The Psychological Impact of Armed Conflict and Displacement on Children in Sub-Saharan Africa

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ABSTRACT

Armed conflict and forced displacement remain persistent realities in sub-Saharan Africa, affecting millions of children across regions such as the Sahel, the Democratic Republic of Congo, South Sudan, and the Great Lakes region. These contexts of violence, insecurity, and displacement have profound consequences for the psychological well-being of children, who often face the loss of loved ones, the destruction of their communities, and repeated traumatic experiences. The objective of this article is to synthesise existing knowledge on the psychological impact of armed conflict and displacement on children in sub-Saharan Africa, while identifying key resilience factors and research gaps.

The method adopted consists of a critical review of academic and grey literature published between 2000 and 2025. Sources include empirical studies, reports from international organisations (UNICEF, WHO, UNHCR), and analyses from community-based research. This comparative review highlights the high prevalence of disorders such as post-traumatic stress disorder (PTSD), depression, anxiety, and behavioural problems among refugee and internally displaced children. These symptoms are often exacerbated by poverty, school dropout, family separation, and ongoing exposure to violence. However, several studies also reveal the presence of remarkable resilience mechanisms linked to social support, school reintegration, family stability, and culturally appropriate community-based mental health programs.

However, the results indicate significant methodological disparity and a lack of longitudinal research tracking the long-term evolution of children's psychological well-being. Furthermore, evidence-based psychological interventions remain limited, particularly in rural areas and refugee camps.

In terms of implications, this review highlights the need to integrate child mental health into humanitarian and development policies, strengthen community-based and intersectoral approaches, and invest in training local stakeholders. Ultimately, a holistic and contextualised response is essential to mitigate the psychological impact of conflict and displacement on children and promote their lasting resilience in sub-Saharan Africa.

Keywords: Children, Armed conflict, Displacement, Psychological impact, Trauma, Resilience

INTRODUCTION

Armed conflict is now one of the leading causes of forced displacement, family disruption, and trauma worldwide. In Africa, at least 51% of African refugees are children, or more than 4.5 million, while 16.2 million children are internally displaced due to violence and conflict (UNICEF, 2024). The global total number of children displaced by war and violence is expected to approach 48.8 million by the end of 2025, a large proportion of them in sub-Saharan Africa (UNICEF, 2025). These figures not only pose an immediate humanitarian challenge but also raise serious concerns about the mental health and development of exposed children.

Issues specific to Sub-Saharan Africa

Sub-Saharan Africa is particularly vulnerable: the continent is experiencing several active conflicts, notably in the Sahel (Mali, Burkina Faso, Niger), the Democratic Republic of Congo, South Sudan, and Nigeria (with Boko

Haram), etc. There are numerous aggravating factors: poverty, deficient health and psychological infrastructure, poor access to mental health care, chronic political instability, food, maternal and child insecurity, and disrupted education. For example, in West and Central Africa, 46.7 million children are exposed to risks of malnutrition, displacement, educational loss, and health problems due to conflict and insecurity (UNICEF, 2023).

Furthermore, recent studies show that in countries such as Ethiopia, Nigeria, Sudan, and Chad, displaced children suffer from a high risk of psychological disorders (anxiety, post-traumatic stress disorder – PTSD, depression), often exacerbated by the loss of loved ones, direct violence, repeated exposure to atrocities, and the breakdown of social networks. For example, a study in Ethiopia shows that more than 62% of young people in conflict zones exhibit symptoms of PTSD (Simie et al., 2025).

Issues and Gaps

Despite the seriousness of these effects, the literature remains incomplete on several points. First, much research focuses on the immediate effects of conflict (trauma, PTSD, anxiety), but only few studies have examined the long-term consequences on the child's overall development—cognition, academic achievement, adult mental health, and intergenerational social integration. Second, resilience mechanisms, including family, community, and culture, are often under-documented or treated secondarily. For example, the Longitudinal Study of War-Affected Youth in Sierra Leone provides exceptional data on the effects observed several years after the war, as well as on the intergenerational transmission of trauma (Betancourt et al., 2020). Finally, effective interventions (therapies, psychosocial support, educational programs, etc.), particularly those adapted to African contexts, are rare or have not been rigorously evaluated.

