loss carries substantially greater psychological weight than resource gain of an equivalent magnitude [6,7]. Resources, in Hobfoll's typology, include object resources (a house, tools, livestock), condition resources (employment, marital status, land tenure), personal resources (self-efficacy, optimism), and energy resources (time, money, and the credentials or knowledge needed to obtain further resources) [6]. A central mechanism identified within COR theory is the "loss spiral": individuals or households who possess few resources to begin with are simultaneously more vulnerable to further losses and less capable of achieving offsetting gains, so that an initial shock (a shelling episode that destroys a herd, for instance) tends to generate a self-reinforcing cascade of secondary losses (inability to pay for healthcare, withdrawal of children from school, forced migration to unfamiliar and unsupported settings) [6,7]. Conversely, Hobfoll's notion of "resource caravans" — clusters of interdependent social, personal, and material resources that travel together — helps to explain why households or communities with pre-existing social capital, diversified livelihoods, or external kin networks tend to display greater resilience under conflict-driven economic shocks [7].

2.3 Daily stressors and acculturation frameworks

A second influential framework, associated with Miller and Rasmussen, argues that mental health researchers have historically over-focused on direct war exposure (witnessing violence, combat, torture) at the expense of the "daily stressors" that displacement and economic insecurity generate in their own right — overcrowded housing, loss of livelihood, discrimination, and interrupted education [9]. Miller and Rasmussen's synthesis proposes that daily stressors partially mediate the relationship between war exposure and mental health outcomes, meaning that even in the absence of new violent events, a population whose economic and social infrastructure remains degraded will continue to exhibit elevated psychological distress [9]. This framework is particularly relevant to protracted border disputes, in which active shelling or skirmishing may be intermittent, but the daily stressors of border closure, land inaccessibility, and interrupted trade are close to constant.

A related framework, Silove's ADAPT model, argues that mass conflict and displacement damage five specific adaptive systems simultaneously — safety and security, interpersonal

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bonds and networks, justice, existential meaning, and social roles and identity — and that psychiatric symptoms such as PTSD and depression should be understood partly as downstream markers of disruption to these systems rather than as free-standing disease entities [8]. This model is useful for the border-conflict cases examined later in this paper because it explains why residents of contested frontiers frequently describe distress in terms of injustice, betrayal, and loss of meaning (for example, the sense that a home that "we can never truly settle" nonetheless remains "our home" [27]) rather than purely in terms of fear or sadness.

A third framework, Berry's model of acculturation stress, was developed originally to describe the psychological adjustment of migrants and refugees to a new cultural environment, encompassing strategies of integration, assimilation, separation, and marginalisation [10]. While border-adjacent populations displaced within their own country or region do not always face the same cultural distance as international refugees, variants of acculturative stress are visible wherever displaced rural populations are relocated into unfamiliar urban or peri-urban settings, camp environments, or across an internal ethnic or linguistic boundary — a pattern documented extensively among Sudanese and Ugandan IDPs and among Bhutanese refugees resettled in Nepal [1,16].

2.4 Economic insecurity as a psychological construct

A further theoretical resource for this paper comes from the older social-psychological literature on unemployment and economic deprivation, most influentially Jahoda's latent-deprivation model, which argues that stable employment provides not only manifest income but a set of latent psychological functions — time structure, social contact beyond the immediate family, participation in a collective purpose, status, and enforced activity — the sudden withdrawal of which is independently damaging to well-being, even holding income constant [38]. This model was developed originally to explain the disproportionate psychological toll of unemployment relative to equivalent income loss from other sources, but its logic transfers with only minor modification to border-conflict settings, where the sudden closure of a market crossing or the destruction of agricultural land withdraws not merely income but the entire structured, socially embedded activity of farming or trading that gave shape to daily and seasonal life. This helps explain a pattern visible throughout the case material reviewed in Section 5: affected residents frequently describe the loss of a livelihood in border regions not primarily in terms of foregone earnings but in terms of a ruptured way of life, a formulation that a purely income-based model of economic insecurity would struggle to capture [24,26].

2.5 Resilience and post-traumatic adaptation

It would misrepresent the literature to present displaced border populations solely as passive recipients of cumulative psychological damage. A substantial body of research on resilience following extreme adversity, associated most influentially with Bonanno, has demonstrated that the modal psychological trajectory following even severe traumatic exposure is not chronic dysfunction but a resilient course characterised by relatively stable, healthy functioning, a finding that complicates any narrative implying inevitable and uniform psychological collapse among conflict-affected populations [39]. Panter-Brick's work on culture and resilience further argues that resilience should not be conceptualised as a fixed individual trait but as an emergent property of the interaction between individuals and the social, cultural, and economic ecology

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surrounding them [41] — an argument directly compatible with Hobfoll's "resource caravan" concept, since both frameworks locate the capacity to withstand shocks in the surrounding structure of available resources rather than in individual psychological hardiness alone [7]. This literature does not contradict the high prevalence estimates reviewed in Section 3.1; rather, it cautions against reading those estimates as evidence of universal or permanent impairment, and it reinforces this paper's central policy argument in Section 9 that restoring the social and economic "resource caravan" — livelihoods, trade access, and community continuity — is likely to be at least as protective of long-term mental health as clinical treatment delivered in isolation from those structural conditions.

2.6 An integrated model

Table 1 (see Section 6) summarises how these frameworks map onto the specific stressors documented in border-conflict settings. Taken together, they suggest that the psychological consequences of protracted border disputes should not be modelled as a simple function of exposure to violence, but as the product of (a) the frequency and unpredictability of resource loss, (b) the accumulation of daily stressors independent of acute violence, and (c) the degree of disruption to social and cultural continuity experienced by displaced or repeatedly-displaced populations.

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3. Literature Review

3.1 Psychological consequences of protracted displacement

The most comprehensive synthesis of psychiatric epidemiology among conflict-displaced populations remains the systematic review conducted by Morina and colleagues, published in *Frontiers in Psychiatry* in 2018 [1]. Drawing on 38 eligible studies covering 39,518 adult IDPs and refugees across 21 low- and middle-income countries, the review found prevalence estimates ranging from 3% to 88% for PTSD, 5% to 80% for depression, and 1% to 81% for anxiety disorders, with the wide variation attributable to differences in measurement instrument, cultural context, sampling method, and — critically for this paper's argument — the intensity and duration of displacement itself [1]. The review found that the average duration of displacement across included studies ranged from six months to eighteen years, and that populations experienced, on average, seven distinct traumatic events each, ranging from witnessing killings to enforced separation from family members [1]. Notably, populations drawn from countries with the highest scores on the Political Terror Scale — a five-point index of state violence and repression — showed systematically higher psychiatric morbidity than those from more stable settings, suggesting a dose-response relationship between the intensity of the underlying conflict and its downstream mental health burden [1].

Earlier systematic reviews reached broadly convergent conclusions using different methodologies. Steel and colleagues' meta-analysis of torture and mass-conflict exposure found consistent associations between cumulative traumatic exposure and both PTSD and depression across a large pooled sample [11]. Fazel, Wheeler, and Danesh's widely cited review of over 7,000 refugees resettled in Western countries similarly found substantially elevated rates of PTSD relative to age-matched general populations, though with lower

absolute prevalence than in the LMIC-based studies reviewed by Morina and colleagues — a pattern the authors attribute to the greater material security and health-system access available after resettlement in high-income countries [12]. Porter and Haslam's meta-analysis specifically examined the relative contribution of pre-displacement and post-displacement factors, concluding that post-displacement conditions — including camp confinement, restricted economic opportunity, and repeated relocation — were, in many cases, more strongly associated with poor mental health outcomes than the original traumatic events that triggered flight [13]. This finding is directly consistent with the daily-stressors framework discussed above [9] and lends empirical support to this paper's argument that protraction itself, independent of any single violent episode, is pathogenic.

The World Health Organization's 2019 update to global mental health estimates in conflict settings, led by Charlson and colleagues, offered a somewhat more conservative but still striking synthesis: across settings affected by conflict within the previous ten years, the review estimated that approximately one in five people (22%) experience depression, anxiety, PTSD, bipolar disorder, or schizophrenia at any given time — a prevalence substantially higher than global baseline estimates for non-conflict populations [14]. This estimate is important because it moves beyond the high-variance, small-sample studies that dominate the earlier literature toward a population-level planning figure, and it has been influential in shaping humanitarian mental health programming, including the World Health Organization's mhGAP Humanitarian Intervention Guide [37]. Tol and colleagues' influential *Lancet* series on mental health and psychosocial support in humanitarian settings similarly argued for integrating community-based psychosocial programming with, rather than as a substitute for, clinical mental health services, and for evaluating both against locally defined functional outcomes rather than only against standardised symptom checklists — an argument this paper extends in Section 9 to argue for integration with livelihood and economic-recovery programming as well [15].

Several individual studies deserve particular attention for the specificity of their findings regarding border and displacement camp populations. Mollica and colleagues' early and influential study of Cambodian refugees confined for years in camps along the Thailand-Cambodia border found a PTSD prevalence of 15% and depression prevalence of 55%, demonstrating that depression, not PTSD, was in fact the dominant psychiatric burden in a population whose primary stressor by the time of assessment was prolonged confinement rather than acute violence [21]. Thapa and Hauff's study of internally displaced persons during Nepal's armed conflict similarly found extremely high rates of PTSD (53%), depression (80%), and anxiety (81%), figures that the authors linked explicitly to the loss of land and livelihood accompanying internal displacement, not solely to direct violence exposure [17]. Lee and colleagues' study of North Korean refugees in China found comparably severe distress (PTSD 56%, depression 81%, anxiety 90%), attributable in part to the extreme legal precarity of unrecognised cross-border refugees who faced the constant threat of forced repatriation [18]. By contrast, Husain and colleagues' postwar assessment of Jaffna District, Sri Lanka found much lower prevalence (PTSD 7%, depression 22%, anxiety 33%), a divergence that likely reflects both a shorter interval of active displacement at the time of assessment and methodological differences in instrument and sampling [19]. Richards and colleagues' study of internally displaced Colombians found an unusually high self-reported PTSD rate of 88%, alongside depression (41%) and anxiety (59%), in a population whose members had been displaced by non-state armed groups operating along informal and shifting

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territorial boundaries rather than an internationally recognised border [20]. A comparable study of Guatemalan refugees who had crossed into Mexico found lower but still substantial prevalence — PTSD 12%, depression 39%, anxiety 54% — two decades after the underlying civil conflict, indicating that psychiatric morbidity associated with border-crossing displacement can persist at clinically significant levels long after the precipitating conflict has formally ended [43]. Figure 1 (Section 6) visualises this cross-study variation directly.

Kim, Torbay, and Lawry's survey of internally displaced women in Nyala Province, South Darfur, is instructive for a different reason: it found a depression prevalence of 31% alongside a 2% rate of suicide attempts and completed suicides within the preceding year, among a population displaced for a median of only six months — indicating that severe psychiatric morbidity can emerge rapidly, well before a situation formally becomes "protracted" in the UNHCR sense, and that early psychosocial intervention windows should not be delayed pending recognition of protraction [16]. Roberts and colleagues' cross-sectional survey in Juba, Southern Sudan similarly found that displacement status interacted with cumulative trauma exposure to predict depression prevalence of 50% among a mixed population of refugees and IDPs [40].

3.2 Economic insecurity and livelihood erosion

The economic literature on forced displacement has developed largely in parallel to the clinical literature, with comparatively less cross-referencing between the two bodies of work until recently. Foundational contributions by Ruiz and Vargas-Silva established that forced migration produces economic effects distinguishable from voluntary migration: displaced populations typically experience a sharper and more sudden loss of human and physical capital, weaker capacity to plan the timing of departure, and therefore substantially worse labour-market outcomes upon resettlement than voluntary economic migrants, even controlling for education and prior income [35]. Betts and colleagues' influential study of refugee economies in Uganda demonstrated, contrary to the "warehousing" assumption embedded in many refugee-camp policies, that displaced populations frequently develop active informal economies, entrepreneurial networks, and trade relationships with host communities — but that these economic adaptations are persistently undermined by legal restrictions on refugee employment and movement, restrictions that are, in border-conflict settings, often justified explicitly on security grounds [32].

The World Bank's influential 2017 policy report, "Forcibly Displaced," argued for a shift in international policy away from short-term humanitarian assistance and toward long-term development financing precisely because of the protracted nature of most contemporary displacement crises, noting that the average forcibly displaced person can expect to remain in that status for years, if not decades [33,36]. Devictor and Do's related empirical analysis, examining the length of time refugees have spent in exile across multiple cohorts, found that median exile duration has lengthened substantially over recent decades, reinforcing the argument that displacement economics must be modelled as a long-run phenomenon rather than an emergency response problem [36].