Purpose of the article and academic relevance

This article aims to fill the above gaps by critically examining the full range of documented psychological effects of armed conflict and forced displacement on children in sub-Saharan Africa. It will seek not only to synthesise current empirical evidence (prevalence of mental disorders, developmental delays, educational consequences), but also to identify resilience mechanisms (family, community, individual) and evaluate interventions that have proven effective. Such an approach is essential to guide public policies, improve humanitarian and mental health programs, and ensure that the rights and well-being of displaced and refugee children are protected not only in an emergency but also in the long term.

Context And Conceptual Framework

Armed conflict and forced displacement have profound and lasting consequences for the mental health of children in sub-Saharan Africa. In a region marked by recurring crises—from the Sahel to the Democratic Republic of Congo to South Sudan—millions of children face extreme violence, loss of loved ones, and prolonged instability (UNICEF, 2023). Understanding these impacts requires a combination of psychological, developmental, and sociocultural approaches to trauma. This conceptual framework draws on three main theoretical foundations: cumulative trauma theory (Kirmayer, 2015), the developmental approach to toxic stress (Shonkoff & Garner, 2012), and socio-ecological models (Bronfenbrenner, 1979). These frameworks enable us to understand the complexity of the experiences of affected children while integrating African cultural specificities into the understanding of suffering and resilience.

Theoretical Frameworks for Understanding Childhood Trauma

Cumulative trauma theory (Kirmayer, 2015) posits that the effects of trauma do not result solely from a single event, but from the accumulation of multiple adverse experiences over time. For children displaced or exposed to war, this accumulation may include the loss of attachment figures, hunger, continued exposure to fear, and the prolonged precariousness of refugee camps. These successive experiences erode the psychological and social resources necessary for adaptation.

The developmental approach to toxic stress, proposed by Shonkoff and Garner (2012), highlights the biological impact of chronic stress on children's brain development. Repeated exposure to threats, lack of consistent care,

or environmental insecurity disrupts cortisol regulation and neural circuits related to emotion and memory. These early alterations can result in anxiety disorders, cognitive difficulties, and hypervigilant behaviours that persist into adulthood.

Finally, Bronfenbrenner's (1979) socio-ecological models place children within a system of interconnected circles—family, school, community, institutions—that jointly influence their psychological adjustment. In African conflict contexts, the destruction of community structures, the loss of schools, and the disintegration of the family fabric accentuate psychological vulnerability. However, these same circles can also become levers of resilience when community or religious support remains.

Typology of Conflict and Displacement Experiences

Children living in war zones in sub-Saharan Africa endure a variety of traumatic experiences. Direct exposure includes physical violence, the death of loved ones, rape, and forced recruitment as child soldiers—a phenomenon widely documented in the Central African Republic and South Sudan (Betancourt et al., 2013). Indirect exposure, on the other hand, manifests itself through loss of access to education, increased poverty, food insecurity, and the breakdown of family ties. These conditions create an environment of chronic stress that prolongs psychological distress (Tol et al., 2011).

The distinction between internal displacement and cross-border refugee status is also essential. Internally displaced children often experience prolonged insecurity and limited access to social services, while crossborder refugees encounter new challenges related to language, discrimination, and cultural adaptation (Masten & Narayan, 2012). These differences influence the nature and intensity of the trauma experienced.

Cultural and Community Dimensions

African conceptions of trauma and healing are often based on a holistic vision in which psychological wellbeing is inseparable from spiritual and community dimensions. Rituals of purification, collective mourning, and reintegration are frequently used to restore harmony between the individual and the community after war (Honwana, 2006). Traditional and religious structures—village chiefs, healers, imams, pastors—play a vital role in the moral support and psychosocial rehabilitation of children. These local forms of resilience, although different from Western approaches to trauma, offer a powerful community framework for identity and emotional reconstruction (Kirmayer et al., 2011).

Thus, the proposed conceptual framework articulates psychological models of trauma with the cultural and social dynamics specific to the African context, allowing for an integrated understanding of the experiences of children affected by conflict and forced displacement.

METHODOLOGY

This study adopts a narrative and critical review of the literature on the psychological impact of armed conflict and forced displacement on children in sub-Saharan Africa. The narrative approach was chosen for its ability to integrate and synthesise findings from diverse disciplines—psychology, public health, humanitarian studies, and social sciences—while highlighting trends and gaps in existing research (Green et al., 2006). The journal includes both peer-reviewed academic sources and institutional reports from international organisations such as the World Health Organisation (WHO), the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR), and Save the Children, recognised for the reliability of their data and their operational presence in humanitarian crisis contexts.