Verme and Schuettler's systematic review of the empirical economics literature on host communities similarly found that the arrival of large displaced populations produces heterogeneous but generally modest and often positive effects on host-community wages and prices in the medium term, complicating simplistic narratives of displaced populations as a

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uniform economic burden — although the same review noted that border-proximate host communities, which absorb the largest initial shocks and bear the brunt of any security-related trade restrictions, often fare worse than more distant host regions within the same country [34].

Case-specific evidence from border regions illustrates these dynamics vividly. Reporting on the Kashmir Line of Control, cited in *Strange Matters*, documented that approximately 900 families in Indian-administered Kashmir and 9,354 families in Punjab — together representing some 50,000 people — lost their livelihoods following the 2019 closure of the Attari-Wagah crossing and Line-of-Control trade routes between India and Pakistan [24]. A separate academic analysis of the economics of the Kashmir conflict found that cross-Line-of-Control trade, prior to its suspension, had exceeded 5,000 crore rupees in cumulative volume by 2018 and had measurably reduced levels of localised violence in participating border villages by giving communities an economic stake in stability — a finding with direct relevance to the policy debate over whether trade normalisation can function as a conflict-de-escalation tool in its own right [26]. When such trade is suspended, the same literature suggests, local economic activity does not simply pause; it collapses in ways that are difficult to reverse, since informal cross-border trading networks, once broken, are costly to rebuild and are frequently replaced by local elites with political connections who capture whatever formal economic activity remains [24].

3.3 Gendered dimensions of displacement and economic insecurity

A recurring and well-documented theme across regional and clinical literatures is the disproportionate burden borne by women in protracted border-conflict settings. Reporting from Jammu villages along the Line of Control describes elderly women who endured decades of repeated, forced relocation, including a woman who nursed a dying husband through the aftermath of shelling and another who raised a disabled child largely alone amid recurrent displacement, with the same reporting noting explicitly that "a gendered analysis of the conflict situation showed that women were much more adversely affected" by the destruction of agricultural land and housing during and after periods of active conflict [23]. This is consistent with the broader psychiatric literature: of the 38 studies reviewed by Morina and colleagues, 26 reported samples in which women constituted a majority (50–75%) of respondents, reflecting both differential displacement patterns (men are more frequently killed, conscripted, or forced to remain to defend property, leaving women to manage displacement and resettlement) and probable differences in the presentation and reporting of psychological symptoms between men and women [1]. Kim, Torbay, and Lawry's Darfur study, focused specifically on internally displaced women, found not only high depression prevalence but documented direct associations between exposure to gender-based violence during displacement and subsequent psychiatric morbidity [16].

Economic literature converges with this pattern. Analyses of forced displacement in East Africa cited within recent development economics scholarship find that household gender composition materially shapes both vulnerability and resilience to displacement-induced economic shocks, with female-headed displaced households facing systematically worse labour-market integration outcomes than male-headed households, even controlling for education and asset levels prior to displacement [31]. The same body of scholarship documents that psychological well-being and economic participation interact recursively for

SHODH PRAKASHAN
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Vol. 3, Issue 7, January 2026
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displaced women: elevated depressive symptoms reduce the capacity to participate in income-generating activity, while exclusion from such activity in turn removes one of the more reliable protective factors against further psychological deterioration [31].

3.4 Children, intergenerational effects, and education

Although this paper's central focus is adult displacement, the literature is unambiguous that protracted border conflict disproportionately damages children's long-term prospects, with consequences that persist across generations. Analyses of Line-of-Control villages note that recurring displacement disrupts school enrolment cycles for years at a time, since families in border villages frequently lack the resources to enrol children in more stable schools further from the frontier, and since agricultural land — often the family's only asset — becomes unproductive for years following shelling, forcing children into labour rather than education [10,27]. The broader mental-health literature similarly documents that children in protracted conflict settings suffer distinct psychological sequelae that differ qualitatively from adult presentations, warranting dedicated assessment approaches rather than simple downward extension of adult diagnostic frameworks [1].

3.5 Host-community relations and the political economy of prolonged displacement

A final strand of literature examines the effects of protracted displacement on the social fabric connecting displaced populations to host communities and, in border-conflict cases, to communities on both sides of the disputed line. UNHCR's own institutional analysis notes that protracted refugee situations frequently generate friction with host populations and can, in the most severe cases, exacerbate regional conflict dynamics rather than simply representing their humanitarian byproduct [4,5]. Borderland studies scholarship on Kashmir similarly documents how the ambiguous legal status of the Line of Control has been used by state actors to frame recurring displacement as an internal administrative matter rather than a matter requiring international humanitarian engagement, a framing that borderland scholars argue has the effect of prolonging the underlying dispute by removing external pressure for resolution [27,28]. Reporting on communities near the Cabo Delgado conflict in Mozambique similarly documents both a public-health mental illness burden associated with protracted internal displacement and the complicating effects of a simultaneous climate disaster (Tropical Cyclone Gombe), illustrating how protracted border and territorial disputes increasingly interact with climate-related shocks to compound displacement [30].

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4. Methodology

This paper adopts a narrative-synthesis, multi-case review methodology rather than a single-country primary data collection design, for three reasons consistent with best practice in comparative displacement research. First, protracted border disputes are, almost by definition, heterogeneous in their legal status, duration, and intensity, such that a single case study risks over-generalising from an atypical instance. Second, the psychiatric epidemiology literature on displaced populations is already extensive and methodologically uneven (a limitation discussed explicitly by Morina and colleagues [1]), such that a comparative synthesis of existing systematic reviews and primary studies offers more robust inference than a single new primary

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survey conducted within the scope of this paper. Third, given the sensitivity of active conflict zones, secondary synthesis allows this paper to draw on data collected by researchers and humanitarian agencies operating with established local access, ethical clearance, and community trust, rather than risk extractive or unsafe primary data collection.