The literature search strategy utilised several electronic databases, including PubMed, Scopus, and Google Scholar, supplemented by consultations of institutional online libraries (UNICEF Data, ReliefWeb). Keywords used included “armed conflict,” “displacement,” “child trauma,” “mental health,” “psychological impact,” and “Sub-Saharan Africa,” combined using the Boolean operators AND/OR. This combination identified a representative body of scientific publications and reports from 2000 to 2025, a period corresponding to the intensification of crises in areas such as the Sahel region, the Democratic Republic of Congo, and South Sudan.

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Inclusion criteria restricted the selection to studies involving populations under 18 years of age, located in contexts of conflict or forced displacement in sub-Saharan Africa, and published in English. Studies were excluded if they did not present contextualised empirical data or if they were published in other languages without available translations (Bolton et al., 2007; Betancourt et al., 2013).

The limitations of the review are its narrative nature, without recourse to quantitative meta-analysis, which may introduce interpretation bias (Grant & Booth, 2009). Furthermore, the preponderance of data from NGOs or cross-sectional studies exposes the synthesis to publication bias and the limited availability of longitudinal research following children over time. Despite these limitations, this approach offers a critical and contextualised overview of the primary psychosocial determinants and resilience mechanisms identified in the region.

RESULTS/MAJOR THEMES

Psychological Manifestations of Trauma

Prevalence of Post-Traumatic Stress Disorder, Anxiety, Depression, and Behavioural Disorders

Studies show high rates of mental disorders among children and adolescents exposed to armed conflict in subSaharan Africa. For example, in the Amhara region of Ethiopia, a community survey (n = 846) revealed that among children who had experienced trauma, 36.45% had developed post-traumatic stress disorder (PTSD) (Biset et al., 2023). Similarly, a study in the eastern Democratic Republic of Congo (DRC), among Ebola survivors and orphans during the COVID-19 pandemic, showed a prevalence of 87.3% of depressive symptoms and 44.4% of PTSD symptoms (Cénat et al., 2023). In a more urban context, in Nigeria (Port Harcourt), a recent study among primary school students found a 65% rate of PTSD in a school population exposed to local violence (Ada-Fubara et al., 2024).

Other studies highlight that anxiety and behavioural problems (aggression, irritability) are also common. For example, in the northeast of Nigeria, a psychosocial assessment of displaced children revealed high levels of anxiety, anger, suspicion, and heightened vigilance (Punch, 2022).

Empirical data from studies in South Sudan, DRC, and Nigeria

Although data specific to children are less abundant in some regions, several studies of adults and adolescents provide useful insights. In South Sudan, displaced populations have observed very high rates of psychological distress, including PTSD, depression, and anxiety disorders associated with high exposure to trauma (Ayazi et al., 2014). In the DRC, in addition to the Ebola/COVID-19 study, other reports indicate behavioural problems among reintegrated children from armed groups, with aggression, anger attacks, despair, sleep disturbances, and suicide attempts (Cénat et al., 2023).

Long-term effects: attachment disorders, academic delay, sleep disturbances, hypervigilance

Long-term effects include:

1. Attachment disorders: Although less frequently quantified in sub-Saharan Africa than in some refugee contexts elsewhere, testimonies and qualitative studies report difficulties in trusting parental or educational figures, especially when these figures are lost or separated. For example, orphaned or separated children show a greater vulnerability to developing severe depressive symptoms (Cénat et al., 2023).
2. Academic delay/cognitive difficulties: In northeastern Nigeria, the loss of school sessions, school interruptions, difficulty concentrating, and a lack of educational materials are regularly mentioned (Muhammad, 2022). A study in Ethiopia (Amhara) reported that a significant proportion of children with PTSD had lowered academic performance (Biset et al., 2023).
3. Sleep disturbances: insomnia, nightmares, frequent nighttime awakenings, fragmented sleep, and nocturnal hypervigilance. For example, in a study on sleepiness and sleep architecture in children with

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PTSD (outside Africa), we see that micro-fragmented sleep and awakenings after falling asleep are correlated with PTSD severity (Rolling et al., 2023). In Africa, accounts from Northeast Nigeria explicitly mention the inability to sleep, staying awake at night, or excessive sleeping as a means of escaping stress (Muhammad, 2022).

4. Hypervigilance/arousal: heightened alertness to noises, startles, constant fear, a tendency to be suspicious, and being on guard. A comparative study of children and adolescents in various conflict affected countries (Burundi, DRC, etc.) shows that in adolescents, symptoms of intrusion and hypervigilance are more strongly connected in the symptom network than in younger children (Scharpf et al., 2022).

Aggravating Factors

Prolonged exposure to violence, loss of parental figures, and living conditions in camps

1. Duration and intensity of exposure: the more severe the exposure to traumatic events (number of events, frequency), the higher the risk of disorders. This is evident from studies in Juba (South Sudan): those who experienced ≥ 8 traumatic events had a significantly higher risk of PTSD or depression (Roberts et al., 2009).
2. Loss or separation from parental figures: Children orphaned by Ebola in the DRC (or orphans/survivors) show higher levels of PTSD and depression than those with living parents (Cénat et al., 2023). In displaced populations in Sudan, family separation is a significant risk factor (Ayazi et al., 2014).
3. Camp life/displacement conditions: overcrowding, insecurity, disruption of routine, lack of access to healthcare, education, or nutrition. These conditions increase chronic stress and fuel the effects of trauma. For example, in Sudan, in the study of Khartoum and displaced/refugee populations, satisfaction (or lack thereof) with housing conditions was strongly associated with PTSD symptoms (Khalil et al., 2024).

Gendered effects: girls' increased vulnerabilities (sexual violence, forced marriage)

1. Studies show a higher prevalence of PTSD and depression among girls than boys in many conflict settings. For example, in the Sudan study on anxiety disorders (and in South Sudan), women (and girls, in the child studies) were more likely to experience severe symptoms (Ayazi et al., 2014).
2. Sexual violence and forced marriage appear in qualitative reports as specific traumas affecting girls, increasing their vulnerability to shame, stigma, isolation, and chronic depression. Although quantitative data are sometimes scarce, these themes recur in field studies in Northeast Nigeria (Punch, 2022).

Interaction between trauma and chronic poverty

1. Poverty acts as a risk multiplier: lack of resources, food insecurity, unemployment, or the absence of income-generating activities exacerbate the psychological effects of conflict. A study of anxiety in Sudan shows that low socioeconomic status is correlated with anxiety disorders and PTSD (Ayazi et al., 2014).
2. Furthermore, post-conflict daily stressors—such as food deprivation, lack of care, and housing disruptions—have a mediating impact. A study of young people in Sierra Leone shows that, six years after the war, daily stressors strongly mediate the link between exposure to war violence and PTSD symptoms and are essential for understanding depression (Newnham et al., 2015).

Resilience Factors and Coping Strategies

Family and Community Support

1. The presence of a stable family, even if affected, provides emotional support and reduces the impact of losses. In many studies, children whose families remain together or have a trusted adult report less severe symptom.

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2. Community networks (peers, teachers, women's groups) play a key role. For example, in West Africa, in camps or displacement areas, women's networks or local mentors provide a space for discussion, listening, and guidance, limiting psychological isolation.

Community Psychosocial Interventions

1. Support groups, school-led activities, and interventions focused on storytelling, drawing, and writing. The Sierra Leone study on war-affected children shows that after psychosocial intervention (writing/drawing, play activities), there is a significant reduction in symptoms of intrusion and hypervigilance, and an improvement in concentration (Gupta et al., 2008).
2. School programs such as safe spaces, with teacher training in symptom recognition, provide routine, normalcy, and socialisation.
3. Organisations such as UNICEF, War Child, and the International Rescue Committee (IRC) are often active: in the case of Northeastern Nigeria, UNICEF reports psychosocial assessments and rehabilitation centres using games, creative activities, and counselling (Punch, 2022).

Case Studies

1. Ethiopia, Amhara: The 2022 study mentioned above recommends a mass screening program for children and adolescents for PTSD, as well as rehabilitation services and resilience training (Biset et al., 2022).
2. DRC, Ebola/COVID-19: Considering orphans/survivors, targeted interventions for stigma reduction (Ebola and COVID) and psychosocial support have been identified as protective factors (Cénat et al., 2023).