The evidence base for this paper was assembled from: (a) systematic reviews and meta-analyses of psychiatric epidemiology among displaced populations, prioritising reviews published in indexed biomedical and psychological journals [1,11-14]; (b) peer-reviewed and working-paper economic literature on forced displacement, refugee economies, and host-community effects [31-36]; (c) borderland studies and political-geography scholarship specific to contested frontiers, including peer-reviewed articles and graduate research on the Kashmir Line of Control [26-28]; and (d) recent investigative and long-form journalism from established outlets reporting first-hand testimony from residents of active border-conflict zones, used specifically to supply illustrative case detail and to ground quantitative findings in lived experience [19,20,23-25,30]. Case selection for the four regional analyses in Section 5 was purposive, chosen to represent variation in the legal status of the contested boundary (a bilateral ceasefire line, an unresolved post-secession border, an informal militia-controlled frontier, and an international border subject to conflict spillover), while ensuring that at least moderate empirical documentation existed for each case in the reviewed literature.
This approach has clear limitations, discussed in Section 10, principally regarding the impossibility of establishing individual-level causal inference from synthesised secondary sources and the likelihood that publication bias favours documentation of the most severe cases.

5. Regional Case Analyses

5.1 The Line of Control: Jammu and Kashmir (India-Pakistan)

The Line of Control dividing Indian- and Pakistani-administered Kashmir is among the most extensively studied protracted border disputes in the world, and it offers a particularly clear illustration of the psychological-economic interaction this paper foregrounds. The LoC is not an internationally recognised boundary but a ceasefire line established after the first India-Pakistan war and repeatedly contested since [27,28]. Villages within a few kilometres of the LoC have experienced recurring cycles of shelling, evacuation, temporary resettlement, and return across more than seven decades, with the most sustained displacement episode — during and after the 1999 Kargil conflict — forcing entire village populations into camps for as long as six years, from 1999 to 2005 [23]. Residents interviewed in recent reporting describe their crops as “completely ruined” and their land as “largely unproductive” for years after each displacement episode, with the economic damage compounding across successive cycles of conflict rather than resetting between them [23].

Approximately one million people reside along the Indian side of the LoC, the majority dependent on pastoralism, daily wage labour, and agriculture — livelihoods that are structurally vulnerable to exactly the kind of intermittent, unpredictable disruption that characterises LoC violence [25]. Recent qualitative research describes residents as living in a state of “perpetual insecurity,” a phrase drawn from a resident’s own description: being

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Available Online : http://shodhprakashan.in/

"always on edge, never knowing when the next shell will fall," while simultaneously being unable to relinquish attachment to land that remains, despite everything, "our home" [27,42]. This formulation captures precisely the COR-theoretic mechanism described in Section 2: the threat of loss is itself the stressor, independent of whether loss is realised in any given week or month [6].

The economic dimension of the Kashmir case is unusually well documented because of the existence, for a period, of formal cross-LoC and cross-border trade. Analysis of this trade found that it had exceeded 5,000 crore rupees in cumulative volume by 2018 and had a measurable stabilising effect, reducing violence in the villages that participated in it by giving local populations a direct economic stake in continued calm [26]. The 2019 suspension of this trade, alongside closure of the Attari-Wagah crossing, is reported to have cost approximately 900 families in Kashmir and 9,354 families in Punjab — some 50,000 people in total — their livelihoods [24]. Testimony collected from affected traders describes not merely income loss but a rupture of transnational family and community ties, since many border traders had themselves been displaced across the LoC in earlier conflict episodes and depended on trade as one of the only remaining channels of connection to relatives on the other side [24].

More recent developments compound this picture. The April 2025 attack on tourists in Pahalgam, and the associated collapse of Kashmir's recovering tourism sector, illustrates how a single violent incident can reverse years of gradual post-conflict economic recovery, with hoteliers, boat owners, and local guides facing renewed financial ruin even though the vast majority of them had no direct involvement in the underlying dispute [24]. Analysts note that in this environment, "local contractors with political connections" are often best positioned to capture what formal economic opportunity remains, a dynamic that risks entrenching economic inequality within border communities on top of the direct losses caused by conflict itself [24].

5.2 Sudan-South Sudan and the Darfur borderlands

The Sudan-South Sudan border region, encompassing Darfur, represents a case of a formally recognised but violently contested post-secession international boundary, layered atop decades of internal displacement predating South Sudan's 2011 independence. The psychiatric literature on this region is unusually extensive relative to other conflict zones, in part because of sustained humanitarian and research presence following the Darfur crisis of the 2000s. Kim, Torbay, and Lawry's survey of internally displaced women in Nyala Province, South Darfur found a depression prevalence of 31%, alongside a 2% rate of attempted or completed suicide within the previous year — figures gathered from a population displaced for a median of only six months, demonstrating that acute psychiatric morbidity does not require years of protraction to emerge, though it is compounded by it [16]. A separate cross-sectional survey of 1,876 internally displaced persons in Central Sudan, conducted after a median displacement duration of eighteen years — among the longest documented in the systematic review literature — found major depressive episodes in 24% of respondents, generalised anxiety disorder in 23%, and PTSD in 12%, alongside smaller but non-trivial rates of psychotic disorders and substance dependence, illustrating the long tail of psychiatric burden that persists even after the most acute crisis period has passed [1]. Roberts and colleagues' study in Juba similarly found PTSD prevalence of 36% and depression of 50% among a mixed population of refugees and IDPs whose displacement status interacted with cumulative exposure to determine outcomes [40].

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

Economically, the Sudan-South Sudan border region illustrates a pattern common to protracted disputes over natural-resource-rich or agriculturally productive borderland: contested control of land and grazing routes generates recurring low-intensity violence that never fully resolves into either peace or full-scale war, producing exactly the kind of chronic, low-grade but unpredictable resource threat that COR theory identifies as maximally corrosive to psychological well-being over time [6,7]. The Political Terror Scale ratings applied by Morina and colleagues to Sudan across the period under review remained at the maximum severity level (5 out of 5) in almost every year assessed, consistent with the elevated psychiatric morbidity documented across the studies conducted there [1].

5.3 The Democratic Republic of Congo's Great Lakes borderlands

The eastern Democratic Republic of Congo's borders with Rwanda, Uganda, and Burundi constitute one of the world's longest-running zones of overlapping border insecurity, non-state armed group activity, and repeated mass displacement, driven substantially by contested access to mineral resources and grazing land rather than a single bilateral territorial dispute. While the region is comparatively under-represented in the psychiatric epidemiology literature relative to Sudan or the former Yugoslavia, the broader systematic review evidence on Central and East African IDP and refugee populations — sixteen of the thirty-eight studies reviewed by Morina and colleagues originated from African settings, the majority from East and Central Africa — situates the region firmly within the pattern described above: high rates of PTSD (ranging as high as 74% in one northern Ugandan sample) and depression, closely associated with repeated, unpredictable episodes of village-level displacement rather than single mass-exodus events [1]. Substance use — particularly alcohol dependence, reaching 60% in one Central and Eastern European comparator sample and documented at meaningful rates across multiple African displacement settings — has been identified as an under-addressed secondary consequence of chronic border insecurity, compounding rather than substituting for the underlying psychiatric burden [1,22].

5.4 The Syria-Lebanon border and the compounding of displacement crises

The Syria-Lebanon border illustrates a distinct pattern: an internationally recognised boundary that has, since 2011, absorbed one of the largest sustained refugee flows in modern history, layered atop Lebanon's own internal economic and political crisis and, more recently, direct conflict spillover into Lebanese border districts. A cross-sectional study of displaced families in Lebanon during the recent conflict found that more than 1.65 million people — both Lebanese citizens and refugees — faced food insecurity at levels comparable to Syria and Yemen, with displacement identified as a primary driver through its disruption of stable income, its erosion of access to agricultural livelihoods, and its forced reliance on already overstretched humanitarian aid systems [29]. The same study estimated that approximately 80% of displaced persons globally face acute food insecurity, with internally displaced populations — who typically lack the limited legal protections available to registered refugees — especially vulnerable [29]. Kazour and colleagues' survey of Syrian refugees across six camps in Lebanon's Central Bekaa region found PTSD prevalence of 35.4% (lifetime) and 27.2% (current), figures broadly consistent with the wider Middle Eastern and North African literature reviewed by Morina and colleagues, in which Syrian refugee populations in Turkey and Lebanon consistently showed PTSD prevalence between 33% and 45% [1]. Naja and

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

colleagues similarly found depression prevalence of 43.9% among Syrian refugees in Beirut and Mount Lebanon [1]. Substance use rapid assessments conducted across six displacement settings in Africa and Asia, including camps in Pakistan, Iran, and Thailand, found alcohol, khat, benzodiazepine, and opiate use to be a persistently under-addressed dimension of humanitarian response, despite documented and wide-reaching health and social consequences [22].

6. Data Synthesis: Tables and Figures

The following tables and figures synthesise the quantitative findings reviewed above.

Table 1. Theoretical frameworks applied to protracted border-conflict displacement

Framework	Core proposition	Primary mechanism relevant to border disputes	Key citations
Conservation of Resources (COR) theory	Stress arises from threatened loss, actual loss, or failure to gain valued resources; loss is more psychologically potent than equivalent gain	Repeated, unpredictable loss of land, livestock, and trade income along contested lines produces cumulative "loss spirals"	Hobfoll [6,7]
Daily stressors framework	Post-displacement daily stressors (poverty, poor housing, blocked livelihoods) mediate the link between war exposure and mental health, independent of new violent events	Chronic border closures and land inaccessibility sustain psychological distress even during lulls in active violence	Miller & Rasmussen [9]
Acculturation stress model	Adjustment to unfamiliar social/cultural environments generates distinct stress via integration, assimilation, separation, or marginalisation strategies	Repeated internal relocation across ethnic, linguistic, or rural-urban lines compounds displacement stress	Berry [10]
Protracted refugee situations framework	Situations lasting 5+ years with 25,000+ persons represent a distinct policy category requiring development, not only humanitarian, responses	Legal and economic limbo of long-term displacement independently damages livelihoods and mental health	Milner [3]; Loescher et al. [4]; UNHCR [5]

Table 2. Comparative overview of four protracted border-dispute regions

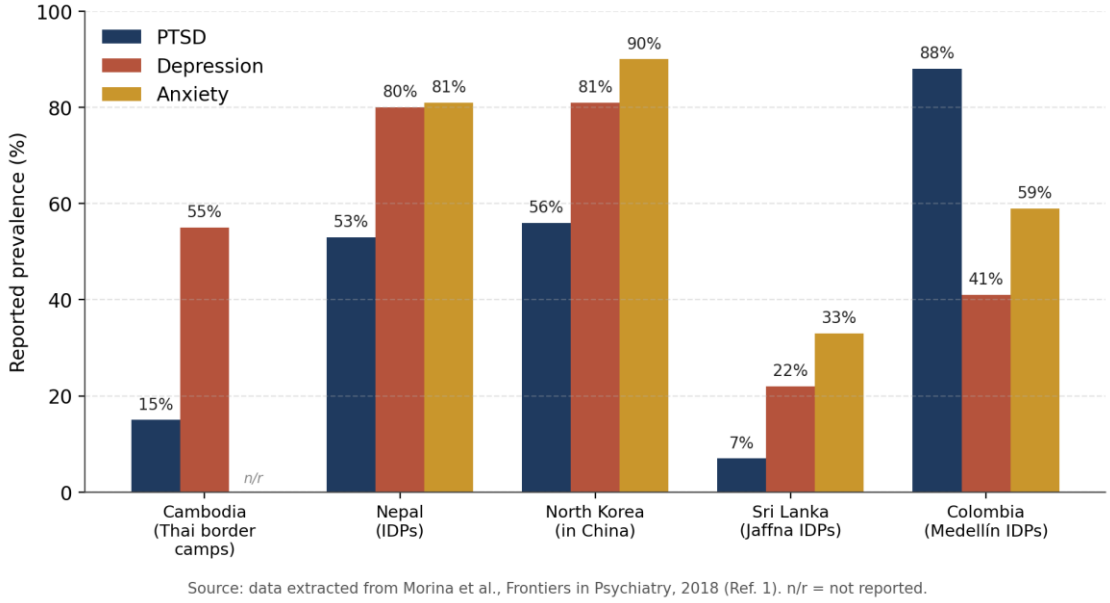
SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