Gaps and Challenges in the Response

Lack of Trained Mental Health Professionals

1. Many affected regions have few or no trained child psychiatrists, psychologists, or psychiatric nurses. For example, in South Sudan, mental health services are almost non-existent, except for a few local NGOs (Roberts et al., 2009).
2. In the DRC, although universities and institutions have programs, accessibility for displaced children or children living in rural areas remains very poor. Infrastructure is often destroyed or repurposed. Logistical challenges (access, security) complicate staff training and retention (implicit in many reports).

Poor Integration of Psychosocial Support into Humanitarian Policies

1. Humanitarian operations often focus on physical needs (food, shelter, emergency medical care); psychosocial support is rarely well funded or prioritised. Even when included, it is often temporary, project-by-project, and unsustainable.
2. For example, in refugee camps or areas in Sudan or the DRC, psychosocial services are provided by NGOs through time-limited programs, often without links to local health or education structures.

Need for culturally sensitive and community-based approaches

1. Measurement instruments (PTSD, depression, anxiety questionnaires) are not always validated locally, which can lead to overestimations or underestimations depending on the culture. For example, in the study of anxiety in Sudan, Ayazi et al. (2014) note that they translated some parts of the instruments, but no complete sociocultural validation was conducted.
2. It is also essential to integrate beliefs, local mourning practices, speech traditions, and gender roles into the development of interventions.

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Country/Region	**Area (Urban / Rural / Camp)**	**Prevalence of PTSD/Depression or associated symptoms Among children/adolescents**	**Specific aggravating factors**	**Reported resilience strategies**
Ethiopia (Amhara, rural/semi-urban areas)	Conflict-affected areas (rural)	~36.5% of PTSD among children who have experienced trauma (Biset et al., 2022).	Exposure to armed violence, loss of school routines, community isolation, and poor access to services	Screening, local psychosocial support, teacher training, and strengthening individual and community resilience.
DRC (Ebola-affected areas, rural areas and orphans)	Rural mix/ health camps/ affected communities	87.3% depressive symptoms; 44.4% PTSD among survivors/orphans (Cénat et al., 2023).	Stigma (Ebola + COVID), loss of parents, multiple traumas	Targeted psychosocial support interventions, anti-stigma, and rehabilitation activities.
Nigeria (Northeast, IDP camps/Boko Haram affected areas)	Camps / Displaced Areas / Urban Peripheries	Lack of uniform quantitative figures, but reports of anxiety, hypervigilance, depression among many displaced children; study in Port Harcourt: ~65% PTSD among students (Punch, 2022).	Insecurity, school interruption, targeted violence, vulnerability of girls, and parental loss	Rehabilitation programs, school activities, psychosocial support, and counselling by NGOs.
Sudan/South Sudan	Urban mix/camps/return areas / displaced areas	Studies in adults report around 36-40% PTSD; for children/adolescents, data are included in larger surveys, but the trend is high (Roberts et al., 2009).	Forced mobility, multiple displacements, food insecurity, lack of services, and family breakdown	Local humanitarian initiatives, NGO collaboration, and awareness-raising work, but with limited capacity.

SUMMARY OF FINDINGS

Recent empirical data confirm that armed conflict and displacement in sub-Saharan Africa cause a significant psychological burden in children and adolescents, in the form of PTSD, depression, anxiety, sleep disturbances, behavioural disorders, and negative effects on learning. The most common aggravating factors include the duration of traumatic exposure, family loss or separation, precarious living conditions in camps, and socioeconomic factors (poverty, insecurity, stigma). At the same time, resilience factors, such as family, community, psychosocial, and school, partially mitigate the deleterious effects, although their coverage is uneven.

The main gaps lie in the lack of longitudinal data on children (most studies are cross-sectional), the shortage of trained professionals, the poor integration of psychosocial interventions into national health and education systems, and the need for culturally validated instruments.

DISCUSSION

Critical Interpretation of the Results

The results of this study convincingly confirm the particularly high psychological burden observed among children exposed to armed conflict and forced displacement in sub-Saharan Africa. These children exhibit an increased prevalence of post-traumatic stress disorder, anxiety, and depression, as well as behavioural and attachment disorders (Betancourt et al., 2013; Macksoud & Aber, 1996). These findings are consistent with previous research demonstrating that the combination of direct traumatic experiences—such as violence, family loss, and community dislocation—and persistent environmental factors amplifies psychological vulnerabilities (Tol et al., 2010; Karam et al., 2019).