Region	Nature of boundary	Approx. duration of active dispute	Documented displacement pattern	Reported economic impact	Reported psychological findings
Jammu & Kashmir (India-Pakistan Line of Control)	De facto ceasefire line, not an international border	70+ years (since 1949); acute episodes recurring, e.g., 1999–2005	Repeated village-level evacuation and return; ~1 million residents along Indian-administered LoC	~50,000 people lost livelihoods after 2019 trade route closure; cross-LoC trade had exceeded 5,000 crore rupees by 2018 before suspension	Residents describe "perpetual insecurity"; elderly women disproportionately affected by decades of cyclical displacement [23-27]
Sudan / South Sudan (incl. Darfur)	Internationally recognised post-secession border with contested demarcation zones	20+ years of recurring crisis; South Sudan independence in 2011	Camp-based and rural IDP displacement; median displacement duration up to 18 years in some surveyed populations	Land and grazing route disputes sustain chronic low-level economic disruption	Depression 24-31%; PTSD 12-54%; suicide attempts documented within 6 months of displacement [1,16,40]
Eastern DRC (Great Lakes borderlands)	Internationally recognised border with active non-state armed group control of border zones	25+ years of recurring crisis since mid-1990s	Repeated village-level displacement tied to resource and grazing disputes	Substance use and informal economy adaptation documented as coping responses	PTSD up to 74% in comparator Ugandan borderland samples; alcohol dependence up to 60% in comparator samples [1,22]
Syria-Lebanon border	Internationally recognised border experiencing conflict spillover and	14+ years of acute crisis since 2011; compounding Lebanon's own	Mass refugee inflow into border districts; recurrent secondary	>1.65 million people food insecure; ~80% of displaced	PTSD 27-45%; depression up to 44% among Syrian refugees in Lebanon and Turkey [1,29]

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

Region	Nature of boundary	Approx. duration of active dispute	Documented displacement pattern	Reported economic impact	Reported psychological findings
	mass refugee flow	economic crisis	displacement within Lebanon	persons globally face acute food insecurity	

Figure 1. Prevalence of common psychiatric disorders among displaced populations in five protracted-conflict settings



Source: data extracted from Morina et al., Frontiers in Psychiatry, 2018 (Ref. 1). n/r = not reported.

Figure 1: Prevalence of common psychiatric disorders among displaced populations in five protracted-conflict settings

Figure 1 illustrates the wide dispersion in reported psychiatric morbidity across displacement settings, ranging from a low of 7% (PTSD, postwar Jaffna District, Sri Lanka) to a high of 88% (self-reported PTSD, internally displaced Colombians). This dispersion is not primarily a methodological artefact; it tracks meaningfully with the intensity, recency, and unresolved status of the underlying conflict, consistent with the Political Terror Scale gradient identified by Morina and colleagues [1].

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
VOL. 3, ISSUE 7, JANUARY 2026
Available Online : http://shodhprakashan.in/

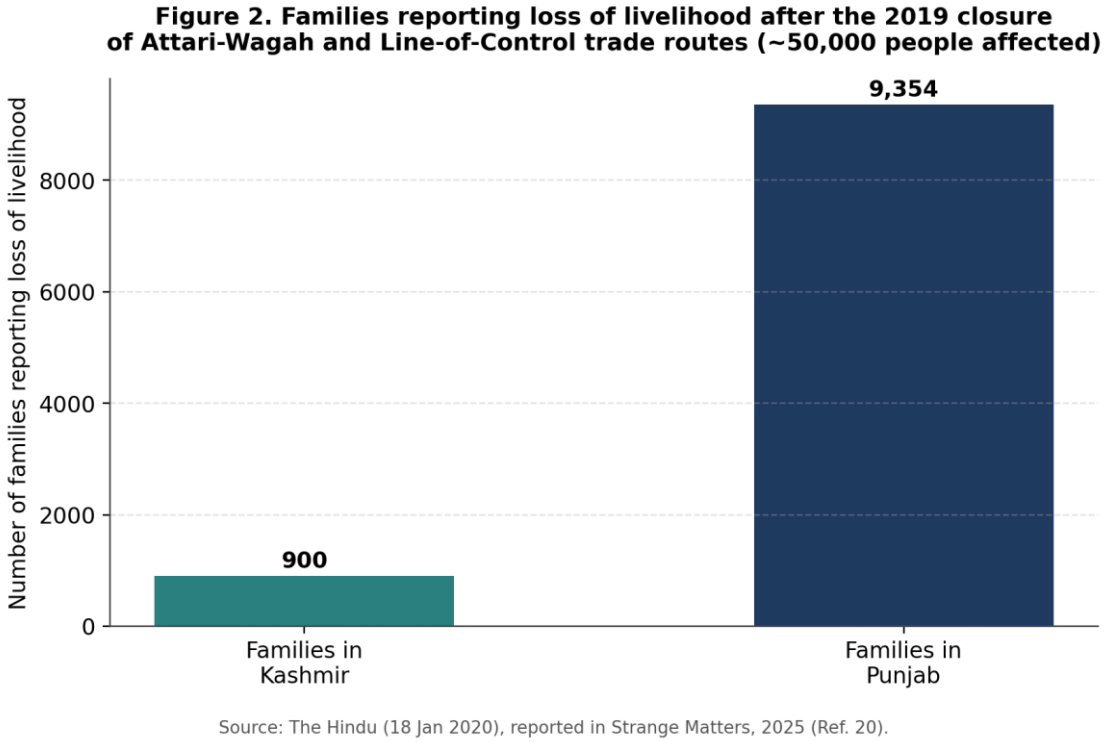


Figure 2: Families reporting loss of livelihood after the 2019 closure of Attari-Wagah and Line-of-Control trade routes

Figure 2 quantifies one concrete economic shock associated with border closure: the loss of livelihood for nearly 10,000 households, disproportionately concentrated in Punjab but also affecting hundreds of Kashmiri families, following the 2019 suspension of cross-border trade routes [24].

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

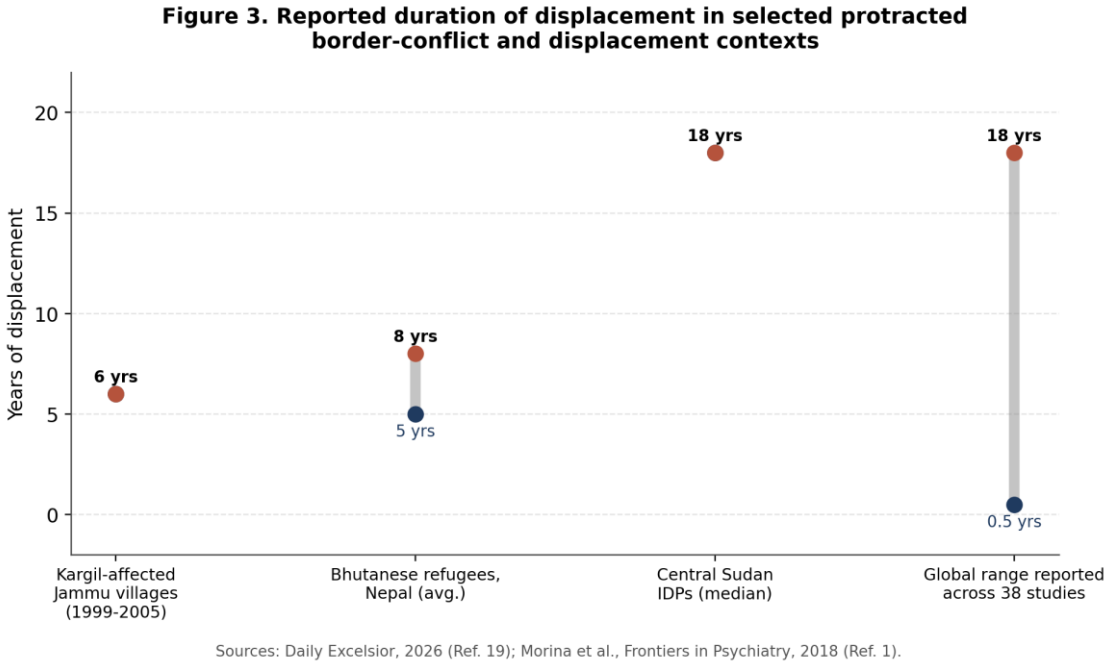


Figure 3: Reported duration of displacement in selected protracted border-conflict and displacement contexts

Figure 3 situates the Kashmir case (six years of camp-based displacement following the Kargil conflict) alongside the wider range of displacement durations documented in the global systematic review literature, from six months to eighteen years, underscoring that "protraction" is not a fixed threshold but a continuum along which psychological and economic harms appear to accumulate [1,23].

7. Results and Cross-Case Discussion

Three convergent findings emerge from the synthesis presented in Sections 3, 5, and 6.

First, psychiatric morbidity among border-displaced populations is not simply a function of the presence or absence of conflict, but of its unpredictability and protraction. The Kashmir, Darfur, and Lebanon cases all describe residents who remain psychologically burdened during nominal periods of calm, precisely because the underlying dispute remains unresolved and violence could recur without warning [1,23,27,29]. This finding is most consistent with Conservation of Resources theory's proposition that the *threat* of loss, not only its realisation, is independently stressful [6,7], and with the daily-stressors framework's emphasis on chronic, low-grade adversity as a driver of mental health outcomes distinct from acute trauma exposure [9].

Second, economic insecurity in these settings is rarely a background condition; it functions as an active mechanism transmitting the psychological effects of conflict across time and across household members who were not directly present during the precipitating violent event. The Kashmir cross-border trade case is particularly instructive: when formal trade access existed, it appears to have functioned simultaneously as an economic stabiliser and a partial substitute

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

for the psychological security that a fully resolved border dispute would otherwise provide, plausibly by restoring some of the "resource caravan" — social, familial, and material — that Hobfoll identifies as protective against loss spirals [7,26]. Its suspension removed this stabiliser abruptly, generating both immediate income loss and the reactivation of psychological distress associated with severed family and community ties across the LoC [24]. Third, the burden of protracted border disputes is unevenly distributed within affected populations, falling disproportionately on women, children, and those without pre-existing social or political capital. This pattern recurs across the Kashmir, Darfur, and DRC cases, and it is corroborated by the demographic composition of the psychiatric literature itself, in which a majority of study samples were predominantly female, a pattern the original researchers attribute to gendered patterns of displacement and caregiving responsibility rather than to differential recruitment [1,16,23,31].

A fourth, more cautious finding concerns resilience. The cross-case evidence does not support a narrative of uniform or permanent psychological collapse. Even in the highest-prevalence settings documented in Figure 1, a substantial share of the displaced population — in every case reviewed, at minimum a large minority, and in several cases an outright majority — did not meet criteria for PTSD, depression, or anxiety disorder at the time of assessment [1]. This is consistent with the resilience literature discussed in Section 2.5, which finds that stable, healthy functioning is the modal rather than the exceptional trajectory following extreme adversity [39]. The practical implication is not that the harms documented in this paper should be minimised, but that policy and clinical responses should be calibrated to identify and support the substantial minority who do develop significant morbidity, rather than assuming — or resourcing programmes as though — an entire border population is uniformly and permanently impaired. Structural interventions that restore Hobfoll's "resource caravans" [7] and Jahoda's latent psychological functions of stable occupation [38] are likely to reinforce this naturally occurring resilience, whereas interventions that treat displaced populations solely as a clinical caseload risk overlooking the economic and social scaffolding that appears, across every case reviewed, to be doing much of the protective work already.

8. Multiple Perspectives: Competing Analytical Lenses

Any single disciplinary lens risks obscuring important dimensions of protracted border disputes. This section briefly examines the topic through four competing, and only partially compatible, analytical vantages.

The state-security lens treats border disputes primarily as matters of sovereignty, deterrence, and territorial control, in which civilian displacement is an unfortunate but secondary consequence of legitimate security operations. This lens explains why states have historically been reluctant to internationalise disputes such as the Line of Control, since doing so is perceived to concede the disputed status of the underlying territory [27,28]. Its principal limitation, from the perspective of this paper, is that it has no natural vocabulary for the psychological or economic costs borne by border residents, who appear in state-security analysis chiefly as a strategic asset (a buffer population) or liability (a source of unrest) rather than as rights-bearing subjects in their own right.

The human-security and humanitarian lens, by contrast, foregrounds exactly the psychological and livelihood harms documented in Sections 3 and 5, treating protracted

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

displacement as a violation of the "basic rights and essential economic, social and psychological needs" that UNHCR's own definition identifies as the defining harm of protraction [3]. Its strength lies in its direct engagement with the empirical literature reviewed in this paper; its limitation is a tendency, noted by several of the scholars cited above, to treat displaced populations primarily as recipients of aid rather than as economic agents capable of trade, entrepreneurship, and self-directed recovery when legal and market barriers are lifted [32].

The feminist political economy lens insists on disaggregating the "displaced population" category by gender and generation, arguing — consistent with the evidence reviewed in Sections 3.3 and 5.1 — that protracted border disputes do not affect households uniformly, but instead redistribute risk and labour within them, typically increasing the caregiving and economic burden on women while simultaneously reducing their formal economic bargaining power [23,31]. This lens usefully complicates aggregate prevalence statistics (such as those in Figure 1), which can obscure the fact that a reported "50% depression prevalence" in a mixed-sex sample may mask a substantially higher burden concentrated among women heads of household.