However, the specificity of the African context highlights the importance of socioeconomic and cultural factors that are often overlooked in global analyses. Structural conditions such as chronic poverty, gender inequality, and political instability contribute to exacerbating the effects of war and displacement-related trauma (Boothby et al., 2006; Jordans et al., 2016). For example, displaced girls are exposed to a double risk—both as victims of sexual violence and as early caregivers for family survival—which intensifies their psychological symptoms (Annan & Brier, 2010).

A notable tension also emerges between Western models of understanding trauma and local conceptions of psychological suffering. While DSM or ICD diagnoses tend to individualise symptoms, African communities often understand distress through collective, spiritual, or moral frameworks (Summerfield, 1999; Ventevogel et al., 2013). These conceptual divergences can lead to culturally ill-adapted and therefore ineffective interventions. It therefore becomes necessary to integrate local forms of expressing distress—such as the notions of a “heavy heart” or a “broken spirit”—into psychosocial care strategies (Derluyn et al., 2015).

Implications for Research and Practice

The results call for a methodological and practical renewal in research on childhood trauma in the African context. First, the majority of current studies are cross-sectional, limiting our understanding of the developmental trajectory of post-traumatic stress. Longitudinal research is needed to examine processes of resilience, recovery, or, conversely, chronicity of the disorders (Panter-Brick et al., 2018). These studies would also allow us to explore the protective role of family networks, religious beliefs, and community structures.

On a practical level, integrating psychosocial support into existing education and community health systems appears essential (Betancourt & Khan, 2008; Tol et al., 2011). Schools, for example, can serve as key entry points for identifying children in distress and providing them with a structured and secure environment. Similarly, community-based interventions based on strengthening parenting skills and collective expression of emotions have proven effective and culturally acceptable (Jordans et al., 2009). Strengthening local capacity— particularly through the training of community health workers, teachers, and religious leaders—represents a strategic lever for ensuring the sustainability of low-cost interventions (Patel et al., 2018).

Political and Ethical Perspectives

Beyond clinical and community approaches, the political and ethical implications of these findings are significant. Recognising the mental health of children affected by conflict as a fundamental human right is a moral and legal imperative, consistent with the Convention on the Rights of the Child (UN, 1989). However, African public policies continue to underprioritize mental health in national post-conflict reconstruction budgets and strategies (WHO, 2022).

A human rights-based approach would require designing protection and care policies that take into account specific socio-cultural contexts, rather than imposing imported models. This requires collaboration between states, NGOs, and local communities to co-construct programs that are sensitive to the cultural, economic, and linguistic realities of affected populations (Inter-Agency Standing Committee, 2007). Furthermore, research ethics in these contexts must guarantee the protection of child participants, confidentiality, and the return of results to the communities concerned (Miller & Rasmussen, 2017). In summary, this study highlights that understanding and addressing childhood trauma in sub-Saharan Africa requires a holistic approach—scientific, cultural, and political—that goes beyond universalising paradigms to be rooted in local realities.

CONCLUSION AND IMPLICATIONS

The results of this research confirm that armed conflict and forced displacement have a profound and lasting impact on the mental health of children in sub-Saharan Africa. The most frequently observed disorders include post-traumatic stress disorder (PTSD), anxiety, depression, and attachment difficulties (Betancourt et al., 2013; Panter-Brick et al., 2018). These psychological aftereffects are often exacerbated by the disintegration of the social fabric, the loss of family connections, and the inadequacy of mental health services adapted to displaced or refugee children (UNICEF, 2021). However, several studies highlight the protective role of community support, extended family networks, and community-based psychosocial interventions in promoting the resilience of affected children (Tol et al., 2013; Masten & Narayan, 2012).

It also appears that available resources remain limited and fragmented, especially concerning the training of responders and intersectoral coordination (Klasen et al., 2019). These findings emphasise the need for a comprehensive approach that integrates mental health, education, child protection, and community reconstruction to foster sustainable healing and harmonious development (Boothby, 2017).

The implications of this study highlight the need for increased collaboration between researchers, governments, and nongovernmental organisations to develop evidence-based policies and culturally relevant programs. The establishment of community mental health systems, combined with the training of teachers and social workers, can help build resilient and protective environments for children affected by war and displacement. Finally, longitudinal and comparative research remains essential to understand resilience trajectories and adapt interventions to the evolving African context.

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