The clinical-epidemiological lens, finally, is the lens most directly represented in Section 3.1, and its principal contribution is methodological rigour in establishing prevalence and risk factors. Its limitation, acknowledged candidly by its own leading practitioners, is a persistent bias toward diagnosable, individually assessed psychiatric categories (PTSD, depression, anxiety) at the expense of collective, culturally specific, or economically embedded forms of distress that do not map cleanly onto DSM or ICD categories [1]. Morina and colleagues themselves caution that most instruments used across the reviewed studies have not been validated for general (non-clinical) populations in the low- and middle-income countries where they were administered, raising the possibility that prevalence estimates, however consistent across studies, may not translate precisely into locally meaningful categories of suffering [1].

Reading these four lenses together, rather than privileging any single one, is consistent with this paper's central theoretical claim: protracted border disputes generate harms that are simultaneously political, economic, psychological, and gendered, and policy responses that address only one dimension are likely to prove incomplete.

9. Policy Implications and Recommendations

Several concrete implications follow from the synthesis above.

First, humanitarian and development responses to protracted border disputes should integrate mental health and psychosocial support (MHPSS) programming directly with livelihood restoration programming, rather than treating them as sequential or separately funded interventions. The World Health Organization's mhGAP Humanitarian Intervention Guide already provides a scalable, non-specialist-deliverable framework for this integration, but its implementation in border-conflict settings remains inconsistent, particularly in areas where security restrictions limit humanitarian access [37].

Second, where feasible, restoration or normalisation of cross-border and cross-line trade should be treated as a legitimate instrument of both economic recovery and conflict de-escalation, not merely as a security risk to be minimised. The Kashmir evidence reviewed in

SHODH PRAKASHAN
An International Open Access, Peer Reviewed, Refereed Journal
ISSN : 2583-9861
Vol. 3, Issue 7, January 2026
Available Online : http://shodhprakashan.in/

Section 5.1 suggests that functioning cross-LoC trade measurably reduced localised violence in participating villages, a finding that merits far more systematic testing across other protracted border disputes than it has so far received [26].

Third, programming should explicitly anticipate and resource the gendered and intergenerational burden of protracted displacement, including targeted support for female heads of household and for children whose education is interrupted by cyclical displacement, rather than assuming that household-level assistance is distributed evenly within families [16,23,31].

Fourth, donors and researchers should resist the temptation to wait for a situation to meet UNHCR's formal five-year, 25,000-person threshold before scaling psychosocial and livelihood support, given clear evidence that severe psychiatric morbidity, including suicidality, can emerge within months of initial displacement [16].

Fifth, mental health assessment instruments deployed in border-conflict settings should undergo rigorous cultural validation prior to use, and researchers should report duration of displacement, exposure history, and political-terror context transparently, to allow the kind of comparative synthesis this paper has attempted and to reduce the risk that heterogeneous prevalence estimates are misread as contradictory rather than context-dependent [1].

Sixth, resilience-oriented programming deserves parity of investment with deficit-oriented psychiatric intervention. Because the evidence reviewed in Sections 2.5 and 7 indicates that stable functioning, not chronic impairment, is the modal outcome even in high-exposure settings [39], donors and implementing agencies should resource community-level structures — cooperative farming arrangements, informal savings groups, cross-border kinship and trade networks — that function as Hobfoll's "resource caravans," alongside, rather than instead of, individually delivered clinical care [7,41]. In practice this means that livelihood and social-cohesion programming should be evaluated in part by their downstream mental health effects, and mental health programming should be evaluated in part by its economic and social spillovers, rather than each being assessed only against narrowly disciplinary metrics.

Seventh, where a contested border retains an ambiguous legal status — as with the Line of Control, which is a ceasefire line rather than an international boundary — international and bilateral diplomatic engagement should explicitly recognise the humanitarian and economic stakes of the population living along it, rather than allowing the boundary's contested legal status to become a rationale for withholding both international humanitarian attention and bilateral economic normalisation [27,28]. The Kashmir cross-LoC trade evidence reviewed in Section 5.1 indicates that even partial, imperfect economic normalisation can generate a measurable stabilising dividend, suggesting that the marginal humanitarian and security returns to further trade and movement liberalisation in comparable contested-border settings are likely to be positive rather than merely risk-neutral [26].

10. Limitations of the Study

This paper is a narrative synthesis of secondary literature rather than a primary empirical study, and it inherits several important limitations from the underlying evidence base. Most of the psychiatric prevalence data reviewed here derive from cross-sectional studies, which cannot establish whether observed psychological distress preceded, followed, or developed independently of the displacement events with which it is associated [1]. Publication and

reporting bias likely favours the most severe and best-resourced research settings, meaning that the least visible and least-studied protracted border disputes — including several in Central Asia, Latin America, and parts of Central Africa noted as under-represented even by the largest systematic reviews — may be systematically absent from this and other syntheses [1]. Several sources used to construct the regional case analyses in Section 5, particularly investigative journalism and testimonial reporting, provide valuable illustrative and contextual detail but were not intended as, and should not be read as, quantitatively representative samples of the populations they describe [23-25,29]. Finally, this paper's comparative framework, while analytically useful, necessarily compresses substantial legal, historical, and political differences between the four regions examined into a common analytic vocabulary; readers should treat the cross-case comparisons in Sections 6 and 7 as heuristic rather than as evidence of underlying causal equivalence between fundamentally distinct conflicts.

11. Conclusion

Protracted border disputes produce a distinctive form of chronic insecurity that is neither fully war nor fully peace, and that resists the categories — humanitarian emergency, economic development, security threat — through which international policy conventionally organises its response. This paper has argued, drawing on Conservation of Resources theory and the daily-stressors framework, that the psychological and economic harms experienced by populations living along contested borders are not separable phenomena but a single, mutually reinforcing condition: the anticipated or realised loss of land, trade access, and livelihood is itself a primary driver of psychiatric morbidity, while chronic psychological distress in turn constrains the economic risk-taking and labour-market participation needed for recovery. The evidence reviewed from Kashmir's Line of Control, the Sudan-South Sudan borderlands, the eastern Democratic Republic of Congo, and the Syria-Lebanon frontier — despite substantial differences in legal status, history, and intensity — converges on this same basic pattern, with reported psychiatric morbidity ranging as high as 80-90% in the most severely affected populations and documented livelihood losses extending to tens of thousands of households from single border-closure events alone. Addressing these harms will require policy frameworks capable of holding psychological, economic, and political dimensions together, rather than routing them to separate ministries, separate funding streams, and separate academic literatures that, as this paper has shown, describe substantially the same underlying reality from different vantage points.

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